

Tank Number	Tank No. <u>F-ST1</u>	Tank No. <u>F-ST2</u>	Tank No. <u>F-ST3</u>	Tank No. <u>F-ST4</u>	Pipelines Located Outside Tunnel
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
I. Other, please specify.	F-24	JP-5	F-76	F-76	F-24, F-76, JP-5
5. Substance Compatible with Tank and Piping? Yes/No	Yes	Yes	Yes	Yes	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	N/A
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-Walled Tank					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

**VIII. FINANCIAL RESPONSIBILITY (Check all that apply)**

- Commercial Insurance                       Letter of Credit                       Local Government Bond Rating Test  
 Financial Test of Self Insurance               Surety Bond                               Other Method Allowed (Specify) \_\_\_\_\_  
 Guarantee     Trust Fund                                   Exempt:  State or  Federal Agency

**IX. FACILITY DRAWING**

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

**X. LOCATION MAP**

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

**XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)**

Tank Number	Tank No. <u>F-ST1</u>	Tank No. <u>F-ST2</u>	Tank No. <u>F-ST3</u>	Tank No. <u>F-ST4</u>	Pipelines Located Outside Tunnel
<b>1. Status of Tank (Mark only one)</b>					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	07/1942	07/1942	07/1942	07/1942	
3. Estimated Capacity (gallons)	400,000	400,000	400,000	400,000	31,665
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolder? Yes/No	No	No	No	No	No
<b>4. Substance Stored</b>					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**VIII. FINANCIAL RESPONSIBILITY (Check all that apply)**

- Commercial Insurance       Letter of Credit       Local Government Bond Rating Test  
 Financial Test of Self Insurance       Surety Bond       Other Method Allowed (Specify) \_\_\_\_\_  
 Guarantee       Trust Fund       Exempt     State or     Federal Agency

**IX. FACILITY DRAWING**

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

**X. LOCATION MAP**

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

**XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)**

Tank Number	Tank No. <small>PRT-Diamond Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. <small>Diamond Head Piping Loop</small>	Tank No. <small>Ewa Piping Loop</small>	Tank No. _____
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	07/2010	05/2006	09/2011	06/2006	
3. Estimated Capacity (gallons)	2,000	4,000	59,500	236,579	
A. Compartmentalized? Yes/No	No	No	No	No	N/A
Estimated compartment capacity (gallons)					
B. Manifoldded? Yes/No	No	No	No	No	N/A
4. Substance Stored					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Tank Number	Tank No. <small>PRT-Demand Steel</small>	Tank No. <small>PRT-Ewa</small>	Tank No. <small>Demand Head Piping Loop</small>	Tank No. <small>Ewa Piping Loop</small>	Tank No. _____
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)	N/A	N/A	N/A	N/A	
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	
I. Other, please specify.	F-24	F-24	F-24	F-24	
5. Substance Compatible with Tank and Piping? Yes/No	Yes	Yes	Yes	Yes	N/A
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Steel Tank Institute/STI-P3	Steel Tank Institute/STI-P3	N/A	N/A	
B. Underwriters Laboratory No.	UL-58	UL-58	N/A	N/A	
C. Primary Containment Material or Single-Walled Tank					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A			
iv. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Other, please specify.	N/A	N/A			
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	