

MAR 14 2019 WA



DEPARTMENT OF THE NAVY

COMMANDER
NAVY REGION HAWAII
850 TICONDEROGA ST STE 110
JBPHH, HAWAII 96860-5101

5750
Ser N4/0459
March 13, 2019

CERTIFIED NO: 7016 0910 0001 0891 6645

Ms. Roxanne Kwan
State of Hawaii Department of Health
Environmental Management Division
Solid and Hazardous Waste Branch
Underground Storage Tank Section
2827 Waimano Home Road, #100
Pearl City, HI 96782

Dear Ms. Kwan:

SUBJECT: UST PERMIT APPLICATION FOR RED HILL BULK FUEL STORAGE FACILITY, JBPHH, OAHU, DOH FACILITY ID NO. 9-102271

As required by Hawaii Administrative Rules 11-280.1-323, Navy Region Hawaii is hereby submitting the attached application for an underground storage tank (UST) permit for the subject facility. Included with the permit application are facility drawings and a vicinity map.

We consider the Red Hill Bulk Fuel Storage Facility (RHBFSF) to be uniquely designed. This letter provides additional information which does not fit into the application form and is incorporated into the permit application so Hawaii Department of Health (DOH) staff have a complete understanding of the unique features of the RHBFSF.

RHBFSF Tank Number F-1 – F-20:

1. Item 6.C.iii. - Primary Containment Material or Single-Walled Tank – Other, please specify: Tank liners are constructed from 0.25” nominally thick welded steel with 2.5 to 4 feet of reinforced concrete surrounding the steel plating. Three hundred pounds per square inch (psi) pressure grout was injected between the 6-inch gunite layer and the reinforced concrete. The gunite serves as the final layer of the Tank structure within the mined cavity and is in contact with the native material itself.
2. Item 6.E.v. - Corrosion Protection (except Fiberglass reinforced plastic tanks)- Corrosion expert determination: Tanks are inspected and certified in accordance with the regulator approved Administrative Order on Consent (AOC) produced Tank Inspection, Repair, and Maintenance (TIRM) report as capable of safely storing petroleum products.
3. Item 7.C.iv. - Primary Containment Material or Single-Walled Piping- Other, please specify: The three pipelines consist of single-walled above ground steel piping located within a hardened concrete underground access tunnel providing for daily visual observations by roving patrols to confirm pipeline integrity in addition to regularly scheduled pipeline inspection in accordance with the Pipeline Integrity Management Plan

and certified by a registered professional engineer who is an American Petroleum Institute (API) 570 standard inspector. The API 570 inspections validate that the pipeline is suitable for service and capable of safely conveying petroleum products from the tanks to the point of distribution.

4. Item 7.D.iv. - Secondary Containment Material – Other, please specify: The three pipelines are aboveground pipeline within a hardened concrete underground access tunnel inspected and certified in accordance with the established Pipeline Integrity Management Plan by an American Petroleum Institute 570 standard inspector to validate that the pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
5. Item 7.E.iv. - Corrosion Protection (except Fiberglass reinforced plastic piping) – Corrosion expert determination: The three pipelines are aboveground pipeline within a hardened concrete underground access tunnel inspected and certified in accordance with the established Pipeline Integrity Management Plan by an American Petroleum Institute 570 standard inspector. Because they are not in contact with soil or other anolitic material this inspection to validates that the pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
6. Item 8.C. - Method of Product Dispensing: RHBFSF is filled using pumps located in the underground pumphouse. Tanks are then drained via gravity to the point of distribution at Pearl Harbor or Hickam Airfield.
7. Item 10. - Overflow prevention equipment: All tanks are equipped with an Automated Fuel Handling Equipment (AFHE) Industrial Control System (ICS) inventory monitoring based on Automatic Tank Gauging (ATG) equipment overflow protection sensors and equipment that de-energizes the pump and shuts an isolation valve to prevent overfilling each UST once the fuel level in the tank reaches 212-223 feet, tank dependent, (approximately 95% full).
8. Item 10.B. - Overflow prevention equipment – Overfill alarm: The AFHE system operates 24 hours a day, 365 days a year, and is a continuously manned and monitored system, equipped with both a high and high-high level alarm, with high alarm set at a level of 210-220 feet, tank dependent, (approximately 90% full).
9. Item 11.A. - Release Detection – Manual tank gauging: Manual tank gauging is conducted monthly as well as before and after every fuel movement. Manual gauge is accurate to within 1/16 inch and certified as per National Institute of Standards and Technology Gauge/Tape specifications.
10. Item 11.B. - Release Detection – Tank Tightness Testing: National Working Group on Leak Detection Evaluation certified (EPA approved) Tank Tightness testing is conducted semi-annually, twice the periodicity of the regulatory requirement in excess of §11-280.1-43(10)(A).

11. Item 11.C. - Release Detection – Inventory control: Product inventory control processes and procedures are conducted before and after all fuel movements and monitored by the AFHE system. It is calculated within both daily as well as monthly tolerances.
12. Item 11.D. - Release Detection - Automatic tank gauging: Automatic tank gauging is conducted continuously using the AFHE system and is accurate to within 1/16”.
13. Item 11.E. - Release Detection – Vapor monitoring: Vapor monitoring occurs on a monthly basis from 2 to 3 ports below each tank.
14. Item 11.F. - Release Detection – Groundwater monitoring: Oil water interface testing is conducted monthly at monitoring wells. Additionally, analytical sampling is conducted quarterly at monitoring locations.
15. Item 11.H. - Release Detection – Statistical inventory reconciliation: Product inventory control processes and procedures are conducted before and after all fuel movements allowing for statistical inventory reconciliation and is monitored by the AFHE system with alarms resulting from an out of tolerance transaction.
16. Item 11.I. - Release Detection – Automatic line leak detectors: As stated previously, the aboveground pipeline is located within a hardened concrete underground access tunnel providing for daily inspection by roving patrols to confirm pipeline integrity.
17. Item 11.J. - Release Detection – Line tightness testing: The pipeline is tested by a registered professional engineer who is an American Petroleum Institute 570 certified inspector to confirm pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
18. Item 11.K. - Release Detection – Other method approved by the Department. Please specify: Tanks are inspected and certified in accordance with the regulator approved Administrative Order on Consent (AOC) produced Tank Inspection, Repair, and Maintenance (TIRM) report as capable of safely storing petroleum products. The pipeline is tested by a registered professional engineer who is an American Petroleum Institute 570 certified inspector to confirm pipeline is suitable for service and capable of safely conveying petroleum.

RHBFSF Tank Number F-ST1-ST4:

19. Item 6.C.iii. - Primary Containment Material or Single-Walled Tank – Other, please specify: Tank liners are constructed from 0.25” nominally thick welded steel with reinforced concrete surrounding the steel plating. Three hundred pounds per square inch (psi) pressure grout was injected between the 6 inch gunite layer and the reinforced concrete. The gunite serves as the final layer of the Tank structure within the mined cavity and is in contact with the native material itself.
20. Item 6.E.v. - Corrosion Protection (except Fiberglass reinforced plastic tanks)- Corrosion expert determination: Tanks are inspected and certified in accordance with the regulator approved Administrative Order on Consent (AOC) produced Tank Inspection, Repair, and Maintenance (TIRM) report as capable of safely storing petroleum products.
21. Item 7.C.iv. - Primary Containment Material or Single-Walled Piping- Other, please specify: Pipeline consists of single-walled above ground steel piping located within a

- hardened concrete underground access tunnel providing for daily inspection by roving patrols to confirm pipeline integrity in addition to regularly scheduled pipeline inspection in accordance with a Pipeline Integrity Management Plan and certified by a registered professional engineer who is an American Petroleum Institute 570 standard inspector validating that the pipeline is suitable for service and capable of safely conveying petroleum products from the tanks to the point of distribution.
22. Item 7.D.iv. - Secondary Containment Material – Other, please specify: Pipeline is aboveground pipeline within a hardened concrete underground access tunnel inspected and certified in accordance with the established Pipeline Integrity Management Plan by an American Petroleum Institute 570 standard inspector to validate that the pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
 23. Item 7.E.iv. - Corrosion Protection (except Fiberglass reinforced plastic piping) – Corrosion expert determination: Pipeline is aboveground pipeline within a hardened concrete underground access tunnel inspected and certified in accordance with the established Pipeline Integrity Management Plan by an American Petroleum Institute 570 standard inspector to validate that the pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
 24. Item 8.D. - Method of Product Dispensing: F-ST1-F-ST4 are not storage nor dispensing tanks, instead they serve as surge tanks to allow for the buffering of product pressure throughout the system during product movement. They have no ability to dispense fuel.
 25. Item 10. - Overflow prevention equipment: All tanks are currently equipped with an Automated Fuel Handling Equipment (AFHE) Industrial Control System (ICS) inventory monitoring based on Automatic Tank Gauging (ATG) equipment overflow protection sensors and equipment that de-energizes the pump and shuts an isolation valve to prevent overfilling each UST once the fuel level in the tank reaches 16 feet, 8 inches, 7/16-8/16, tank dependent, (approximately 95% full).
 26. Item 10.B. - Overflow prevention equipment – Overfill alarm: The AFHE system, operates 24 hours a day, 365 days a year, and is a continuously manned and monitored system, equipped with both a high and high-high level alarm, with high alarm set at a level of at a level of 14 feet 6 inches 9/16-10/16, tank dependent, (approximately 90% full).
 27. Item 11.A. - Release Detection – Manual tank gauging: Manual tank gauging is conducted monthly as well as before and after every fuel movement. Gauge is accurate to within 1/16 inch and certified as per National Institute of Standards and Technology Gauge/Tape specifications.
 28. Item 11.B. - Release Detection – Tank Tightness Testing: Tank Tightness testing is conducted semi-annually, twice the periodicity of the regulatory requirement in excess of §11-280.1-43(10)(A).
 29. Item 11.C. - Release Detection – Inventory control: Product inventory control processes and procedures are conducted before and after all fuel movements and monitored by the AFHE system. It is calculated within both daily as well as monthly tolerances.

30. Item 11.D. - Release Detection - Automatic tank gauging: Automatic tank gauging is conducted continuously using the AFHE system and is accurate to within 1/16".
31. Item 11.H. - Release Detection – Statistical inventory reconciliation: Product inventory control processes and procedures are conducted before and after all fuel movements allowing for statistical inventory reconciliation and is monitored by the AFHE system with alarms resulting from an out of tolerance transaction.
32. Item 11.I. - Release Detection – Automatic line leak detectors: The aboveground pipeline is located within a hardened concrete underground access tunnel providing for daily inspection by roving patrols to confirm pipeline integrity.
33. Item 11.J. - Release Detection – Line tightness testing: The pipeline is tested by a registered professional engineer who is an American Petroleum Institute 570 certified inspector to confirm pipeline is suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution.
34. Item 11.K. - Release Detection – Other method approved by the Department. Please specify: As stated previously, Tanks are inspected and certified in accordance with the regulator approved Administrative Order on Consent (AOC) produced Tank Inspection, Repair, and Maintenance (TIRM) report as capable of safely storing petroleum products. The pipeline is tested by a registered professional engineer who is an American Petroleum Institute 570 certified inspector to confirm pipeline is suitable for service and capable of safely conveying petroleum.

RHBFSF Pipeline not aligned against F-1 – F-4 and F-ST1-F-ST4

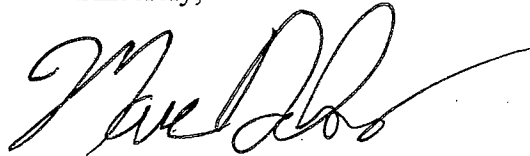
35. Item 11.H. - Release Detection – Statistical inventory reconciliation: Product inventory control processes and procedures are conducted before and after all fuel movements allowing for statistical inventory reconciliation and is monitored by the AFHE system with alarms resulting from an out of tolerance transaction.
36. Item 11.I. - Release Detection – Automatic line leak detectors: All pipeline is monitored via the AFHE system utilizing Pressure Transducing Indicators (PTIs) installed on the pipeline.
37. Item 11.J. - Release Detection – Line tightness testing: Pipeline throughout the facility is tested, at a minimum annually, in accordance with 33 and 40 CFR and as a best management practices for non-CFR regulated pipeline.
38. Item 11.K. - Release Detection – Other method approved by the Department. Please specify: As stated previously, the pipeline is tested by a registered professional engineer who is an American Petroleum Institute 570 certified inspector to confirm pipeline is suitable for service and capable of safely conveying petroleum.

The application fee in the amount of \$300.00 will be forthcoming via electronic funds transfer (EFT).

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March 13, 2019

If you have any questions regarding this matter or need any additional information, please contact Ms. Raelynn Kishaba by phone at (808) 471-1171, extension 233 or by email at raelynn.kishaba@navy.mil.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. R. Delao', with a long horizontal flourish extending to the right.

M. R. DELAO
Captain, CEC, U.S. Navy
Regional Engineer
By direction of the
Commander

Enclosure:

DOH Form No. 2, Application for an Underground Storage Tank Permit for Red Hill Bulk Fuel Storage Facility, DOH Facility ID No. 9-102271

MAR 14 2019 WA

**SOLID AND HAZARDOUS WASTE BRANCH
Underground Storage Tank Program**

2827 Waimano Home Road #100 • Pearl City, Hawaii 96782

Phone: 808 - 586- 4226 • Fax: 808-586-7509 • http://health.hawaii.gov/shwb/underground-storage-tanks/

CNRH LETTER 5750 SER N4/0459 OF MARCH 13, 2019 IS INCORPORATED
BY REFERENCE AND MADE A PART OF THIS APPLICATION.

APPLICATION FOR AN UNDERGROUND STORAGE TANK PERMIT

Return completed form to:

Solid and Hazardous Waste Branch
Underground Storage Tank Program
2827 Waimano Home Road #100
Pearl City, Hawaii 96782

Facility ID Number: 9-102271

Type Of Notification:

- Installation and Operation (\$300)
- Operation (\$300)
- Modification - except for temporary & permanent closure (\$200)

State Use Only

Date received: _____

Permit Number: _____

Permit Fee: _____

Date Paid: _____

Receipt Number: _____

Comments: _____

I. LOCATION OF TANK(S)

Red Hill Bulk Fuel Storage Facility John Floyd
 Facility Name or Company Site Identifiers Location Contact Person

Red Hill Aiea Hawaii 96701 Oahu 99010006, 99010001, 11012003, 11012004
 Location Address (P.O. Box not acceptable) City State Zip Code Island Tax Map Key #

(808) 473-7801 (808) 473-7815
 Location Phone # (w/ area code) Location Fax # (w/ area code)

II. CONTACT PERSON IN CHARGE OF TANK(S)

LCDR Blake Whittle Regional Fuels Officer
 Name Job / Position Title

1942 Gaffney Street, Suite 100 JBPHH HI 96860
 Mailing Address City State Zip Code

(808) 473-7833 (808) 473-7815 blake.whittle1@navy.mil
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

III. OWNER OF TANK(S)

US Navy - COMNAVREG HI

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

850 Ticonderoga Street, Suite 110 JBPHH HI 96860
 Mailing Address City State Zip Code

(808) 471-3926 (808) 473-5024 marc.delao@navy.mil
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

IV. OPERATOR OF TANK(S) (if same as Section III, check here)

Naval Supply Systems Command Fleet Logistics Center Pearl Harbor - LCDR Blake Whittle, Regional Fuels Officer

Operator Name (Corporation, Individual, Public Agency, or Other Entity)

1942 Gaffney Street, Suite 100 JBPHH HI 96860
 Mailing Address City State Zip Code

(808) 473-7833 (808) 473-7815 blake.whittle1@navy.mil
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

V. CONTRACTOR

N/A N/A
 Company Name Contact Person Name

N/A N/A N/A N/A
 Mailing Address City State Zip Code

N/A N/A N/A
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

VI. TYPE OF OWNER

- Federal Government (Military)
 Federal Government (Non-Military)
 State Government
 Local Government
 Marketer
 Non-Marketer

VII. TYPE OF FACILITY (Select the appropriate facility description)

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Airline | <input type="checkbox"/> Contractor | <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Service Centers/Auto Repair/Maintenance |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Farm | <input type="checkbox"/> Police Station | <input type="checkbox"/> Trucking/Transporter |
| <input type="checkbox"/> Baseyard | <input type="checkbox"/> Fire Station | <input type="checkbox"/> Residential | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Car Rental | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Resort/Hotel | <input type="checkbox"/> Wastewater Treatment Plants |
| <input type="checkbox"/> Cleaner/Laundromat | <input type="checkbox"/> Golf Course | <input type="checkbox"/> School | <input type="checkbox"/> Wholesaler/Retailer |
| <input type="checkbox"/> Communication Sites | <input type="checkbox"/> Hospital | <input checked="" type="checkbox"/> Other (Explain) <u>Fuel Storage and Airfield Hydrant System</u> | |

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
1. Status of Tank (Mark only one)					
A. Currently in Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Temporarily Out of Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Installation (month/year)	10/1942	09/1942	01/1943	11/1942	12/1942
3. Estimated Capacity (gallons)	12,000,000	12,000,000	12,000,000	12,000,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)	N/A	N/A	N/A	N/A	N/A
B. Manifolderd? Yes/No	No	No	No	No	No
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. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
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.	EMPTY	F-24	F-24	F-24	EMPTY
5. Substance Compatible with Tank and Piping? Yes/No	N/A	Yes	Yes	Yes	N/A
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-Walled Tank See cover letter					
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.	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel
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	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks) See cover letter					
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A

Tank Number	Tank No. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)	N/A	N/A	N/A	N/A	N/A
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. F-1		Tank No. F-2		Tank No. F-3		Tank No. F-4		Tank No. F-5	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
B. Tank tightness testing	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
C. Inventory control	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
D. Automatic tank gauging	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	No
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	N/A	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT
(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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-6</u>	Tank No. <u>F-7</u>	Tank No. <u>F-8</u>	Tank No. <u>F-9</u>	Tank No. <u>F-10</u>
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 checked="" 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)	12/1942	05/1943	03/1943	02/1943	01/1943
3. Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)	N/A	N/A	N/A	N/A	N/A
B. Manifolder? Yes/No	No	No	No	No	No
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. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
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	JP-5	JP-5	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	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-Walled Tank See cover letter					
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.	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel
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	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks) See cover letter					
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A

Tank Number	Tank No. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)	N/A	N/A	N/A	N/A	N/A
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. F-6		Tank No. F-7		Tank No. F-8		Tank No. F-9		Tank No. F-10	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
E. Vapor monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	No
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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-11</u>	Tank No. <u>F-12</u>	Tank No. <u>F-13</u>	Tank No. <u>F-14</u>	Tank No. <u>F-15</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	02/1943	03/1943	03/1943	03/1943	04/1943
3. Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)	N/A	N/A	N/A	N/A	N/A
B. Manifolder? Yes/No	No	No	No	No	No
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. <u>F-11</u>	Tank No. <u>F-12</u>	Tank No. <u>F-13</u>	Tank No. <u>F-14</u>	Tank No. <u>F-15</u>
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.	JP-5	JP-5	EMPTY	EMPTY	F-76
5. Substance Compatible with Tank and Piping? Yes/No	Yes	Yes	N/A	N/A	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-Walled Tank		See cover letter			
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.	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel
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	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)		See cover letter			
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A

Tank Number	Tank No. F-11	Tank No. F-12	Tank No. F-13	Tank No. F-14	Tank No. F-15
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)	N/A	N/A	N/A	N/A	N/A
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. F-11		Tank No. F-12		Tank No. F-13		Tank No. F-14		Tank No. F-15	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
E. Vapor monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	No
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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-16</u>	Tank No. <u>F-17</u>	Tank No. <u>F-18</u>	Tank No. <u>F-19</u>	Tank No. <u>F-20</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	05/1943	05/1943	05/1943	06/1943	07/1943
3. Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)	N/A	N/A	N/A	N/A	N/A
B. Manifoldded? Yes/No	No	No	No	No	No
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. <u>F-16</u>	Tank No. <u>F-17</u>	Tank No. <u>F-18</u>	Tank No. <u>F-19</u>	Tank No. <u>F-20</u>
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-76	EMPTY	JP-5	EMPTY	JP-5
5. Substance Compatible with Tank and Piping? Yes/No	Yes	N/A	Yes	N/A	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-Walled Tank	See cover letter				
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.	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel
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	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)	See cover letter				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	Field-constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A

Tank Number	Tank No. F-16	Tank No. F-17	Tank No. F-18	Tank No. F-19	Tank No. F-20
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)	N/A	N/A	N/A	N/A	N/A
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. F-16		Tank No. F-17		Tank No. F-18		Tank No. F-19		Tank No. F-20	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA
E. Vapor monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	No
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	N/A	API 570 certified	approved TIRM, see cover letter	API 570 certified

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</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)	07/1942	07/1942	07/1942	07/1942	
3. Estimated Capacity (gallons)	400,000	400,000	400,000	400,000	
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)	N/A	N/A	N/A	N/A	
B. Manifolderd? Yes/No	No	No	No	No	No
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>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</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	JP-5	F-76	F-76	
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	Field-constructed	Field-constructed	Field-constructed	Field-constructed	
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	
C. Primary Containment Material or Single-Walled Tank	See cover letter				
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.	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	Concrete lined w/steel	
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) See cover letter					
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi. Other, please specify.	N/A	N/A	N/A	N/A	
7. Piping					
A. Manufacturer and Model	Field-constructed	Field-constructed	Field-constructed	Field-constructed	
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	

Tank Number	Tank No. ^{F-ST1}	Tank No. ^{F-ST2}	Tank No. ^{F-ST3}	Tank No. ^{F-ST4}	Tank No. _____
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	
v. 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 piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	
8. Method of Product Dispensing		See cover letter			
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Not Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Manufacturer and Model	N/A	N/A	N/A	N/A	
B. Capacity (gallons)	N/A	N/A	N/A	N/A	
10. Overfill prevention equipment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	See cover letter	See cover letter	See cover letter	See cover letter	
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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>		Tank No. _____	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	N/A
	See cover letter		See cover letter		See cover letter		See cover letter			
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified	approved TIRM, see cover letter	API 570 certified		

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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. _____	Tank No. _____	Tank No. _____
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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			
3. Estimated Capacity (gallons)	2,000	4,000			
A. Compartmentalized? Yes/No	No	No	N/A	N/A	N/A
Estimated compartment capacity (gallons)	N/A	N/A			
B. Manifolder? Yes/No	No	No	N/A	N/A	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-Diamond Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. _____	Tank No. _____	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			
H. Mixture of Substances (Please specify)	N/A	N/A			
I. Other, please specify.	F-24	F-24			
5. Substance Compatible with Tank and Piping? Yes/No	Yes	Yes	N/A	N/A	N/A
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Steel Tank Institute/STI-P3	Steel Tank Institute/STI-P3			
B. Underwriters Laboratory No.	UL-58	UL-58			
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			
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	Field-constructed	Field-constructed			
B. Underwriters Laboratory No.	N/A	N/A			

Tank Number	Tank No. <small>PRT-Diamond Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. _____	Tank No. _____	Tank No. _____
C. Primary Containment Material or Single-Walled Piping					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	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. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.	N/A	N/A			
v. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other, please specify.	N/A	N/A			
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Not Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A			
B. Capacity (gallons)	N/A	N/A			
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> Innovative Solutions/ L500E	<input checked="" type="checkbox"/> ENRAF 854	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <small>PRT-Diamond Head</small>		Tank No. <small>PRT-Env</small>		Tank No. _____		Tank No. _____		Tank No. _____	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	N/A	NA	N/A	NA	N/A
J. Line tightness testing	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>
K. Other method approved by the Department. Please specify	N/A	N/A	N/A	N/A						

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(Attach additional sheet if necessary.)


Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

XIII. OPERATOR'S CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

LCDR Blake Whittle
Name of operator or operator's authorized representative (Print or Type)

Regional Fuels Officer
Official Title


Signature

13 MAR 19
Date Signed

Status of Signatory (Mark as appropriate)

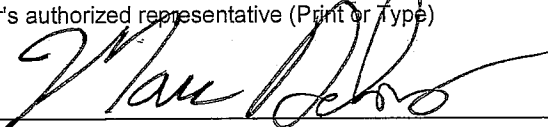
- 1. Corporation: principal executive officer
 duly authorized representative
- 2. Partnership: general partner
- 3. Sole proprietorship: proprietor
- 4. Government entity: principal executive officer
 ranking elected official
 duly authorized employee

XIV. OWNER'S CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

CAPT Marc Delao
Name of owner or owner's authorized representative (Print or Type)

Regional Engineer
Official Title


Signature

13 Mar 19
Date Signed

Status of Signatory (Mark as appropriate)

- 1. Corporation: principal executive officer
 duly authorized representative
- 2. Partnership: general partner
- 3. Sole proprietorship: proprietor
- 4. Government entity: principal executive officer
 ranking elected official
 duly authorized employee

CNRH LETTER 5750 SER N4/0459 OF MARCH 13, 2019 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS APPLICATION.

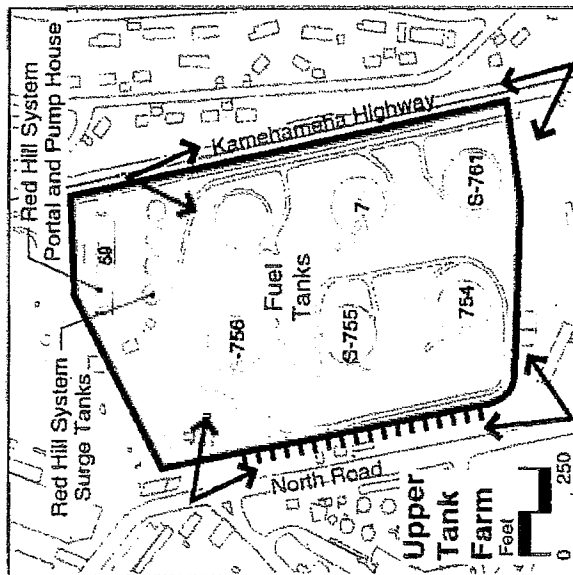
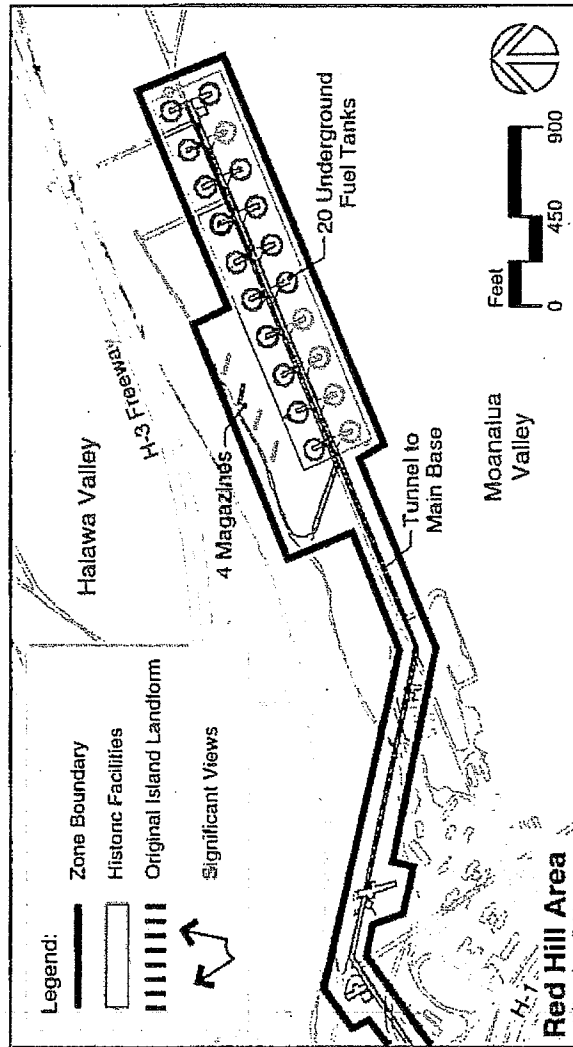
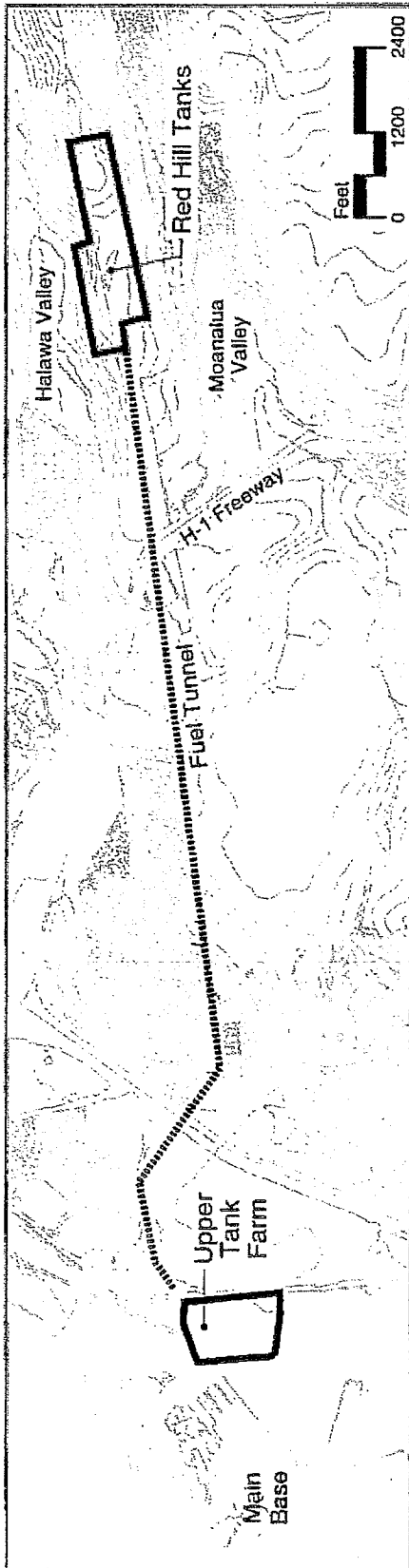
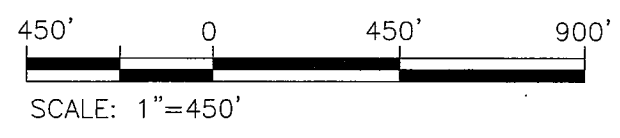
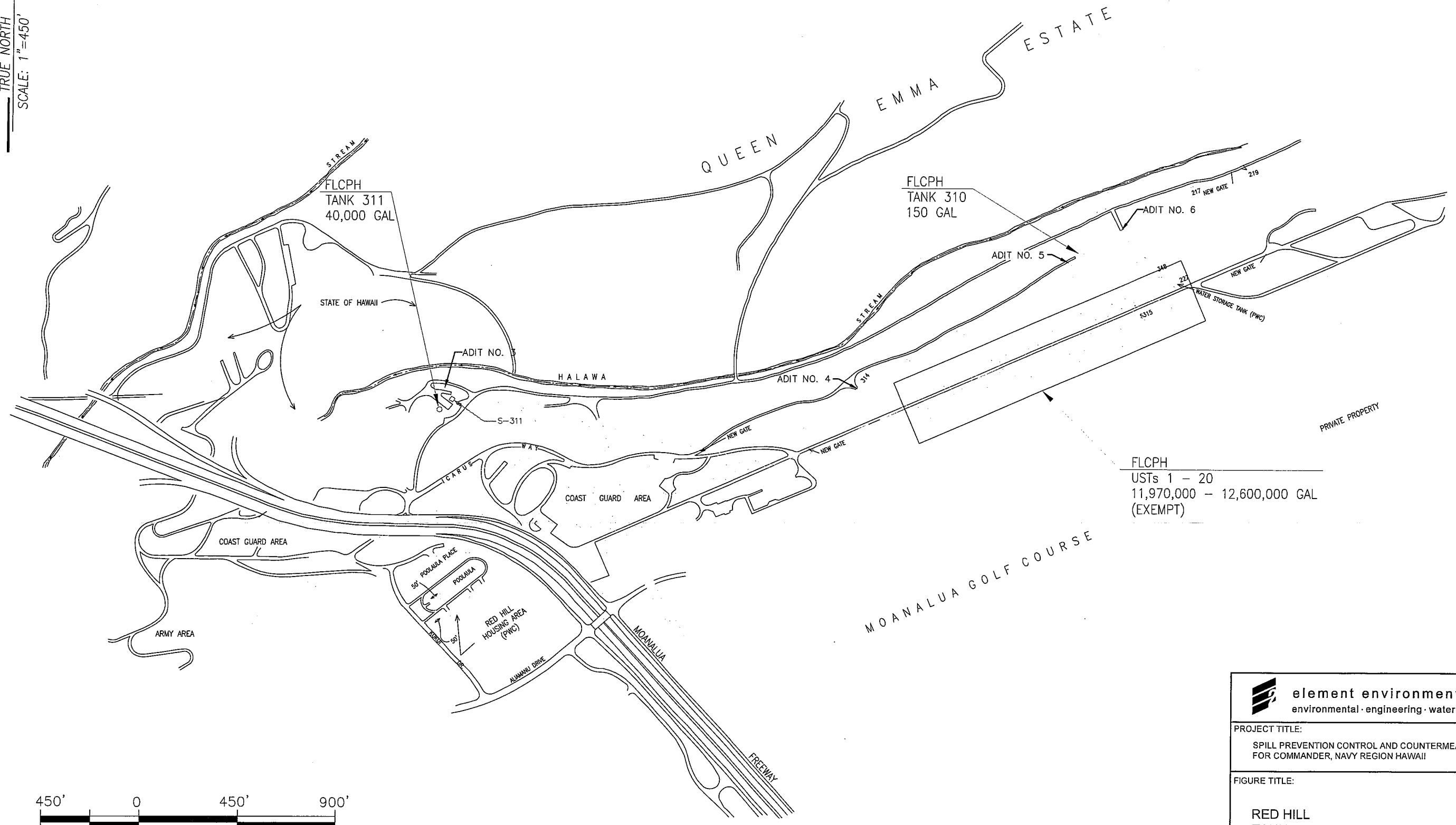



Figure 10
Character-Defining Features and Boundary
for Fuel Facilities Zone

TRUE NORTH
SCALE: 1"=450'



FILE: 2005011-FISC-RED HILL.dwg
DATE: 12/19/2013

 element environmental llc environmental · engineering · water resources	
PROJECT TITLE: SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN FOR COMMANDER, NAVY REGION HAWAII	
FIGURE TITLE: RED HILL TANK AND FACILITY LOCATION MAP	
DATE: DECEMBER 2013	FIGURE NO.: B-1-1