

## BOARD OF WATER SUPPLY

CITY AND COUNTY OF HONOLULU  
630 SOUTH BERETANIA STREET  
HONOLULU, HI 96843  
www.boardofwatersupply.com



March 28, 2019

KIRK CALDWELL, MAYOR

BRYAN P. ANDAYA, Chair  
KAPUA SPROAT, Vice Chair  
KAY C. MATSUI  
RAY C. SOON  
MAX SWORD

ROSS S. SASAMURA, Ex-Officio  
JADE T. BUTAY, Ex-Officio

ERNEST Y. W. LAU, P.E.  
Manager and Chief Engineer

ELLEN E. KITAMURA, P.E.  
Deputy Manager and Chief Engineer

Dr. Bruce Anderson  
Director of Health  
State of Hawaii  
Department of Health  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378

Attention: Roxanne Kwan  
Solid and Hazardous Waste Branch

Dear Dr. Anderson and Ms. Kwan:

Subject: Underground Storage Tank (UST) Permit Application for Red Hill Bulk Fuel Storage Facility, Joint Base Pearl Harbor Hickam (JBPHH), Oahu, DOH Facility ID NO. 9-102271

The Honolulu Board of Water Supply (BWS) offers the following comments regarding the Navy's recent application for an UST permit for the twenty underground storage tanks at the subject facility (Sections 6, 7, and 11 of the application) [Navy, 2019, March 13]:

1. Item 6.C of the Application asks the applicant to identify the primary containment material for the tanks as either fiberglass, steel or other. The Navy has indicated Box 6.C.iii for "Other" and noted "Concrete lined w/steel" and has referenced their cover letter for more information. In the cover letter, the Navy expounds on Box 6.C.iii with a description of both the steel liner as well as the concrete, gunite and grout that comprise the tank construction. The BWS believes this is misleading since Item 6.C is clearly inquiring about the Primary Containment Material, which is the steel liner. To describe the balance of the tank construction in this section implies that it too provides a reliable containment function, which it clearly does not. This was evident in the 2014 leak, when the concrete, gunite and grout failed to contain thousands of gallons that had escaped the primary containment (i.e., the steel liner) as well as other previously documented leaks.
2. Item 6.E. of the Application asks the applicant to identify the Corrosion Protection for the tanks with boxes for:

- i. Fiberglass coated steel
- ii. Double-walled steel
- iii. Impressed current system
- iv. Sacrificial anode system
- v. Corrosion expert determination
- vi. Other

Clearly none of the common corrosion protection applies and the Navy has checked Box 6E.v. indicating "Corrosion Expert Determination" and again referenced their cover letter for more information. However, instead of providing a determination from a corrosion expert that the tanks are sufficiently protected against corrosion, the Navy's cover letter simply states that "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 BWS does not believe that this response demonstrates compliance with Chapter 11-280.1 of current DOH Regulations. We interpret those regulations as requiring that the site be "determined by a corrosion expert not to be corrosive enough to cause it to have a release due to corrosion during its operating life." A corrosion expert is defined in the regulations to be a person qualified by education and experience, and be either certified or licensed, to practice in the control of corrosion of underground tanks and piping. The BWS interprets the provision to require submittal of a report stating that the liners are not in a corrosive environment that creates a risk of releases, signed by a qualified expert with his/her professional seal.

3. Item 7C of the Application asks the applicant to identify the primary containment material for the containment materials or Single-walled piping as either fiberglass reinforced plastic, Flex piping, steel or other. The Navy has checked Boxes 7C.iii. indicating single walled steel piping and 7C. iv. "other" with the description "Piping is above ground." This is further expanded upon in the cover letter as "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 ..." This is misleading since not all of the piping is so accessible. The piping leading from the bottom of the fuel tanks to the tunnel is not "above ground", is not

inspectable by the roving patrols, and such piping is difficult to inspect by American Petroleum Institute (API) 570 standards.

4. Item 7D of the Application asks the applicant to identify the secondary containment material The Navy has checked Boxes 7D.v. indicating correctly that this piping has no secondary containment. They also checked the box 7D. iv. and again, state that this piping is above ground. With respect to piping secondary containment, BWS would like to see the current API 570 inspection reports for the three pipelines along with the reports for the numerous piping segments leading from the tanks to the tunnels that have been certified (signed and sealed) by a registered professional engineer that the tunnels are designed for secondary containment and that the piping from the tanks to the tunnels are also "suitable for service and capable of safely conveying petroleum products from RHBFSF to the point of distribution".
5. Item 7E of the Application asks the applicant to identify the corrosion protection methods used by the Navy for the piping. The Navy has checked Boxes 7E. iv., again indicating that the provision is satisfied through "corrosion expert determination". The BWS interprets the provision to require submittal of a report stating that the piping is not in a corrosive environment that creates a risk of releases, signed by a qualified expert with his/her professional seal.
6. Item 11.B. of the application discusses release detection and the Navy indicates that they "conduct 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.I-43(10)(A). Conducting this testing twice a year is twice what is required by § 11- 280.I-43(10)(A), but the Navy does not indicate that they can meet the reporting requirement when doing the tightness testing, which is to be able to detect a leak rate of 0.5 gallon per hour as indicated in § 11- 280.I-43(10)(A). The DOH must confirm that the Navy's leak detection equipment is capable of detecting this leak rate at a minimum.

Thank you for the opportunity to comment. If you have any questions, please contact Mr. Erwin Kawata, Program Administrator of the Water Quality Division, at 808-748-5080.

Very truly yours,



ERNEST Y.W. LAU, P.E.  
Manager and Chief Engineer

Dr. Anderson and Ms. Kwan  
March 28, 2019  
Page 4

Cc: Mr. Steve Linder  
United States Environmental Protection Agency  
Region 9  
75 Hawthorne Street  
San Francisco, California 94105

Ms. Roxanne Kwan  
Department of Health  
Solid and Hazardous Waste Branch  
2827 Waimano Home Road  
Pearl City, Hawaii 96782

### **Reference**

Department of the Navy (Navy). 2019. UST Permit Application for Red Hill Bulk Fuel Storage Facility, JBPHH, Oahu, DOH Facility ID NO. 9-102271. Submitted to State of Hawaii Department of Health on March 13, 2019, signed by Captain, M.R. Delao, with 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



**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 anolytic 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).

5750  
Ser N4/0459  
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](mailto: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

**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



**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"/>				
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<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"/>				
F. JP-4	<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"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	Concrete lined w/steel				
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except Fiberglass reinforced plastic tanks) See cover letter					
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Double-walled steel	<input type="checkbox"/>				
iii. Impressed current system	<input type="checkbox"/>				
iv. Sacrificial anode system	<input type="checkbox"/>				
v. Corrosion expert determination	<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"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Steel	<input checked="" type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Lined trench	<input type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
v. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Impressed current system	<input type="checkbox"/>				
iii. Sacrificial anode system	<input type="checkbox"/>				
iv. Corrosion expert determination	<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"/>				
B. Safe Suction (no valve at tank)	<input type="checkbox"/>				
C. Pressure	<input checked="" type="checkbox"/>				
D. Not Applicable	<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"/>				
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter				
C. Ball float valve Make and Model	<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								
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"/>								
G. Interstitial monitoring	<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								
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	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)**

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

**IX. FACILITY DRAWING**

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

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

**X. LOCATION MAP**

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

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

Tank Number	Tank No. <u>F-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"/>				
B. Temporarily Out of Use	<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. 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"/>				
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>				

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>
E. Used Oil/Waste Oil	<input type="checkbox"/>				
F. JP-4	<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"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	Concrete lined w/steel				
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)	See cover letter				
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Double-walled steel	<input type="checkbox"/>				
iii. Impressed current system	<input type="checkbox"/>				
iv. Sacrificial anode system	<input type="checkbox"/>				
v. Corrosion expert determination	<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"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Steel	<input checked="" type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Lined trench	<input type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
v. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Impressed current system	<input type="checkbox"/>				
iii. Sacrificial anode system	<input type="checkbox"/>				
iv. Corrosion expert determination	<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"/>				
B. Safe Suction (no valve at tank)	<input type="checkbox"/>				
C. Pressure	<input checked="" type="checkbox"/>				
D. Not Applicable	<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"/>				
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter				
C. Ball float valve Make and Model	<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								
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA								
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA								
C. Inventory control	<input checked="" type="checkbox"/>	NA								
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA								
E. Vapor monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
G. Interstitial monitoring	<input type="checkbox"/>									
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>									
I. Automatic line leak detectors (Yes/No) If YES, specify type.	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"/>								
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"/>				
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<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"/>				
F. JP-4	<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"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	Concrete lined w/steel				
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except Fiberglass reinforced plastic tanks) See cover letter					
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Double-walled steel	<input type="checkbox"/>				
iii. Impressed current system	<input type="checkbox"/>				
iv. Sacrificial anode system	<input type="checkbox"/>				
v. Corrosion expert determination	<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"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Steel	<input checked="" type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Lined trench	<input type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
v. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Impressed current system	<input type="checkbox"/>				
iii. Sacrificial anode system	<input type="checkbox"/>				
iv. Corrosion expert determination	<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"/>				
B. Safe Suction (no valve at tank)	<input type="checkbox"/>				
C. Pressure	<input checked="" type="checkbox"/>				
D. Not Applicable	<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"/>				
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/>				
	See cover letter				
C. Ball float valve Make and Model	<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								
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input checked="" type="checkbox"/>	NA								
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA								
C. Inventory control	<input checked="" type="checkbox"/>	NA								
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA								
E. Vapor monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
F. Groundwater monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
G. Interstitial monitoring	<input type="checkbox"/>									
H. Statistical inventory reconciliation	<input checked="" type="checkbox"/>									
I. Automatic line leak detectors (Yes/No) If YES, specify type.	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"/>								
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)**

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

**IX. FACILITY DRAWING**

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

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

**X. LOCATION MAP**

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

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

Tank Number	Tank No. <u>F-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>
<b>1. Status of Tank (Mark only one)</b>					
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. Manifolder? Yes/No	No	No	No	No	No
<b>4. Substance Stored</b>					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel	<input type="checkbox"/>				
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<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"/>				
F. JP-4	<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"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	Concrete lined w/steel				
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Steel	<input type="checkbox"/>				
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)	See cover letter				
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Double-walled steel	<input type="checkbox"/>				
iii. Impressed current system	<input type="checkbox"/>				
iv. Sacrificial anode system	<input type="checkbox"/>				
v. Corrosion expert determination	<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"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Steel	<input checked="" type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Lined trench	<input type="checkbox"/>				
iv. Other, please specify.	Piping is above ground				
v. None	<input checked="" type="checkbox"/>				
E. Corrosion Protection (except fiberglass reinforced plastic piping)		See cover letter			
i. Fiberglass coated steel	<input type="checkbox"/>				
ii. Impressed current system	<input type="checkbox"/>				
iii. Sacrificial anode system	<input type="checkbox"/>				
iv. Corrosion expert determination	<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"/>				
B. Safe Suction (no valve at tank)	<input type="checkbox"/>				
C. Pressure	<input checked="" type="checkbox"/>				
D. Not Applicable	<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"/>				
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter				
C. Ball float valve Make and Model	<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								
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"/>								
G. Interstitial monitoring	<input type="checkbox"/>									
H. Statistical inventory reconciliation	<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								
	See cover letter		See cover letter		See cover letter		See cover letter		See cover letter	
J. Line tightness testing	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. <small>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</small>	Tank No. _____
C. Primary Containment Material or Single-Walled Piping		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<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				
D. Secondary Containment Material		See cover letter			
i. Fiberglass reinforced plastic	<input type="checkbox"/>				
ii. Flex piping	<input type="checkbox"/>				
iii. Lined trench	<input type="checkbox"/>				
iv. Other, please specify.	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"/>				
ii. Impressed current system	<input type="checkbox"/>				
iii. Sacrificial anode system	<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"/>				
B. Safe Suction (no valve at tank)	<input type="checkbox"/>				
C. Pressure	<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"/>				
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"/>				

Tank Number	Tank No. F-ST1		Tank No. F-ST2		Tank No. F-ST3		Tank No. F-ST4		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 type="checkbox"/>	NA						
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA						
C. Inventory control	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA						
D. Automatic tank gauging	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA						
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
G. Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
H. Statistical inventory reconciliation	<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"/>						
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)**

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

**IX. FACILITY DRAWING**

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

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

**X. LOCATION MAP**

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

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

Tank Number	Tank No. <small>PRT-Diamond Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. _____	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. Manifoldded? 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. _____
<b>C. Primary Containment Material or Single-Walled Piping</b>					
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			
<b>D. Secondary Containment Material</b>					
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"/>
<b>E. Corrosion Protection (except fiberglass reinforced plastic piping)</b>					
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			
<b>8. Method of Product Dispensing</b>					
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"/>
<b>9. Spill prevention equipment</b>					
A. Manufacturer and Model	N/A	N/A			
B. Capacity (gallons)	N/A	N/A			
<b>10. Overfill prevention equipment</b>					
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Innovative Solutions/ L500E	ENRAF 854			
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-Ewa</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"/>					
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)

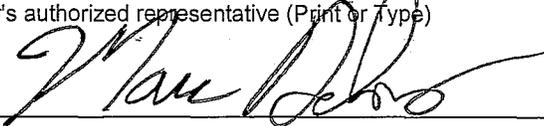
- 1. Corporation:  principal executive officer  
 duly authorized representative
- 2. Partnership:  general partner
- 3. Sole proprietorship:  proprietor
- 4. Government entity:  principal executive officer  
 ranking elected official  
 duly authorized employee

**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

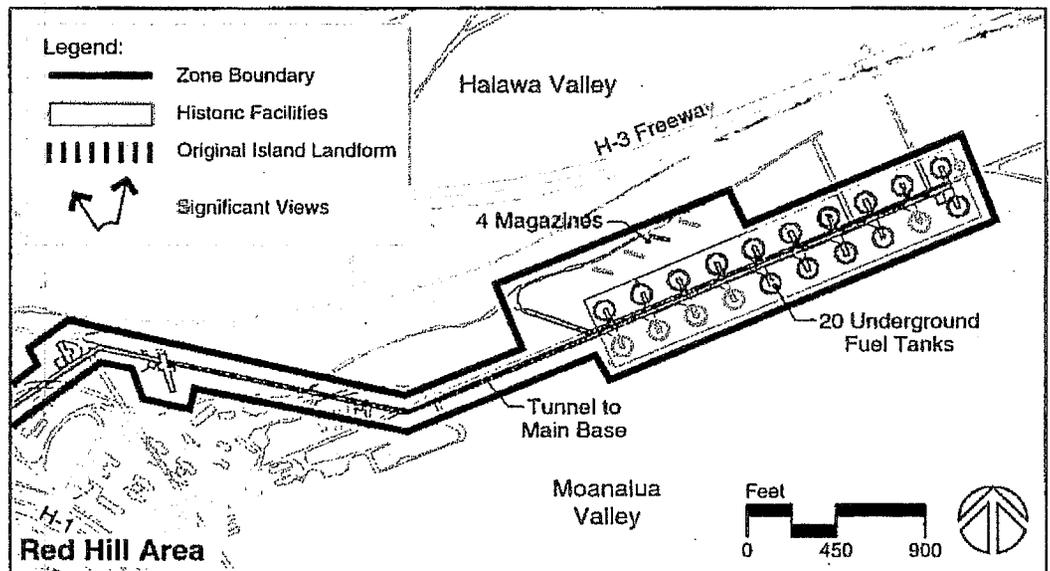
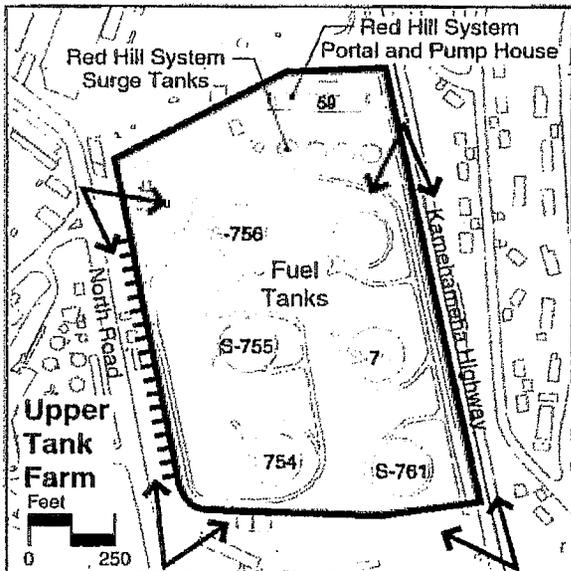
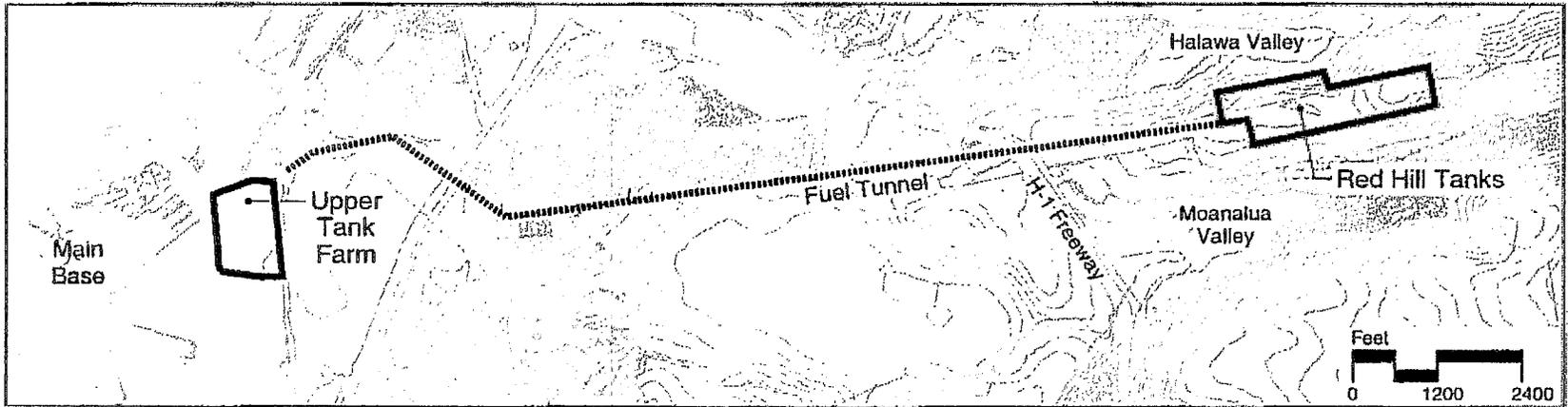
  
Signature

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**

