APPLICATION FOR DISPENSING ABOVE GROUND STORAGE TANK INSTALLATION

1) OWNER OF TANKS:

Name: ____________________________________________

Street Address: ______________________________________

City State Zip: ______________________________________

Contact Person Phone: ________________________________

Use of Premises: ______________________________________

2) FACILITY: Name and address where tanks are located.

Name: ____________________________________________

Street Address: ______________________________________

City State Zip: ______________________________________

Contact Person Phone: ________________________________

3) Are other existing above ground storage tank(s) currently located at this site? ________________

4) GENERAL INFORMATION: Check whichever applies and fill in the appropriate blanks for the system(s) that will be installed. Attached additional sheets (s) if more space is needed.

a) TANK(S):

<table>
<thead>
<tr>
<th>Number of Tanks</th>
<th>Capacity Gallons</th>
<th>Product</th>
<th>Flash Point</th>
<th>Single Wall</th>
<th>Double Wall</th>
<th>Steel</th>
<th>Other</th>
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Use this space for explanation: ____________________________________________________________

b) PIPING:

__Single Wall__ __Double Wall__

__Existing to remain__ __Installing partial__

__Installing new__ __Other (Explain below)__

___________________________________________________________

___________________________________________________________

c) METHOD OF SECONDARY CONTAINMENT:

__Earthen Dike__ __Tank Vaulted in concrete__

__Concrete Dike__ __Steel Catch-Pan__

__Double Walled Tank__ __Other (Explain below)__

___________________________________________________________

d) PURPOSE OF TANK INSTALLATION:

___________________________________________________________

___________________________________________________________

___________________________________________________________

e) Will dispensers, if separate from tank, be contained in diked/contained area? ______________________
f) Is an approved, normal vent pipe provided which is a minimum 1-1/2” in diameter and a minimum of 12 ft. Above the ground or 4 ft. Above the fill pipe? __________________________.

h) Will tanks be electrically grounded? (Required) __________________________.

I) Will tank/s bear the label of UL__________ or another national testing Lab? ______________. If tank/s do not bear the label of a recognized Lab, to what specifications are they constructed? __________________________

j) Will tank/s be fabricated on site? ___________ or purchased prefabbed? ___________

k) Are tank/s equipped with a permanently connected pumping device listed by U.L or F.M engineering? ______________.

l) Are tanks labeled to include a warning and name of the product they contain? ______________

m) Are tanks subject to permit under the Clean Air Act? ______If yes, has permit been applied from the Illinois EPA?_____

You must notify IEMA 1 (800) 782-7860 within 24 hours of leaks or contaminated soil. A site assessment must be conducted to determine if a release has occurred.

5) MINIMUM SETBACKS: Are pumps and piping:
   a) At least 300 feet from any mine shaft, or air or escape shaft from any mine? ___________.
   b) At least 85 feet from any schoolhouse, church, hospital or place of public assembly? ___________.
   c) At least 30 feet from any building or combustible or flammable stored liquid? ___________.
   d) At least 30 feet from all sewers, catch-basins, cesspool, septic tanks or cisterns? ___________.
   e) At least 30 feet from any property line? ___________.

6) SITE PLANS: Drawings of the site must accompany the application forms. They must show the entire AST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specific setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. The maximum site plans allowed is 11" X 17". Blue prints are not acceptable.

7) PERMIT TO WORK: No work can proceed with out a granted permit in hand and must be available upon request.

8) APPLICANT: The RESPONSIBLE CONTRACTOR must complete this section. A fee of $200.00 for each site must accompany this application. Checks or money orders (FROM THE CONTRACTOR) are to made payable to the City of Chicago, Department of Public Health. Do not send cash.

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

Contractor’s Company Name: ____________________________________________________ Phone ______________

Contractor’s Company Owner’s Name________________________________________________________

Address: ___________________________________________________________________ State: _______ Zip: ______________

Name and title of Contractor’s Representative: ____________________________________________________________________________

Company Name: ______________________________________ Phone #____________________

Signature: ______________________________________________________________Date: ______________

ES6/96