



**City of Chicago**  
**Department of Public Health**  
333 South State Street, Room 200  
Chicago, IL 60604  
312/745-3162  
[www.sfm.illinois.gov](http://www.sfm.illinois.gov)  
[SFM.DPCS@illinois.gov](mailto:SFM.DPCS@illinois.gov)  
**Amended**

**FOR OFFICE USE ONLY**

Facility #: 2047693  
Permit #: 01513-2023REM  
Request Rec'd: 12/27/2023  
Amended Date: 01/19/2024 Chi  
Approval Date: 12/29/2023  
Permit Expires: 07/01/2024

**Permit for REMOVAL of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances**

Permission to remove underground storage tank(s) or piping is hereby granted. Such removal must be in complete accordance with all sections and procedures specified in 41 Illinois Administrative Code Parts 174, 175 and 176. The contractor the permit was issued to shall establish a date certain to perform the UST activity by scheduling the permitted activity through their UST contractor portal account. If the Storage Tank Safety Specialist (STSS) observes evidence of a release, the owner, operator or designated representative of the UST owner/operator must notify the Illinois Emergency Management Agency (IEMA). The incident number shall be given to the STSS prior to his/her leaving the site. After the removal is completed, the owner/operator shall have a site assessment performed by measuring for the presence of a release where contamination is most likely to be present at the UST site. This is in accordance with the Illinois Administrative Code 176.360 (a) regulations and 40 CFR Part 280.72 (a) Federal Register Requirement.

**THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

|                                                                                                                                                                                 |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OWNER OF TANKS</b><br>- Corporation, partnership, or other business entity:<br>Thresholds<br>4101 N Ravenswood Ave<br>Chicago, IL 60613<br>Contact: Daniel Lach 708/307-4209 | <b>FACILITY</b><br>- name and address where tanks are located:<br>Thresholds<br>734 W 47th Street<br>Chicago, IL 60609<br>Cook County<br>Contact: Daniel Lach 708/307-4209 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Tanks on the Permit**

| Tank # | Capacity | Product     | Last Used Date |
|--------|----------|-------------|----------------|
| 1      | Unknown  | Diesel Fuel | 12/31/1973     |
| 2      | Unknown  | Diesel Fuel | 12/31/1973     |
| 3      | 1,100    | Unknown     | 12/31/1973     |

**Summary of Work**

Tanks and associated piping will be removed.

**Special Contingencies**

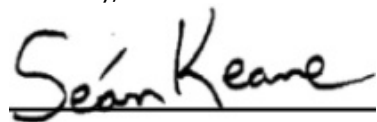
**Amendment Reason:**

additional tank found during removal on 1/18/24

The owner must notify this Office when completion of tank removal has occurred, on the Notification for Underground Storage Tank Form. This form can be obtained at [www.sfm.illinois.gov](http://www.sfm.illinois.gov) or by calling (217)785-1020. After removal is completed, the owner/operator shall perform a site assessment by measuring for the presence of a release where contamination is most likely to be present at the UST site. This is in accordance with the Illinois Administrative Code 176.360 (a) regulations and 40 CFR Part 280.72 (a) Federal Register Requirement.

|                                                                  |                                                                                                                                                                            |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PERSON, FIRM OR COMPANY PERFORMING WORK:</b>                  |                                                                                                                                                                            |
| RW Collins Company<br>7225 West 66th Street<br>Chicago, IL 60638 | Contact Person: Lisa Kruse<br>Phone: 708/308-8217<br>Email: <a href="mailto:ademauro@rwcollins.com">ademauro@rwcollins.com</a><br>Contractor License # IL772 Exp. 2/9/2024 |

Sincerely,

A handwritten signature in black ink that reads "Sean Keane". The signature is written in a cursive style with a horizontal line underneath the text.

Sean Keane