

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL Division of Technical Services 1035 Stevenson Drive Springfield, Illinois 62703-4259 (217)524-7605 Amended

FOR OFFICE USE ONLY Facility # 2-043506 Permit # 01817-2006REM Request Rec'd 11/30/2006 Amended Date 12/12/2006 Approval Date 12/5/2006 DS Permit Expires 6/5/2007

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 shall not commence until the contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.

(1) <u>OWNER OF TANKS</u> - Corporation, partnership, or other business entity:	(2) <u>FACILITY</u> - name and address where tanks are located:
Ilirjan Zhubi 1154 Waukegan Rd Glenview, IL 60025	Commercial Building 9210-12 Waukegan Rd Morton Grove, Cook Co., IL
Contact:	Contact:

(3) <u>REMOVAL OF TANKS:</u>

- (a) Number and size of tanks being removed: (TK # 1) 560 gallons
- (b) Product stored in each tank: (TK # 1) Heating Oil
- (c) Reason of tanks being removed:
- (d) If tank(s) is leaking, indicate IEMA incident number:
- (e) Date each tank was last used: (TK # 1) 12/31/1973
- (4) The owner must notify this Office when completion of tank upgrade/repair has occurred, on the Notification for Underground Storage Tank Form and the licensed contractor must submit the required job schedule for underground piping upgrade, leak detection, spill and overfill prevention to the OSFM prior to the work being performed. Both forms can be obtained at <u>www.state.il.us/osfm</u> or by calling (217)785-1020.

(5) <u>SPECIAL CONTINGENCIES</u>: Originally issued with the facility in the wrong city.

(6) <u>PERSON, FIRM OR COMPANY PERFORMING WORK</u>:

O South 560 Highway 83

Contact Person: ______ Phone: ______ Contractor Registration # _____ Exp.

Sincerely,

cc: Storage Tank Safety Specialist -Fire Department -Office Coordinator -Division File (Rev. - 1/98)