



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 # 2-043052
Permit # 00041-2006REM
Request Rec'd 12/06/2005
Amended Date 01/17/2006
Approval Date 1/6/2006 MB
Permit Expires 7/6/2006

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) OWNER OF TANKS - Corporation, partnership, or other business entity: Montell Corporation 12215 S Western Ave Blue Island, IL 60406 Contact:	(2) FACILITY - name and address where tanks are located: Montell Chrysler 11941 S Vincennes Ave Blue Island, Cook Co., IL Contact:
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(3) REMOVAL OF TANKS:

- (a) *Number and size of tanks being removed:* (TK # 1) - 1,000 gallons
- (b) *Product stored in each tank:* (TK # 1) - Diesel Fuel
- (c) *Reason of tanks being removed:* No longer needed.
- (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 www.state.il.us/osfm or by calling (217)785-1020.

(5) SPECIAL CONTINGENCIES:

(6) PERSON, FIRM OR COMPANY PERFORMING WORK: _____ 443 S Clay St. _____	Contact Person: _____ Phone: _____ Contractor Registration # _____ Exp. _____
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Sincerely,

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