



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

FOR OFFICE USE ONLY
Facility # 1-043469
Permit # 01669-2006REM
Request Rec'd 11/01/2006
Amended Date
Approval Date 11/8/2006 DS
Permit Expires 5/8/2007

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) OWNER OF TANKS - Corporation, partnership, or other business entity: Simmons, Thomas 5546 S. Park Place Drive Rochelle, IL 61068 Contact:	(2) FACILITY - name and address where tanks are located: Commercial Office Structure 515 Lincoln Highway Rochelle, Ogle Co., IL Contact:
--	---

(3) REMOVAL OF TANKS:

- (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) - 01/02/1974

- (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: 2422 Center Street	Contact Person: Phone: Contractor Registration # Exp.
---	--

Sincerely,



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