



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 # 2-043267
Permit # 00803-2006REM
Request Rec'd 05/31/2006
Amended Date
Approval Date 6/6/2006 JC
Permit Expires 12/6/2006

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: Cetron - Richardson Electronics 40W267 Keslinger Road La Fox, IL 60147 Contact:	(2) FACILITY - name and address where tanks are located: Cetron 715 Hamilton Geneva, Kane Co., IL Contact:
---	---

(3) REMOVAL OF TANKS:

- (a) *Number and size of tanks being removed:* (TK # 1) - 12,000 gallons
- (b) *Product stored in each tank:* (TK # 1) - Bulk Oil
- (c) *Reason of tanks being removed:* No longer in use
- (d) *If tank(s) is leaking, indicate IEMA incident number:*
- (e) *Date each tank was last used:* (TK # 1) - 12/31/1972

- (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: 202 W. State, Suite #502	Contact Person: Phone: Contractor Registration # Exp.
---	--

Sincerely,



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