

Division File (Rev. - 1/98)

(1) **OWNER OF TANKS** - Corporation, partnership, or other

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 # 2-026924
Permit # 00034-2006CAT
Request Rec'd 11/29/2005
Amended Date
Approval Date 1/6/2006 MB
Permit Expires 7/6/2006

(2) <u>FACILITY</u> - name and address where tanks are located:

Permit for INSTALLATION, UPGRADE, or REPAIR of CATHODIC PROTECTION SYSTEM of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to install, upgrade, or repair cathodic protection of underground storage tank(s) or piping is hereby granted. Such installations, upgrades, or repairs must be in complete accordance with acceptable materials and procedures as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Part 170. A required job schedule for cathodic protection upgrade of underground storage tank(s) and piping must be submitted to the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE**.

business entity:				
Oil Express National, Inc 15 Spinning Wheel Road Hinsdale, IL 60521		Oil Express 1204 E Roosevelt Rd Lombard, Du Page Co., IL		
Contact: Dan Barnas (6	30) 325-8666	Contact: Barnas Daniel R (630) 325-8666		
3) <u>, UPGRAGE, OR RE</u>	PAIR OF CATHODIC PROTECTION	SYSTEM:		
(a) Number and size	of tanks having cathodic protection insta	alled, upgraded, or repaired: (TK # 1, 2) - 4,000 gallons		
(b) Type of tanks: (TK # 1, 2) - Existing single wall STI P3			
(c) Type of piping:	(c) Type of piping: (TK # 1, 2) - Existing single wall steel			
(d) Product to be sto	Product to be stored in each tank: (TK # 1) - New Oil, (TK # 2) - Used Oil			
.,	ection being used:	liation		
Piping: (TK #	(1, 2) - Existing sacrificial anodes cathodic	protection		
(g) NACE certified a	lesigner:	Certification number:		
(h) Method of integr	ity assessment of tank(s) being used:			
Tank Form and the lice being performed. Both				
(6) PERSON, FIRM OR	COMPANY PERFORMING WORK:			
		Contact Person:Phone:		
		Contractor Registration # Ex		
	Sincerely,			
c: Storage Tank Safety Spec Fire Department - Office Coordinator -	Mark Blo	ugh		