



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

<b>FOR OFFICE USE ONLY</b>
Facility # 4-016258
Permit # 00304-2011INS
Request Rec'd 04/13/2011
Amended Date
Approval Date 4/13/2011 JC
Permit Expires 10/13/2011

**Permit for INSTALLATION of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.**

Permission to install underground storage tank(s) or piping is hereby granted. Such installation must be in complete accordance with acceptable materials 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, Parts 174, 175 and 176. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall submit a required job schedule for installation of underground storage tank(s) 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.**

<p><b>(1) OWNER OF TANKS</b> - Corporation, partnership, or other business entity:          VA Medical Center          1900 East Main Street          Danville, IL 61832          Contact: Green Andrew H (217) 442-8000</p>	<p><b>(2) FACILITY</b> - name and address where tanks are located:          VA Medical Center          1900 East Main Street          Danville, Vermilion Co., IL          Contact: Archie M. Nixon (217) 554-5996</p>
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**(3) INSTALLATION OF TANKS:**

- (a) **Number and size of tanks being installed:** (TK # 30) - 15,000 gallons, (TK # 31) - 10,000 gallons, (TK # 32, 33) - 6,000 gallons
- (b) **Type of tanks:** (TK # 30, 31, 32, 33) - (Installing) Composite Double Wall Permatank
- (c) **Type of piping:** (TK # 30, 31, 32, 33) - (Installing) Flexible Double Wall OmegaFlex DoubleTrac supply and return lines.
- (d) **Product to be stored in each tank:** (TK # 30, 31, 32, 33) - Diesel Fuel
- (e) **Type of leak detection being used:**  
  - Tank:** (TK # 30, 31, 32, 33) - (Installing) Automatic Tank Gauging Veeder Root TLS 300c , (TK # 30, 31, 32, 33) - (Installing) Interstitial Monitoring Veeder Root TLS 300c
  - Piping:** (TK # 30, 31, 32, 33) - (Installing) European with No Test Req Suction , (TK # 30, 31, 32, 33) - (Installing) Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 300c at the tank sumps only.
- (f) **Corrosion Protection being used:**  
  - Tank:** (TK # 30, 31, 32, 33) - (Installing) Composite Non-Corrosive
  - Piping:** (TK # 30, 31, 32, 33) - (Installing) Flexible Non-Corrosive
- (g) **Spill containment devices, piping and dispenser containment devices:**
- (h) **Overfill prevention devices:**

**(4) The owner must notify this Office when completion of tank installation has occurred, on the Notification for Underground Storage Tank Form and the licensed contractor must submit the required job schedule for installation to the OSFM prior to the work being performed. Both forms can be obtained at [www.sfm.illinois.gov](http://www.sfm.illinois.gov) or by calling (217)785-1020.**

**(5) GENERAL REQUIREMENTS:** There shall be a minimum of two manufactured slotted or perforated observation wells of at least 4 inches in diameter, installed in each new tank field of tanks larger than 1000 gallons and one well for tanks less than 1000 gallons. A water tight containment shall be installed under all dispensers and at submersible pumps. A hydrostatic test must be performed on all containments. All steel piping for vents, risers, and fills in contact with the ground, backfill, or water shall be dielectrically wrapped or coated. A positive shut off valve shall be installed on pressurized product lines, at the submersibles, or installed at the tank for all suction piping systems. Vent piping is required to be tested from tank to grade level. All steel flex connectors in contact with ground, backfill or water shall have corrosion protection.

**(6) SPECIAL CONTINGENCIES:**

<p><b>(7) PERSON, FIRM OR COMPANY PERFORMING WORK:</b></p>	<p>Contact Person: Monti Harris          Phone:          Contractor Registration # Exp.</p>
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Sincerely,

