



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 # 2-043116
Permit # 01422-2007REM
Request Rec'd 09/06/2007
Amended Date
Approval Date 9/6/2007 JC
Permit Expires 3/6/2008

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.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity:</p> <p>Elmhurst Memorail Healthcare 200 Berteau Avenue Elmhurst, IL 60126</p> <p>Contact: Carolyn O Ferry (630) 883-1400 Ext. 41010</p>	<p>(2) FACILITY - name and address where tanks are located:</p> <p>Elmhurst Memorial Health Care 701 South Main Street Lombard, Du Page Co., IL</p> <p>Contact: Carolyn O Ferry (630) 833-1400 Ext. 41010</p>
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(3) REMOVAL OF TANKS:

- (a) *Number and size of tanks being removed:* (TK # 2, 3, 4, 5) - 3,000 gallons
- (b) *Product stored in each tank:* (TK # 2, 3, 4, 5) - Gasoline
- (c) *Reason of tanks being removed:*
- (d) *If tank(s) is leaking, indicate IEMA incident number:*
- (e) *Date each tank was last used:* (TK # 2, 3, 4, 5) - 12/31/1973

(4) The owner must notify this Office when completion of tank removal has occurred, on the Notification for Underground Storage Tank Form This form can be obtained at www.state.il.us/osfm or by calling (217)785-1020. After removal is completed, the owner/operator shall perform a site assessment by measuring for the presence of a release where contamination is most likely to be present at the UST site. This is in accordance with the Illinois Administrative Code 170.640 (a) regulations and 40 CFR Part 280.72 (a) Federal Register Requirement.

(5) SPECIAL CONTINGENCIES:

<p>(6) PERSON, FIRM OR COMPANY PERFORMING WORK:</p> <p>Robinette Demolition Inc O South 560 Highway 83</p>	<p>Contact Person:</p> <p>Phone:</p> <p>Contractor Registration # Exp.</p>
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Sincerely,

James J Coffey

cc: Storage Tank Safety Specialist -
 Fire Department -
 Office Coordinator -
 Division File
 (Rev. - 6/07)