

SAN DIEGO
AIR POLLUTION CONTROL DISTRICT

9150 CHESAPEAKE DRIVE
SAN DIEGO, CALIFORNIA 92123-1095
(619) 565-5801

APPL # 870119
SEC/ID _____
P/O NO. _____
SIC CODE _____
(APCD USE ONLY)

APPLICATION FOR AIR POLLUTION CONTROL DISTRICT
AUTHORITY TO CONSTRUCT (A/C) AND/OR PERMIT TO OPERATE (P/O) SELL OR RENT

ATTENTION: PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.
ALL SECTIONS MUST BE COMPLETED. (Please PRINT or TYPE.)

I. CONTACT INFORMATION

1. Firm (OBA/Mil. Command/Govt Entity): Cottonwood Golf Course
2. Legal owner, if different from OBA: _____
3. Equipment address: 3121 Willow Glen Blvd City El Cerrito Zip 92019
(for Portable Equipment use Home Base Address)
4. A/C Contact/Title: Norm Trevett Maintenance Supervisor Phone (619) 447 - 0012
Mailing Address: 3121 Willow Glen Blvd City El Cerrito Zip 92019
5. Permit Recipient/Title: Norm Trevett Phone (619) 447 - 0012
Mailing Address: 3121 Willow Glen Blvd City El Cerrito Zip 92019
6. Site Contact: Norm Trevett Site Phone 447 - 0012
7. Nature of Ownership: Fed Govt State Govt Local Govt Utility
 Corporation Dealership Individual Partnership
8. Nature of Business: Maintenance of golf course and equipment

II. NATURE OF APPLICATION

- | | | |
|---|--|---------------|
| 1. <input type="checkbox"/> New equipment to be installed or constructed. | 4. <input checked="" type="checkbox"/> Modification of existing equipment. | Appl. # _____ |
| 2. <input type="checkbox"/> Prefabricated (off-the-shelf) equipment not requiring construction. | 5. <input type="checkbox"/> Permit to Not Operate. | P/O # _____ |
| 3. <input type="checkbox"/> Amendment to a completed APPL. or existing A/C. | 6. <input type="checkbox"/> Change of Permit Ownership. | P/O # _____ |
| | 7. <input type="checkbox"/> Condition Change. | P/O # _____ |
| | 8. <input type="checkbox"/> Change of Equipment Location. | P/O # _____ |
| | 9. <input type="checkbox"/> Banking. | P/O # _____ |

III. DESCRIPTION OF OPERATION

1. Normal Equipment Operating Hours/day: 8 Days/week: 5 Weeks/year: 52
2. General Description of Production & Air Pollution Control Equipment:
[Add attachments per instructions on reverse side and complete items (a) through (f) if applicable.]

Two point phase I system without overflow existing
OPU balance phase II system to be installed.

3. Estimated Start of Construction Date 8/17/87 Est. Completion Date 8/20/87

IV. SIGNATURE OF AUTHORIZED PERSON: [Signature] Cholly Lewis Date: 8/17/87
Print Name: _____ Company: _____

DO NOT WRITE BELOW (APCD Use Only)

Receipt # _____ Date 8-13-87 Total Amt. \$ 408.00 Fee/Code 26A01
Additional Fees _____ Date _____ Receipt # _____ Fee/Code _____
Refund \$ _____ Claim # _____ Date _____

\$ 490 - 82 = \$408

PLAN CHECK NT0810

8/24/87

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT UNIT

PLAN CHECK CORRECTIONS AND COMMENTS FOR UNDERGROUND STORAGE TANK FACILITY

SITE NAME COTTONWOOD GOLF COURSE / WESTERN SERVICES

SITE ADDRESS 3121 WILLOW GLEN ROAD EL CATON 92019

DESCRIPTION OF PROPOSED ACTION INSTALL PHASE TWO VAPOR RECOVERY

PLANS REVIEWED AND APPROVED

PERMIT ISSUED

MIKE VERNETT

236-7526

FOR INFORMATION: NOTIFY THE DEPT. OF HEALTH SERVICES
AT 231-2222 AT LEAST TWO WORKING DAYS BEFORE
STARTING CONSTRUCTION TO SCHEDULE THE FIRST
REQUIRED FIELD INSPECTION.

FILE WORK SHEET

H 20208-
NT1684

Install 1 and Remove 1 UST

DATE	COMMENTS	INITIALS
2/24/93	Rec'd \$1031.00 (ck #2003 dated 2/24/93 pd by Kodiak Management Inc) for the removal of 1 UST and the installation of 1 UST. Plans submitted w/ apps X 3. UST workplan has been provided for file.	CB
3/1/93	Fire dept permit + APCD permits needed.	CB
3/1/93	Manual Receipt given R158024.	CB
3/2/93	Plans approved	W
3/17/93	APCD Permit provided for file	EA
3/17/93	Fire (Remove + Install) Permit rec'd for file	EA
3/17/93	Jessica w/ Kodiak Mgmt picked up Manual Receipt R158024, permit, cc plus check, and 2 cc's application w/ plans attached.	EA
4/01/93	Appt. scheduled w/ ^{Mary Peters} Mark on Monday 4-5-93 at 9 AM = Pressure Test.	EA ✓
4/05/93	Pressure Test approved by Mary on Monday 04-05-93.	EA ✓
4/9/93	Appt. scheduled w/ Johanna on 4/13/93 @ 1:00 pm to remove 1 UST.	CB ✓
4/16/93	Removal of 1 UST witnessed + approved by Johanna Barry on 4/13/93.	CB ✓
4/16/93	Appt. scheduled for a final inspection on 4-20-93 @ 9:00 AM w/ Johanna Barry.	CB ✓
4/19/93	Final cancelled by Jessica at Kodiak Mgmt for 04-20-93.	EA ✓

**COUNTY OF SAN DIEGO
HAZARDOUS MATERIALS MANAGEMENT DIVISION
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK FACILITY**

PERMIT APPLICATION

PART I

GENERAL PROJECT INFORMATION

FOR HMMD USE
EST#: <u>H20208</u>
PLAN CH#: <u>NT 1684</u>
DATE RECEIVED: <u>2/14/93</u>
FEE PAID: <u>\$1031.00</u>
PLAN APPROVAL: <u>3/2/93</u>
HYDRO UNIT: <u>7.1</u>
BENEF. USE: <u>Yes</u>

ORIGINAL

A. SITE ADDRESS: 3121 WILLOW GLEN DR.
 City EL CAJON, CA. Zip 92019-4605

B. PROPERTY OWNER:
 Assessors Parcel No. 518-22-1
 Company RANCHO SAN DIEGO Contact JOHN HAGGERTY
 Mailing Address 3121 WILLOW GLEN DR. City SAN DIEGO Zip 92019-4605
 Phone (619) 442-9891
 24 Hr. Emergency Contact NORM PRIVETT Phone (619) 447-0012

C. TANK OPERATOR:
 Company RANCHO SAN DIEGO Contact JOHN HAGGERTY
 Mailing Address 3121 WILLOW GLEN DR. City EL CAJON Zip 92019-4605
 Phone (619) 442-9891
 24 Hr. Emergency Contact NORM PRIVETT Phone (619) 447-0012

D. CONTRACTOR:
 Primary Contractor KODIAK MANAGEMENT, LLC Contact MICHAEL L. BREND
 Mailing Address 1631 EDGEWOLD ST. City SAN DIEGO Zip 92102
 Phone (619) 238-8800
 State Contractor License 642709
 Worker's Compensation Insurance Company GOLDEN ANGEL INS.

E. APPLICATION SUBMITTAL, PLAN APPROVAL, PERMIT ISSUANCE, AND REQUIRED INSPECTIONS

Submit three (3) copies of this application package, including plan drawings, with the required fee to the Department of Health Services, Hazardous Materials Management Division, 1255 Imperial Ave., San Diego, CA or mail to P.O. Box 85261, San Diego, CA 92138-5261. Checks should be made payable to the County of San Diego.

A permit will be issued by the HMMD upon review and approval of the application and plans. The required fees must be submitted with the application package. Information in addition to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued. The required inspections cannot be scheduled until a permit is issued.

Once the permit has been issued, it is the responsibility of the permittee to notify the HMMD at least two (2) working days in advance to schedule each required inspection.

Construction stages at which inspections are required are indicated in each subpart of this application form (i.e., Part III, IIII, IV, and V).

IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES
 AT 393-2214 AT LEAST TWO WORKING DAYS BEFORE
 STARTING CONSTRUCTION TO SCHEDULE THE FIRST
 REQUIRED INSPECTION.

F. PROJECT WORK TO BE COMPLETED: Check Applicable Box	COMPLETE APPLICATION PARTS	FEE CODE TABLE G.
<input type="checkbox"/> Installation/Construction of new tank(s) only (without closing any existing tanks)	II & III	1
<input checked="" type="checkbox"/> Closure of existing tank(s) with installation of new tanks (tank replacement)	I, II & III	1 & 2
<input type="checkbox"/> Closure of existing tank(s) with no new tank installation	I & III	2
<input type="checkbox"/> Interior coating/repair of an existing underground storage tank	I & IV	3
<input type="checkbox"/> Repipe/pipe-repair of an existing underground storage tank facility	I & V	4
<input type="checkbox"/> Installation/Construction of vaulted tanks	VI	5

G. FEES: The fees shown below cover plan review, plan re-review and approval, the required field inspections and the first year's operating permit fees. Use the appropriate Fee Code as determined in Section F above.

FEE CODE		
1	Installation fee for first tank \$600.00	Fee: \$ 600 ⁰⁰
	Installation fee for each additional tank No. ___ x \$100.00	Fee: \$ /
	Establishment Base Fee \$160.00 (Applies to establishments not currently under permit with HMMD)	Fee: \$ /
	Operating Permit Fee per tank No. ___ x \$120.00 (Does not apply to replacement tanks if the existing tank to be replaced has paid current operating permit fees)	Fee: \$ /
	State Surcharge per tank No. 1 x \$56	Fee: \$ 56 ⁰⁰
	Plan Re-Review \$200.00	Fee: \$ /
2	Closure fee for first tank \$375.00	Fee: \$ 375 ⁰⁰
	Closure fee for each additional tank No. ___ x \$50.00	Fee: \$ /
	Plan Re-Review \$200.00	Fee: \$ /
3	Repair/Interior coating fee for first tank \$600.00	Fee: \$ /
	Repair/Interior coating fee for each additional tank No. ___ x \$100.00	Fee: \$ /
	Plan Re-Review \$200.00	Fee: \$ /
4	Repipe/Pipe-repair of an existing tank facility \$600.00	Fee: \$ /
	Plan Re-Review \$200.00	Fee: \$ /
5	Consultation fee (e.g. vaulted tank: minimum 2 hours) _____ Hours x \$80.00	Fee: \$ /
		TOTAL FEE: \$ 1031⁰⁰

I. PERMITS REQUIRED BY OTHER AGENCIES

FIRE DEPT. APCD BUDG DEPT. OTHER

Provide copies of approved applications from these departments and others if needed.

COUNTY OF SYNDICATED
HAZARDOUS MATERIALS MANAGEMENT DIVISION

PART III

APPLICATION FOR PERMIT TO CONSTRUCT UNDERGROUND STORAGE TANK FACILITY

BOARD OF EQUALIZATION USE STORAGE FEE ACCOUNT NUMBER - Call (910) 739-2582 for information

TY (TR) HQ

4	4	-	0	2	3	1	2	8
---	---	---	---	---	---	---	---	---

NOTE: Application will be disapproved without this information

A. TOTAL NUMBER OF TANKS TO BE INSTALLED 1

B. TYPE OF PRIMARY CONTAINMENT

TANK NO.	MANUFACTURER	COMPOSITION	CAPACITY	STORAGE MATERIAL
#1	JCOR	Glass/Steel	5000	Gasoline

C. TYPE OF SECONDARY CONTAINMENT

- Multiple compartment double wall tanks
- Double wall tanks Concrete vault
- Flexible liner (manufacturer) _____
- Other, briefly describe _____

D. UNDERGROUND STORAGE TANK LEAK DETECTION SYSTEM

- Continuous leak detection device within the secondary containment, connected to an audible/visual alarm system.
 Manufacturer/Model No. ROMAN, 8765-A3
 - Daily monitoring of the space between the primary and secondary containments using "dip stick" readings.
- NOTE: THIS METHOD IS AVAILABLE FOR MOTOR VEHICLE FUEL STORAGE ONLY.
- Other, briefly describe _____

E. UNDERGROUND STORAGE TANK PIPING MATERIALS AND CONSTRUCTION

PRODUCT PIPING: Primary containment FRP

Secondary containment FRP

VAPOR VENT, FILL PIPING: Primary containment FRP

Secondary containment FRP

F. TYPE OF PRODUCT DELIVERY / FILL SYSTEM (I.E., PRESSURIZED, SUCTION, REMOTE FILL)

Motor vehicle fuel tanks Suction

Waste oil tanks _____

Other tanks, briefly describe: _____

NOTE: MANIFOLDED PRODUCT DELIVERY SYSTEMS REQUIRE SECONDARY CONTAINMENT AND CONTINUOUS MONITORING.

G. UNDERGROUND STORAGE TANK PIPING LEAK DETECTION SYSTEM

Continuous monitoring device within the secondary containment

Manufacturer RONAN

-AND-

Leak detector on pressurized line (must shut down pump and activate alarm)*
Manufacturer _____

-OR-

Continuous monitoring device shuts down pump and activates alarm*

*NOTE: not required for non pressurized systems (i.e. suction, remote fill)

H. CORROSION PROTECTION FOR UNDERGROUND PIPING

Coated and Cathodically Protected Steel

Fiberglass

I. UNDERGROUND STORAGE TANK SPILL/OVERFILL PREVENTION SYSTEM

Catchment Basin surrounding the product fill pipe

Manufacturer POMECO 3110 SPILL CONTAINMENT MANHOLE

-AND-

Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High level Alarm

Manufacturer OPW 233YM

-OR-

Positive shutoff device in fill pipe at 95% full

Manufacturer OPW

-OR-

Product Level Sensing Device with High Level Alarm and Ball Float Valves

Manufacturer _____

J. TYPE/MANUFACTURER OF VAPOR RECOVERY SYSTEM TO BE USED

Stage I Recovery System OPW 1411 AV

Stage II Recovery System OPW BALANCE

K. DESCRIBE HOW YOU PROPOSE TO BALLAST THE TANKS FROM FLOTATION

(TANKS MUST BE BALLASTED IF HIGHEST ANTICIPATED GROUNDWATER IS AT LEAST 25' BELOW GROUND SURFACE)

3-12-93
MCP

Anchor Straps per Manufacturer's specification with deadman and/or slab

Bouyancy Calculations (must be submitted)

Depth of Groundwater: 25+ ft per Michael Bred

3/2/93

L. CERTIFICATION

Attach a certification from the manufacturer, or his authorized representative, of the tank and piping materials as to the capability of the tank and piping materials to store the proposed hazardous materials.

M. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING:

1. Location of all existing and proposed structure.
2. Location of all existing and proposed tanks and piping (limited to 11 tanks and 1000 feet of piping).
3. Location of all proposed tanks and piping.
4. Cross section of tank and piping system. This drawing must show secondary containment of tank and piping, spill/overflow prevention devices, leak detection equipment with the correct number of sensing probes and extension of all pipes and auxiliary equipment to flush grade.
5. Location of underground utility vaults and lines.
6. Site plan showing site address, nearest cross street and property lines. (Scale and north arrow must be used).

N. REQUIRED INSPECTIONS - NEW UNDERGROUND STORAGE TANK INSTALLATIONS

EACH NEW TANK INSTALLATION MUST BE INSPECTED BY THE HMMD. TWO INSPECTIONS ARE REQUIRED

1. FIRST INSPECTION: CERTIFICATION AND PRESSURE TEST INSPECTION

-pressure test of entire primary system (tank, product, vent, vapor, fill). Tank manufacturer's certification of tank set must be submitted to the inspector at time of inspection.

2. SECOND INSPECTION: MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION

-performance check of the monitoring system. HMMD'S Certification of Tank System Installation, Certification of Monitoring Equipment, Integrity test report, Form C, and Monitoring and Response plans must be submitted to the inspector at time of inspection. All documents must be submitted before final operating permit will be issued.

O. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Hazardous Materials Management Division (HMMD) and that no work is to begin on this project until the permit is issued.

I understand that any changes in design, materials or equipment will void my permit to construct if prior approval is not obtained. I further understand that a permit to operate the underground storage tank will not be issued until the HMMD inspector approves the Second Inspection.

I will notify the Hazardous Materials Management Division at least two working days (48 hours) in advance to schedule each required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of San Diego.

SIGNATURE & TITLE:

Michael R. Bevilacqua

PRINT NAME:

KODIAK MANAGEMENT, INC.

TELEPHONE:

614 230-8800

DATE:

1-29-93

HAZARDOUS MATERIALS MANAGEMENT DIVISION

PART III

APPLICATION FOR PERMIT TO CLOSE UNDERGROUND STORAGE TANKS

A. TOTAL NUMBER OF TANKS TO BE CLOSED 1

B. DESCRIPTION OF TANKS TO BE CLOSED:

TANK NO.	CAPACITY	DATE INSTALLED	TANK COMPOSITION	TANK PRESENTLY IN USE?	MATERIALS STORED IN TANK
T1 11	5000		STEEL	YES	GASOLINE

C. HAS THE TANK SYSTEM EVER FAILED OR LEAKED? YES NO

D. REASON FOR TANKS TO BE CLOSED:

- Meet current state/federal requirements
- Replacement of existing tanks
- Tank system failure. briefly describe _____
- Other. briefly describe _____

1987 failure prec. test

E. PREVIOUS OWNERS AND OPERATORS OF THE TANKS:

DATES		OWNER/OPERATOR	

F. PROPOSED METHOD OF CLOSURE:



REMOVAL



CLOSURE IN PLACE

SAMPLING PROTOCOL

Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- for tank systems that are to be removed. The excavation shall be exposed prior to the scheduled inspection and sampling points identified by the HMMD inspector. Sampling is required for both tank and piping. The tank must remain in the excavation until the HMMD inspector approves the removal.

- tank systems to be closed in place. Submit an alternate plan which must include soil sampling, reason for closing the tank system in place and type of material to be used to fill the tank. Soil sampling and/or hydrostatic testing is also required for piping closures. Tank system closure in place will only be considered after evaluating the risks and hazards if the tank system were removed.

G. DISPOSAL SITE OF TANK: GRAPE SALES 10215 CHANNEL RD, LAKESIDE, CA. 92040

Note: You must inform the HMMD of the address of where the tank is to be disposed. Plans will be disapproved without this information.

H. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tank facilities.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

I. REQUIRED INSPECTION-PERMIT TO CLOSE

A representative from the HMMD must be on site at the time the tank(s) are closed.

1. TANK SYSTEM CLOSURE BY REMOVAL:

- excavation shall be exposed prior to the scheduled inspection. The tank owner/authorized representative on site must submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. A combustible gas instrument and soil sampling equipment must be on site. The HMMD inspector will identify sampling points. The tank must remain in the excavation until the HMMD approves the removal.

2. TANK SYSTEM CLOSURE IN PLACE:

- after approval of the alternate plan, the tank owner/authorized representative on site shall submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. The HMMD inspector shall verify that the tank system has been properly emptied and will witness the filling with an approved inert substance. Piping approved to be closed in place by hydrostatic testing shall also be witnessed by the HMMD.

J. DECLARATION

I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Hazardous Materials Management Division.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Hazardous Materials Management Division.

I will notify the Hazardous Materials Management Division at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE

Michael B. Bevilacqua Pres/CEO

PRINT NAME

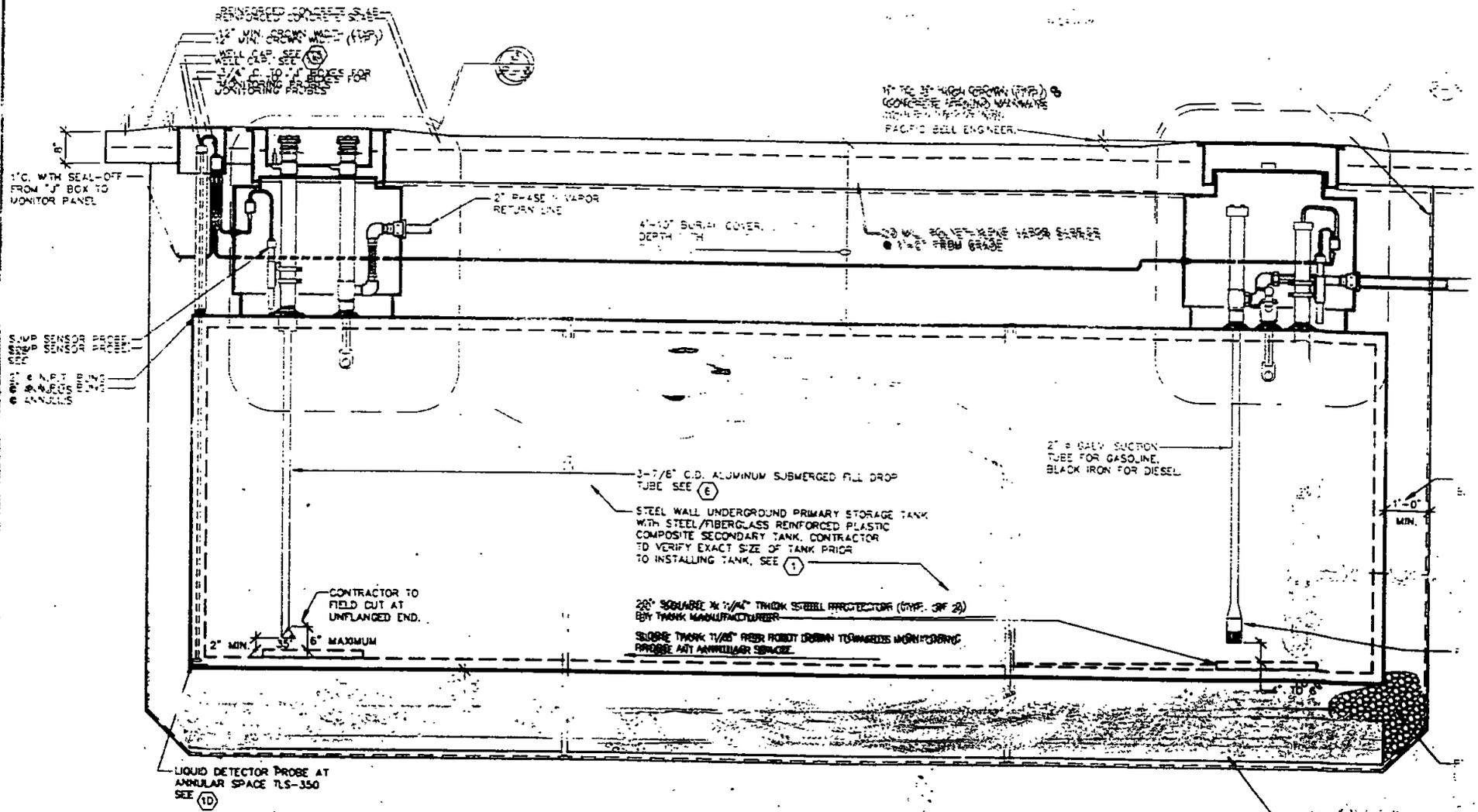
KODIAK MANAGEMENT, INC

TELEPHONE (619)

338-8800

DATE

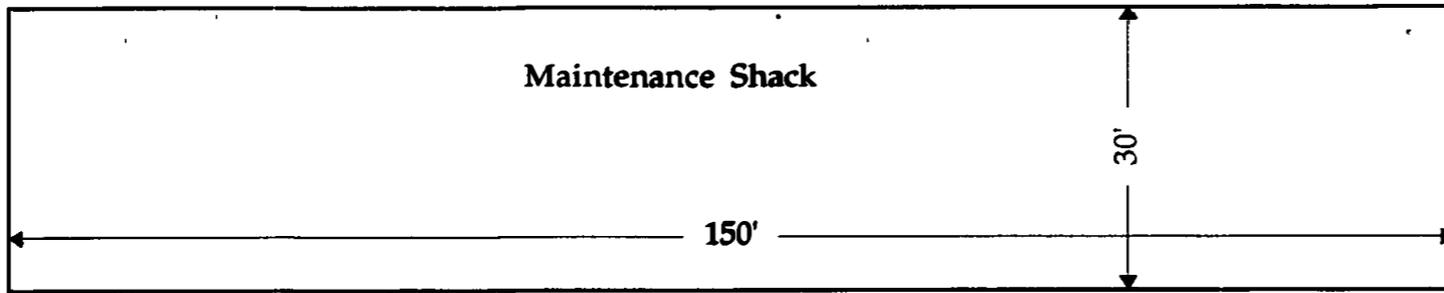
11-29-93



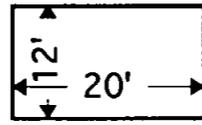
NOTES:
 1. TANKS ARE SHIPPED WITH VACUUM PRESSURE ON ANNULUS. VERIFY THAT VACUUM MESSING IS PROTECTED BY SEAL OFF.
 2. PERFORM A SEALTIGHTNESS TEST PRIOR TO OPERATING THE TANK BY XRAY OR OTHER METHODS.
 SEE TESTING REQUIREMENTS ON SHEET P 6.

2 TANK SECTION

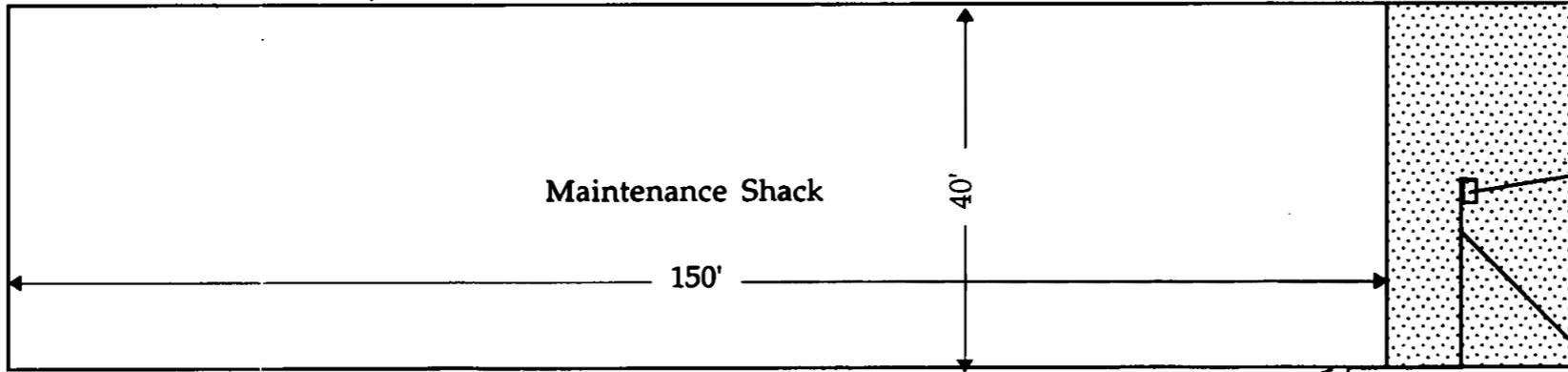
SCALE: NOT TO SCALE: NOT TO



Maintenance Office



IMPORTANT: CONTACT THE DEPT. OF HEALTH SERVICES AT 338-2214 AT LEAST TWO WORKING DAYS BEFORE STARTING CONSTRUCTION TO SCHEDULE THE FIRST REQUIRED FIELD INSPECTION.



Existing Suction Pump To Remain For New Installation

Existing Vent To Be Removed

Existing 5000 Gallon Underground Gasoline Tank To Be Removed

2" Galvanized Above Ground Supply Line To Be Removed

County of San Diego
 Department of Health Services
 Hazardous Materials Management Division

PLAN APPROVAL

PC# NTIG 84 H# 420208

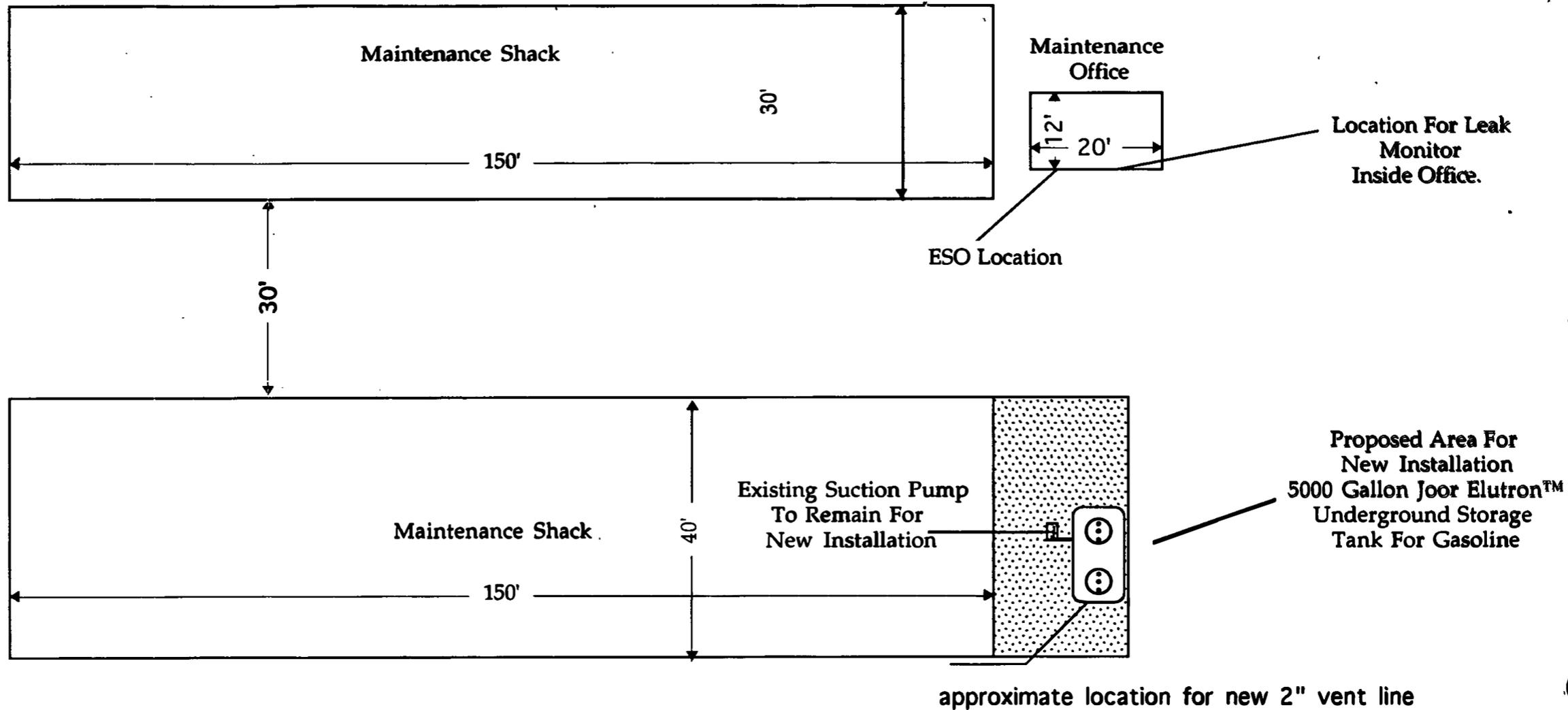
Approved By: M. K. [Signature] Date: 3/2/93

Contract # 4631

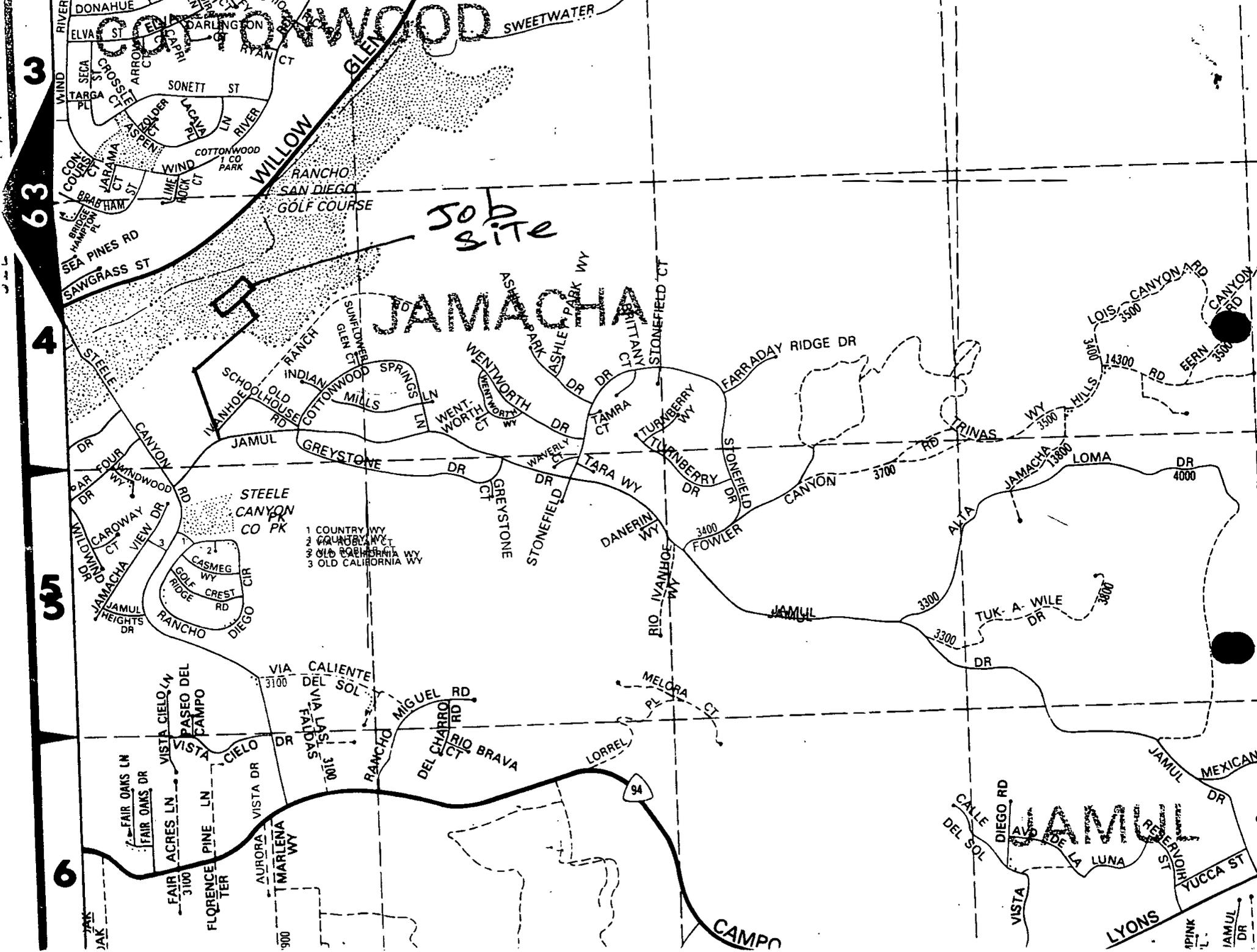
System

"Any change in these plans may void this approval. This stamp does not constitute or imply approval by other agencies."

Rancho San Diego
 Golf Course
 Tank Removal Plan
 Scale: 1" = 20'
 Page One



Rancho San Diego
 Golf Course
 Tank Installation Plan
 Scale: 1" = 20'
 Page 2



JOB SITE

JAMACHA

- 1 COUNTRY WY
- 2 CALIFORNIA WY
- 3 OLD CALIFORNIA WY

CAMPO

LYONS

JAMUL

3
4
5
6

63
64



MONITORING EQUIPMENT AND INTEGRITY TEST VERIFICATION REPORT

EST# H20208 PLAN CHECK# NT1684
 SITE ADDRESS 3121 WILLOW GLEN RD. CITY EL CAJON ZIP 92019
 ESTABLISHMENT NAME RANCHO SAN DIEGO GOLF COURSE
 CONTRACTOR NAME KODIAK MANAGEMENT PHONE# 238-8800

REQUIRED DOCUMENTS	YES	NO
Integrity Test Report Received	X	
HMMD'S Certification of Tank System Installation and FORM C	X	
HMMD'S Certification of Monitoring Equipment Installation received	X	
Monitoring and Response plans received	X	4/15/93

MONITORING SYSTEM CHECK	BY: ROBERT RAPISTA	DATE: 5/11/93	YES	NO
Number of monitoring probes installed	<u>3</u>			
Monitoring devices installed as shown on HMMD approved plans			X	
Tank (interstitial space)			X	
Manway sumps			X	
Fittings			X	
Secondary containment piping			X	
Shut down device on turbine with alarm	<u>SUCTION SYSTEM</u>		N/A	
Monitoring devices operational			X	

SPILL/OVERFILL PREVENTION CHECK	YES	NO
Catchment Basin on fill pipe installed	X	
Ball Float Valves on vent and vapor lines installed		
Product Level Sensing Device		X
Positive shutoff on fill pipe		X

MONITORING EQUIPMENT VERIFICATION APPROVED	<u>YES</u>	NO
REINSPECTION AND REINSPECTION FEE REQUIRED		X
FINAL OPERATING PERMIT ISSUED	X	

REMARKS: LOCAL F.D. DID NOT ISSUE PERMIT TO OPERATE AT THIS DATE.
MUST MEET FIRE DEPARTMENT REQUIREMENTS IN ORDER TO OPERATE
TANK.

Received by: [Signature] Print Name: G Shera Date: 5-11-93