

63001



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



STEVEN E. CHESTER
DIRECTOR

JENNIFER M. GRANHOLM
GOVERNOR

May 30, 2008

Bodman LLP
201 S Division
Ann Arbor, MI 48104

Dear Owner/Operator:

SUBJECT: Nonsubmittal of Financial Responsibility (i.e. Pollution Insurance) for Underground Storage Tanks

The Department of Environmental Quality, Waste and Hazardous Materials Division (WHMD), has not received proof of financial responsibility (FR) or the FR documentation received was inadequate for the underground storage tanks (USTs) located at CMI-Tech Center Inc, 1600 West 8 Mile Rd, Ferndale, Michigan, Facility Number 00006304.

Pursuant to Rule 61, Section 280.90, of the Michigan Underground Storage Tank Rules, 1999 AACRS, R 29.2161 et seq., owners/operators of petroleum USTs are required to provide proof of FR for taking corrective action and for compensating third parties for bodily injury and property damage arising from a release by petroleum USTs.

You were notified of this requirement on September 25, 2007, in your annual UST billing.

If the WHMD does not receive proof of FR within 30 days of receipt of this letter, your USTs are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

If you have previously submitted FR to the WHMD and are in receipt of this letter, you must resubmit. Also, be sure the correct address of where the USTs are located, which are covered under the FR mechanism, is noted on the document or as an attachment. Please include a copy of this letter with your submittal to the address below or you may fax your submittal to 517-335-2245 or email to wieberk@michigan.gov.

If you have any questions, please contact me or visit our Web site at www.michigan.gov/deq.

Sincerely,

Kevin Wieber, HMSI Specialist
Storage Tank Unit
Storage Tank and Solid Waste Section
Waste and Hazardous Materials Division
517-335-7260

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

INTEROFFICE COMMUNICATION

DATE: October 27, 2008

TO: Christy Clark, RRD
SE District Office
586-753-3809

FROM: Marcia Poxson
WHMD-~~ST~~SW-STU
517-373-3290

SUBJECT: CMI-Tech Center Inc, 1600 West 8 Mile Road, Ferndale, Oakland County,
Facility Number 00006304 *e*

We have received a request to close site evaluations following tank removal at the referenced facility. This site is a closed LUST facility, C-0185-96, the release was closed under Type-I, Residential not-restricted.

The submitted analytical data with the site assessment report indicates levels greater than MDL. This is a request for closure under IM-10 scenerio 3 and cancellation of a suspect release, S-0178-08. Therefore, I need to know if the indicated levels with this report are less than what was indicated with the LUST site closure, to allow for clean closure under IM-10. A copy of the site assessment report is being sent for you to review.

Let me know, at your earliest convenience, if you concur with granting a clean closure for this site evaluation, and canceling the suspect release, or if you believe a new release should be generated.

Thank you for your attention to this matter.

Enclosure

Cc Mr. Gary Miles, DEQ WHMD – SE
Mr. Jim Lucas, DEQ WHMD – Lansing
Mr. Timothy Hebert, Environmental Consulting



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

FACILITY INSPECTION REPORT

Owner Name & Address:

Hayes Lemmerz International Inc
World Headquarters
15300 Centennial Dr
Northville, MI 48168

Location of Tanks:

CMI-Tech Center Inc
1600 West 8 Mile Rd
Ferndale, MI 48220-2202
County - Oakland
Facility ID - 00006304

KLW SEP 10 2008

ATTENTION: Valerie Brader

A Records Investigation was conducted on September 3, 2008, for the above-referenced facility for compliance with Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Michigan Underground Storage Tank Rules (MUSTR), 1999 AACS R 29.2101 et seq.; and the applicable sections of the rules for the Storage and Handling of Flammable and Combustible Liquids, 2003 AACS R 29.5101 et seq. The inspection showed that the site is approved.

All paperwork recieved as of this date

If you have additional questions concerning this matter, please contact me.

Douglas Pentzien
Hazardous Materials Storage Inspector
SE Michigan District Office
27700 Donald Court
Warren, MI 48092-2793
Phone: 586-753-3847
Fax: 586-753-3831
Email:

9-3-08
Date



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

IOC#: 2008-0161

FACILITY NUMBER (see invoice)

00006304

INTENT OF REMOVAL, CLOSURE OR CHANGE-IN-SERVICE OF UNDERGROUND STORAGE TANKS

This information is required pursuant to Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. An owner/operator who fails to notify is subject to a misdemeanor and/or civil penalties, not to exceed \$5,000 per day for each tank.

INSTRUCTIONS: NOTICES WILL ONLY BE ACCEPTED ON THIS FORM. YOUR UST MUST BE REGISTERED PRIOR TO SUBMITTAL OF THIS FORM. Please type or print clearly. ALL information must be completed. See reverse side for additional information. If you have questions, call 517-335-2690, Monday through Friday between 8:00 am - 5:00 pm

I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
<input type="checkbox"/> PLEASE CHECK IF NEW OWNER'S ADDRESS			<input type="checkbox"/> PLEASE CHECK IF SAME AS SECTION I		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) CMI - Tech Center, Inc.			FACILITY NAME OR COMPANY SITE IDENTIFIER CMI - Tech Center, Inc.		
STREET ADDRESS 15300 Centennial Drive			STREET ADDRESS (P O Box Not Acceptable) 1600 West 8 Mile Road		
CITY Northville	STATE MI	ZIP CODE 48167	CITY Ferndale	STATE MI	ZIP CODE 48220
COUNTY Oakland	TOWNSHIP		COUNTY Oakland	TOWNSHIP	
AREA CODE & TELEPHONE NUMBER (734) 737-5156			CONTACT PERSON FOR LOCATION Steven D. Thomas	AREA CODE & TELEPHONE NUMBER (734) 737-5156	

TANK INFORMATION

TANK NUMBER AS INDICATED ON UST INVOICE	PRODUCT LAST STORED IN TANK	SIZE OF TANK (GALLONS)	INDICATE ACTION TO BE TAKEN REMOVAL, CHANGE-IN-SERVICE, CLOSE IN PLACE
C #1	Diesel	15,000	Removal
C #2	Gasoline	15,000	Removal

Comments: The above USTs were evaluated and temporarily taken out-of-service by the owner during late May 2007, with the assumption they may be brought back into service prior to May 30, 2008. The decision has been made to remove the UST systems during June 2008.

Notification Submitted by (Print Name) Timothy F. Hebert, CPG/RG	Company Environmental Consulting & Technology, Inc.	
Signature 	Date 7-14-08	Area Code & Telephone Number (517) 272-9200

THIS IS NOT A REGISTRATION FORM. AN AMENDED REGISTRATION FORM, EQP3821, MUST BE FILED TO REMOVE THE LISTED TANKS FROM THE BILLING CYCLE

WHMD USE ONLY

WHMD APPROVAL NOTICE

Approval is given to perform the indicated activity at the above facility location. Action indicated above may commence on

or after 8/18/2008.

Expiration Date: 1/16/2009. If action is not taken by the expiration date, you must submit another

notification		
Authorizing Signature 	Date 7/17/08	
Mail To: WASTE AND HAZARDOUS MATERIALS DIVISION DEPARTMENT OF ENVIRONMENTAL QUALITY P O BOX 30241 LANSING, MI 48909-7741	Date Confirmation Mailed to Owner 7/17/08	Entry Date 7/17/08

JUL 16 2008

Job 304

VALERIE J. M. BRADER
VBRADER@BODMANLLP.COM
734-930-2489

August 29, 2008

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR, MICHIGAN 48104
734-930-2494 FAX
734-761-3780

MDEQ
WHMD
P.O. Box 30241
Lansing, MI 48909

Re: Amended Registration of Underground Storage Tanks - Hayes Lemmerz International Inc.

Dear Sir/Madam:



Enclosed for filing please find the **amended** Registration of Underground Storage Tanks on behalf of Hayes Lemmerz International, Inc. Please note that the storage tanks are now closed.

Please acknowledge receipt of this filing by signing the enclosed duplicate of this letter and returning it to us in the self-addressed stamped envelope we have provided.

Thank you for your assistance. If you should have any questions, please feel free to contact me.

Very truly yours,

Valerie J. M. Brader

VJMB/sek
Enc.

cc: Steven Thomas
Douglas Pentzien

rec'd
Waste & Hazardous
Materials Division

SEP 02 2008
Lee Muller
Storage Tank
Unit 30241

Reviewed
Signed copy
9-3-08
DM



SMK SEP 03 2008

REGISTRATION OF UNDERGROUND STORAGE TANKS

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)	<p>If sending payment and form mail to: MDEQ, Office of Financial Management, Revenue Control Unit, PO Box 30657, Lansing, MI 48909</p> <p>If sending form only, mail to: MDEQ, WHMD, PO Box 30241, Lansing, MI 48909</p>	FACILITY IDENTIFICATION NUMBER (if known) 00006304
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NO. OF TANKS AT FACILITY: 2	NO. OF CONTINUATION SHEETS ATTACHED: 4
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I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input type="checkbox"/>		
OWNER NAME (Corporation/Individual, etc.) Hayes Lemmerz International Inc.			FACILITY NAME OR SITE IDENTIFIER CMI – Tech Center, Inc.		
MAILING ADDRESS 15300 Centennial Drive			STREET ADDRESS (P.O. Box Not Acceptable) 1600 West 8 Mile Road		
CITY Northville	STATE MI	ZIP 48168	CITY Ferndale	STATE Michigan	ZIP 48220
COUNTRY (Please Specify) <input checked="" type="checkbox"/> USA <input type="checkbox"/> OTHER _____			COUNTY Oakland		
TELEPHONE (Including Area Code) (734) 737-5000			TELEPHONE (Including Area Code) (734) 737-5156		
TAX PAYER ID OR SOCIAL SECURITY NUMBER 300167742					
LATITUDE AND LONGITUDE of facility (if known) LATITUDE (North): 42.4463050000 LONGITUDE (West): 83.1481170000					

III. TYPE OF OWNER

FEDERAL COMMERCIAL
 STATE GOVERNMENT PRIVATE
 LOCAL GOVERNMENT ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? YES NO
 IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? YES NO
 IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____

IV. TYPE OF FACILITY

<input type="checkbox"/> PUBLIC GAS STATION	<input type="checkbox"/> LOCAL GOVERNMENT	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> PRIVATE GAS STATION	<input type="checkbox"/> STATE GOVERNMENT	<input type="checkbox"/> TRUCKING/TRANSPORT
<input type="checkbox"/> MARINE GAS STATION	<input type="checkbox"/> FEDERAL/NON-MILITARY	<input type="checkbox"/> UTILITIES
<input type="checkbox"/> PETROLEUM DISTRIBUTOR	<input type="checkbox"/> FEDERAL-MILITARY	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> FARM
<input type="checkbox"/> AUTO DEALERSHIP	<input checked="" type="checkbox"/> INDUSTRIAL	<input checked="" type="checkbox"/> OTHER (Explain): Dyno
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> HOSPITAL	

V. CONTACT PERSON

NAME Mr. Steven D. Thomas	JOB TITLE Manager, Health, Safety, and Environmental	TELEPHONE (Including Area Code) (734) 737-5156
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VI. CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE Mr. Steven D. Thomas, Manager, Health, Safety, and Environmental	SIGNATURE 	DATE 9/13/08
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Waste & Hazardous
Materials Division



INSTRUCTIONS FOR FORM EQP3821 UNDERGROUND STORAGE TANKS (UST) REGISTRATION

A. SUMMARY OF HOW A UST IS REGISTERED

All regulated tanks are registered by completing form EQP3821 and submitting it with a check or money order made payable to the "State of Michigan" to cover the \$100 per tank registration fee. Tanks are not considered registered until fees are paid.

Mail the registration form and check to:

MDEQ, OFFICE OF FINANCIAL MANAGEMENT, REVENUE CONTROL UNIT, PO BOX 30657, LANSING, MI 48909

B. HOW DO I REPORT A RELEASE?

To report a release of product from a UST, E-mail DEQ-std-tank@state.mi.us or FAX at 517-335-2245.

C. WHAT LAW REQUIRES REGISTRATION OF USTs?

Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, requires that owners register USTs that are being used, or have been used, to store regulated substances, unless the USTs have been properly closed or removed and notification provided to the Storage Tank Unit (STU). Owner means any person who owns, or owned at the time of release, a UST used for storage, use, or dispensing of regulated substances.

D. WHAT USTs ARE INCLUDED?

A UST system means a tank or combination of tanks which is, was, or may have been used to contain an accumulation of "regulated substances" as defined in Section 21101(g) of Part 211, and whose volume (including connected underground piping) is ten (10) percent or more beneath the ground. Regulated substance includes petroleum and hazardous substances as defined in the federal Comprehensive Environmental Response, Compensation and Liability Act, 1980 PL 96-510.

E. WHAT UST SYSTEMS ARE EXCLUDED FROM REGISTRATION?

1. Tanks that have been properly closed or removed prior to January 1, 1974.
2. Farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for non-commercial purposes.
3. A tank used exclusively for storing heating oil for consumptive use on the premises where the tank is located.
4. Septic tanks.
5. Pipeline facilities (including gathering lines).
6. Surface impoundments, pits, ponds, or lagoons.
7. A stormwater or wastewater collection system.
8. Flow-through process tanks.
9. Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations.
10. Storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft or tunnel) if the storage tank is situated on or above the surface of the floor.
11. Any pipe connected to an exempt UST (described above).
12. USTs holding hazardous wastes listed under Subtitle C of the Solid Waste Disposal Act, Title II of Public Law 89-272, or a mixture of such hazardous waste and other regulated substances.
13. Wastewater treatment tank system that is part of a wastewater facility regulated under the federal water pollution control act.
14. Equipment that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks.
15. USTs with a capacity of 110 gallons or less.
16. USTs that contain a DEMINIMUS concentration of regulated substances.
17. An emergency spill or overflow containment UST that is expeditiously emptied after use.

F. WHEN SHOULD A UST BE REGISTERED?

1. Owners who plan to install UST(s) shall submit to the STU form EQP3820, A NOTICE OF PROPOSED INSTALLATION OF UNDERGROUND STORAGE TANKS, with a complete set of plans at least 45 days prior to use. When plans are approved, a copy of form EQP3821 will be sent back to the owner with the completed plan review. The owner completes Registration Form EQP3821 and returns it to the STU with the appropriate fees. Please refer to form EQP3820 for more details.
2. Owners of a new UST system shall register their UST system by submitting Registration Form EQP3821 to the STU before the system is put into operation. Owners must supply an installation date and the installer's certification must be completed and signed. A \$100 per tank fee is due with form EQP3821 whenever new tanks are being registered.
3. Owners who discover tanks on their premises shall register the tanks by submitting form EQP3821 along with \$100/tank registration and shall properly close the tanks.
4. Owners who discover additional tanks at the time of a tank removal project shall register the tanks immediately and seek permission to waive the 30-day notice for removal. They may then remove the tank.
5. Any change in information submitted with the registration of the UST must be reported to the STU on form EQP3821 within 30 days of the change.

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER	#1	#2						
1. STATUS OF TANKS (Check One) CURRENTLY IN USE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEMPORARILY OUT OF USE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AMENDMENT OF INFORMATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(If tanks are removed/closed, complete page 3, Section IX)</i>								
2. DATE OF INSTALLATION (Month/Day/Year)	5/22/1988	5/23/1988						
3. ESTIMATED TOTAL CAPACITY (Gallons)	15,000	15,000						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply) <ul style="list-style-type: none"> ASPHALT COATED OR BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED STEEL <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EPOXY COATED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COMPOSITE (Steel With Fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LINED INTERIOR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLYETHYLENE TANK JACKET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONCRETE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXCAVATION LINER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (Specify in comments area) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS TANK BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								
5. PIPING MATERIAL (Mark All That Apply) <ul style="list-style-type: none"> BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GALVANIZED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COPPER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FLEXIBLE PIPING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ENVIROFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEOFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								
6. PIPING (Type) (Mark All That Apply) <ul style="list-style-type: none"> SUCTION: NO VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUCTION: VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PRESSURE (Remote) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS PIPING BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								

TANK IDENTIFICATION NUMBER	#1	#2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List substances in comments area)								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TANKS OUT OF USE OR CHANGE IN SERVICE

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)	7/28/2008	7/28/2008						
C. TANK WAS REMOVED FROM GROUND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED								
•REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)								

TANK IDENTIFICATION NUMBER	#1	#2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List substances in comments area)								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TANKS OUT OF USE OR CHANGE IN SERVICE

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)	7/28/2008	7/28/2008						
C. TANK WAS REMOVED FROM GROUND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED								
•REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)								

TANK IDENTIFICATION NUMBER	#1		#2													
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TANK	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
I. LINE TIGHTNESS TESTING		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.																
INSTALLER:																
_____					_____					_____						
NAME PRINTED					SIGNATURE					DATE						
_____					_____					_____						
TITLE					COMPANY											

0006304

SMK

JUN 25 2008



FAXMAIL

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR, MICHIGAN 48104
734-930-2494 FAX
734-781-3780

RECIPIENT: STELLA KONADU
COMPANY: Michigan DEQ
FAX: 517-335-2245
PHONE: (517) 335-7210

FROM: VALERIE J. M. BRADER
DATE/TIME: JUNE 24, 2008 -- 10:00:02 AM
PHONE: 734-930-2489
TOTAL PAGES: NONE

MESSAGE

As we discussed on the phone, here is the revised address for the owner of the underground tanks (Facility No. 6304):

Hayes Lemmerz International, Inc.
World Headquarters
ATTN: Michael Coffman
15300 Centennial Drive
Northville, Michigan 48168

bodman
ATTORNEYS & COUNSELORS

Original Will Be Sent By Mail	Client/Matter: 14769-34	User ID: 2093
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ATTENTION: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return this original message to us at the above address via First Class Mail.

TO BODMAN FACSIMILE OPERATOR: Please sign and note time of completion in spaces below and return this form to the sender along with other pages transmitted.

Time Transmission Completed

Facsimile Operator

11082014

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER	1	2						
1. STATUS OF TANKS (Check One) CURRENTLY IN USE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEMPORARILY OUT OF USE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AMENDMENT OF INFORMATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(If tanks are removed/closed, complete page 3, Section IX)</i>								
2. DATE OF INSTALLATION (Month/Day/Year)	5-23-88	5-23-88						
3. ESTIMATED TOTAL CAPACITY (Gallons)	1,500	1,500						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply) <ul style="list-style-type: none"> ASPHALT COATED OR BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED STEEL <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EPOXY COATED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COMPOSITE (Steel With Fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LINED INTERIOR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLYETHYLENE TANK JACKET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONCRETE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXCAVATION LINER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (Specify in comments area) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS TANK BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								
5. PIPING MATERIAL (Mark All That Apply) <ul style="list-style-type: none"> BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GALVANIZED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COPPER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FLEXIBLE PIPING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ENVIROFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEOFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								
6. PIPING (Type) (Mark All That Apply) <ul style="list-style-type: none"> SUCTION: NO VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUCTION: VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PRESSURE (Remote) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS PIPING BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 								

TANK IDENTIFICATION NUMBER	1	2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List substances in comments area)								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TANKS OUT OF USE OR CHANGE IN SERVICE

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK	5-30-07	5-30-07						
A. ESTIMATED DATE LAST USED (Month/Day/Year)	(temporary)	(temporary)						
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED	_____	_____	_____	_____	_____	_____	_____	_____
•REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)	_____	_____	_____	_____	_____	_____	_____	_____

TANK IDENTIFICATION NUMBER	1		2													
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
I. LINE TIGHTNESS TESTING		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.																
INSTALLER:																
_____					_____					_____						
NAME PRINTED					SIGNATURE					DATE						
_____					_____					_____						
TITLE					COMPANY											

COMMENTS AND/OR CLARIFICATIONS FOR THE ST STAFF:

Section 4 comments for both tanks: STI P3

These tanks were drained in late May 2007, and are temporarily closed. The expectation is that both tanks will be brought back into service before May 30, 2008. We will continue to perform the required operation and maintenance during this time.

0006304

VALERIE J. M. BRADER
VBRADER@BODMANLLP.COM
734-930-2489

SMK

JUN 25 2008

June 16, 2008

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR, MICHIGAN 48104
734-930-2494 FAX
734-761-3780

Attn: Kevin Wieber
MDEQ
Underground Storage Tank Division
Constitution Hall
525 W. Allegan Street
P.O. Box 30241
Lansing, MI 48909-7741

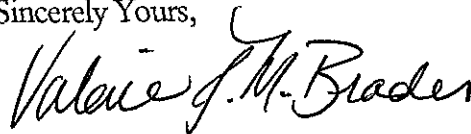
Re: May 30, 2008 Letter re: Facility No. 00006304

Dear Mr. Wieber:

I am writing in response to your letter of May 30, 2008 requesting further documentation of financial responsibility. As I have mentioned in the several phone messages that I have left since receiving your letter, I believe your request stems from an error of MDEQ in labeling the owner of the tanks to be Bodman LLP. As you can see from the enclosed registration, the owner of the tanks is and has been Hayes Lemmerz International. In addition, the tanks are in the process of being permanently closed.

If you can aid in getting the ownership of the tanks to be correctly recorded by MDEQ, I would be most grateful.

Sincerely Yours,



Valerie J. M. Brader

Waste & Hazardous
Materials Division
JUN 17 2008

VJMB/jmf
Enclosure

cc: Michael A. Coffman
Steven Thomas
Fredrick Dindoffer



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



STEVEN E. CHESTER
DIRECTOR

May 30, 2008

Bodman LLP
201 S Division
Ann Arbor, MI 48104

Dear Owner/Operator:

SUBJECT: Nonsubmittal of Financial Responsibility (i.e. Pollution Insurance) for Underground Storage Tanks

The Department of Environmental Quality, Waste and Hazardous Materials Division (WHMD), has not received proof of financial responsibility (FR) or the FR documentation received was inadequate for the underground storage tanks (USTs) located at CMI-Tech Center Inc, 1600 West 8 Mile Rd, Ferndale, Michigan, Facility Number 00006304.

Pursuant to Rule 61, Section 280.90, of the Michigan Underground Storage Tank Rules, 1999 AACS, R 29.2161 et seq., owners/operators of petroleum USTs are required to provide proof of FR for taking corrective action and for compensating third parties for bodily injury and property damage arising from a release by petroleum USTs.

You were notified of this requirement on September 25, 2007, in your annual UST billing.

If the WHMD does not receive proof of FR within 30 days of receipt of this letter, your USTs are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

If you have previously submitted FR to the WHMD and are in receipt of this letter, you must resubmit. Also, be sure the correct address of where the USTs are located, which are covered under the FR mechanism, is noted on the document or as an attachment. Please include a copy of this letter with your submittal to the address below or you may fax your submittal to 517-335-2245 or email to wieberk@michigan.gov.

If you have any questions, please contact me or visit our Web site at www.michigan.gov/deq.

Sincerely,

Kevin Wieber, HMSI Specialist
Storage Tank Unit
Storage Tank and Solid Waste Section
Waste and Hazardous Materials Division
517-335-7260



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

FACILITY INSPECTION REPORT

Owner Name & Address:

Bodman LLP
201 S Division
Ann Arbor, MI 48104

Location of Tanks:

CMI-Tech Center Inc
1600 West 8 Mile Rd
Ferndale, MI 48220-2202
County - Oakland
Facility ID - 00006304

ATTENTION: Valerie Brader

A Records Investigation was conducted on February 19, 2008, for the above-referenced facility for compliance with Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Michigan Underground Storage Tank Rules (MUSTR), 1999 AACS R 29.2101 et seq.; and the applicable sections of the rules for the Storage and Handling of Flammable and Combustible Liquids, 2003 AACS R 29.5101 et seq. The inspection showed that the facility is temporarily approved.

- 1 An approved release detection method shall be initiated and properly maintained for tanks and piping.
UST 280.40

Special Attention : Send proof that the secondary for the tank and piping is being monitored.

- 2 An emergency shutoff valve with a fusible link shall be manually tested annually.
UST 280.10(J) (FL/CL Part 3, Section 6.3.9.1)

Special Attention : Send proof of the test for this year.

- 3 Cathodic protection shall be tested within 6 months after installation and once every 3 years thereafter.
UST 280.31(B)

Special Attention : Send a copy of the most recent cathodic protection records to this office.

- 4 Impressed current cathodic protection systems shall be inspected every 60 days.
UST 280.31(C)

Special Attention : Send proof that the impressed current is being checked. Send the last 6 months of records.

- 5 Line leak detectors shall be tested annually.
Section 280.44(A)

Special Attention : Send proof that of the last test that was done.

Contractor to be doing testing within two (2) weeks. Will be completed with all violations around Feb. 15th.

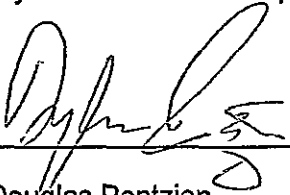
Received the cathodic protection report as of 2-19-2008. The tanks to be removed around May 1, 2008. The tanks are emptied at this time and will not be used.

Contact this office when a contractor has a signed contract for the tank removal and send a copy of the contract to this office.

The inspection and violations (if any) were discussed with Jim at the time of the inspection.

Documentation shall be furnished to the district office identified below verifying that the violation(s), cited in this inspection report have been corrected. The documentation shall be provided by May 01, 2008. If the cited violation(s) are not corrected and/or certification of compliance is not provided by the date specified, a reinspection will be conducted. The owner or operator of this facility will be subject to civil and criminal provisions pursuant to Part 211 of Act 451, including and not limited to placement of tags to the tank(s) prohibiting delivery of product if the stated violations have not been corrected.

If you have additional questions concerning this matter, please contact me.



Douglas Pentzien
Hazardous Materials Storage Inspector
SE Michigan District Office
27700 Donald Court
Warren, MI 48092-2793
Phone: 586-753-3847
Fax: 586-753-3831
Email:

2-19-08
Date



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

FACILITY INSPECTION REPORT

Owner Name & Address:

CMI-Tech Center Inc
15300 Centennial Dr
Northville, MI 48167

Location of Tanks:

CMI-Tech Center Inc
1600 West 8 Mile Rd
Ferndale, MI 48220-2202
County - Oakland
Facility ID - 00006304

KLW JAN 28 2008

ATTENTION: CMI-Tech Center Inc

An Existing Facility Inspection was conducted on December 7, 2007, for the above-referenced facility for compliance with Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Michigan Underground Storage Tank Rules (MUSTR), 1999 AACS R 29.2101 et seq.; and the applicable sections of the rules for the Storage and Handling of Flammable and Combustible Liquids, 2003 AACS R 29.5101 et seq. The inspection showed that the facility is disapproved.

- 1 Cathodic protection shall be tested within 6 months after installation and once every 3 years thereafter.
UST 280.31(B)

Special Attention : Send a copy of the most recent cathodic protection records to this office.

- 2 Impressed current cathodic protection systems shall be inspected every 60 days.
UST 280.31(C)

Special Attention : Send proof that the impressed current is being checked. Send the last 6 months of records.

- 3 Line leak detectors shall be tested annually.
Section 280.44(A)

Special Attention : Send proof that of the last test that was done.

- 4 An approved release detection method shall be initiated and properly maintained for tanks and piping.
UST 280.40

Special Attention : Send proof that the secondary for the tank and piping is being monitored.

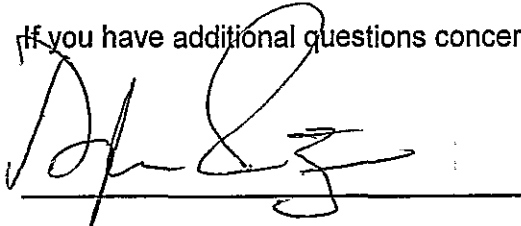
- 5 An emergency shutoff valve with a fusible link shall be manually tested annually.
UST 280.10(J) (FL/CL Part 3, Section 6.3.9.1)

Special Attention : Send proof of the test for this year.

The inspection and violations (if any) were discussed with Jim at the time of the inspection.

Documentation shall be furnished to the district office identified below verifying that the violation(s), cited in this inspection report have been corrected. The documentation shall be provided by January 18, 2008. If the cited violation(s) are not corrected and/or certification of compliance is not provided by the date specified, a reinspection will be conducted. The owner or operator of this facility will be subject to civil and criminal provisions pursuant to Part 211 of Act 451, including and not limited to placement of tags to the tank(s) prohibiting delivery of product if the stated violations have not been corrected.

If you have additional questions concerning this matter, please contact me.



Douglas Pentzien
Hazardous Materials Storage Inspector
SE Michigan District Office
27700 Donald Court
Warren, MI 48092-2793
Phone: 586-753-3847
Fax: 586-753-3831
Email:

12-10-07

Date



STK JAN 28 2008

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WASTE AND HAZARDOUS MATERIALS DIVISION

REGISTRATION OF UNDERGROUND STORAGE TANKS

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)	If sending payment and form mail to: MDEQ, Office of Financial Management, Revenue Control Unit, PO Box 30657, Lansing, MI 48909	FACILITY IDENTIFICATION NUMBER (if known) 6304
	If sending form only, mail to: MDEQ, WHMD, PO Box 30241, Lansing, MI 48909	

NO. OF TANKS AT FACILITY 2	NO. OF CONTINUATION SHEETS ATTACHED 1
----------------------------	---------------------------------------

I. OWNERSHIP OF TANKS	II. LOCATION OF TANKS
-----------------------	-----------------------

IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input checked="" type="checkbox"/>		
OWNER NAME (Corporation/Individual, etc.) CMI-Tech Center Inc.			FACILITY NAME OR SITE IDENTIFIER BODMAN LLP		
MAILING ADDRESS 1600 W. 8 Mile Rd.			STREET ADDRESS (P.O. Box Not Acceptable) 201 S. DIVISION		
CITY Ferndale	STATE MI	ZIP 48220	CITY ANN ARBOR	STATE Michigan	ZIP 48104
COUNTRY (Please Specify) <input checked="" type="checkbox"/> USA <input type="checkbox"/> OTHER			COUNTY		

TELEPHONE (Including Area Code) (248) 399-9600	TELEPHONE (Including Area Code) (734) 930-2489
---	---

TAX PAYER ID OR SOCIAL SECURITY NUMBER

LATITUDE AND LONGITUDE of facility (if known)
 LATITUDE (North): _____ LONGITUDE (West): _____

III. TYPE OF OWNER

FEDERAL COMMERCIAL
 STATE GOVERNMENT PRIVATE
 LOCAL GOVERNMENT ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? YES NO
 IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? YES NO
 IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____

IV. TYPE OF FACILITY

<input type="checkbox"/> PUBLIC GAS STATION	<input type="checkbox"/> LOCAL GOVERNMENT	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> PRIVATE GAS STATION	<input type="checkbox"/> STATE GOVERNMENT	<input type="checkbox"/> TRUCKING/TRANSPORT
<input type="checkbox"/> MARINE GAS STATION	<input type="checkbox"/> FEDERAL/NON-MILITARY	<input type="checkbox"/> UTILITIES
<input type="checkbox"/> PETROLEUM DISTRIBUTOR	<input type="checkbox"/> FEDERAL-MILITARY	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> FARM
<input type="checkbox"/> AUTO DEALERSHIP	<input checked="" type="checkbox"/> INDUSTRIAL	<input checked="" type="checkbox"/> OTHER (Explain) Dyno
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> HOSPITAL	

V. CONTACT PERSON

NAME Michael Coffman	JOB TITLE Director - Health, Safety, Environmental and Risk	TELEPHONE (Including Area Code) (248) 399-9600 734-737-5456
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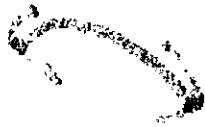
VI. CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE MICHAEL A COFFMAN DIRECTOR - Risk Management	SIGNATURE 	DATE June 29, 2007
---	---------------	-----------------------

Waste & Hazardous Materials Division

JAN 25 2008



1
.
2

5
.
2

VII: DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER	1	2						
1. STATUS OF TANKS (Check One) CURRENTLY IN USE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEMPORARILY OUT OF USE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AMENDMENT OF INFORMATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(If tanks are removed/closed, complete page 3, Section IX)</i>								
2. DATE OF INSTALLATION (Month/Day/Year)	5-23-88	5-23-88						
3. ESTIMATED TOTAL CAPACITY (Gallons)	1,500	1,500						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXIBLE PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIROFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GEOFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING (Type) (Mark All That Apply)								
SUCTION: NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION: VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANK IDENTIFICATION NUMBER	1	2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS (List substances in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TANKS OUT OF USE OR CHANGE IN SERVICE

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK	5-30-07	5-30-07						
A. ESTIMATED DATE LAST USED (Month/Day/Year)	(temporary)	(temporary)						
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED								
•REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)								

TANK IDENTIFICATION NUMBER	1		2													
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
I. LINE TIGHTNESS TESTING		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.																
INSTALLER:																
_____					_____					_____						
NAME PRINTED					SIGNATURE					DATE						
_____					_____					_____						
TITLE					COMPANY											

COMMENTS AND/OR CLARIFICATIONS FOR THE ST STAFF:

Section 4 comments for both tanks: STI P3

These tanks were drained in late May 2007, and are temporarily closed. The expectation is that both tanks will be brought back into service before May 30, 2008. We will continue to perform the required operation and maintenance during this time.

*** MULTI TX/RX REPORT ***

TX/RX NO 1751
PGS. 6
TX/RX INCOMPLETE
TRANSACTION OK (1) 2#770#15173352245
(2) 2#118#13133937579
ERROR INFORMATION

FAXMAIL

FAXED

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR, MICHIGAN 48104
734-930-2494 FAX
734-761-3700

RECIPIENT: JIM LUCAS
COMPANY: MDEQ
FAX: (517) 335-2245 2# 770#

CC RECIPIENT: FJD / BODMAN DETROIT
FAX: (313) 393-7579 2# 118#

FROM: VALERIE J.M. BRADER
DATE/TIME: JUNE 29, 2007
PHONE: (734) 930-2489
TOTAL PAGES: 6

bodman
ATTORNEYS & COUNSELORS

MESSAGE

Mr. Lucas:

Attached is for filing per our telephone discussion today; will follow via U.S. Mail. Thank you for your assistance – Valerie J.M. Brader

Original Will Not Be Sent

Client/Matter: 14769-34

User ID: 2093



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

FACILITY INSPECTION REPORT

Owner Name & Address:

CMI-Tech Center Inc
15300 Centennial Dr
Northville, MI 48167

DEC 12 2007

Location of Tanks:

CMI-Tech Center Inc
1600 West 8 Mile Rd
Ferndale, MI 48220-2202
County - Oakland
Facility ID - 00006304

ATTENTION: CMI-Tech Center Inc

An Existing Facility Inspection was conducted on December 7, 2007, for the above-referenced facility for compliance with Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Michigan Underground Storage Tank Rules (MUSTR), 1999 AACS R 29.2101 et seq.; and the applicable sections of the rules for the Storage and Handling of Flammable and Combustible Liquids, 2003 AACS R 29.5101 et seq. The inspection showed that the facility is disapproved.

- 1 Cathodic protection shall be tested within 6 months after installation and once every 3 years thereafter.
UST 280.31(B)

Special Attention : Send a copy of the most recent cathodic protection records to this office.

- 2 Impressed current cathodic protection systems shall be inspected every 60 days.
UST 280.31(C)

Special Attention : Send proof that the impressed current is being checked. Send the last 6 months of records.

- 3 Line leak detectors shall be tested annually.
Section 280.44(A)

Special Attention : Send proof that of the last test that was done.

- 4 An approved release detection method shall be initiated and properly maintained for tanks and piping.
UST 280.40

Special Attention : Send proof that the secondary for the tank and piping is being monitored.

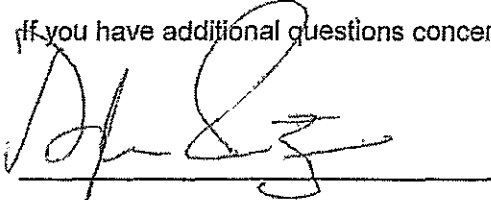
- 5 An emergency shutoff valve with a fusible link shall be manually tested annually.
UST 280.10(J) (FL/CL Part 3, Section 6.3.9.1)

Special Attention : Send proof of the test for this year.

The inspection and violations (if any) were discussed with Jim at the time of the inspection.

Documentation shall be furnished to the district office identified below verifying that the violation(s), cited in this inspection report have been corrected. The documentation shall be provided by January 18, 2008. If the cited violation(s) are not corrected and/or certification of compliance is not provided by the date specified, a reinspection will be conducted. The owner or operator of this facility will be subject to civil and criminal provisions pursuant to Part 211 of Act 451, including and not limited to placement of tags to the tank(s) prohibiting delivery of product if the stated violations have not been corrected.

If you have additional questions concerning this matter, please contact me.



Douglas Pentzien
Hazardous Materials Storage Inspector
SE Michigan District Office
27700 Donald Court
Warren, MI 48092-2793
Phone: 586-753-3847
Fax: 586-753-3831
Email:

12-10-07

Date

MAY JUL 02 2007



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WASTE AND HAZARDOUS MATERIALS DIVISION

REGISTRATION OF UNDERGROUND STORAGE TANKS

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 453, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)		If sending payment and form mail to: MDEQ, Office of Financial Management, Revenue Control Unit, PO Box 30657, Lansing, MI 48909 If sending form only, mail to: MDEQ, WHMD, PO Box 30241, Lansing, MI 48909		FACILITY IDENTIFICATION NUMBER (if known) 6304	
NO. OF TANKS AT FACILITY 2		NO. OF CONTINUATION SHEETS ATTACHED 1			
I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input checked="" type="checkbox"/>		
OWNER NAME (Corporation, Individual, etc.) CMI-Tech Center Inc.			FACILITY NAME OR SITE IDENTIFIER		
MAILING ADDRESS 1600 W. 8 Mile Rd. 15300 Centennial Dr			STREET ADDRESS (P.O. Box Not Acceptable) 1600 West 8 mile Rd		
CITY Ferndale Northville	STATE MI	ZIP 48220-48167	CITY	STATE Michigan	ZIP
COUNTRY (Please Specify) <input checked="" type="checkbox"/> USA <input type="checkbox"/> OTHER			COUNTRY		
TELEPHONE (Including Area Code) (248) 399-0600-734-737-5000			TELEPHONE (Including Area Code) () -		
TAX PAYER ID OR SOCIAL SECURITY NUMBER					
LATITUDE AND LONGITUDE of facility (if known)					
LATITUDE (North):			LONGITUDE (West):		
III. TYPE OF OWNER					
<input type="checkbox"/> FEDERAL		<input type="checkbox"/> COMMERCIAL			
<input type="checkbox"/> STATE GOVERNMENT		<input checked="" type="checkbox"/> PRIVATE			
<input type="checkbox"/> LOCAL GOVERNMENT		ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____					
IV. TYPE OF FACILITY					
<input type="checkbox"/> PUBLIC GAS STATION		<input type="checkbox"/> LOCAL GOVERNMENT		<input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> PRIVATE GAS STATION		<input type="checkbox"/> STATE GOVERNMENT		<input type="checkbox"/> TRUCKING/TRANSPORT	
<input type="checkbox"/> MARINE GAS STATION		<input type="checkbox"/> FEDERAL/NON-MILITARY		<input type="checkbox"/> UTILITIES	
<input type="checkbox"/> PETROLEUM DISTRIBUTOR		<input type="checkbox"/> FEDERAL-MILITARY		<input type="checkbox"/> RESIDENTIAL	
<input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER		<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> FARM	
<input type="checkbox"/> AUTO DEALERSHIP		<input checked="" type="checkbox"/> INDUSTRIAL		<input checked="" type="checkbox"/> OTHER (Explain) Dyno	
<input type="checkbox"/> RAILROAD		<input type="checkbox"/> HOSPITAL			
V. CONTACT PERSON					
NAME Michael Coffman		JOB TITLE Director - Health, Safety, Environmental and Risk		TELEPHONE (Including Area Code) (248) 399-9600	
VI. CERTIFICATION					
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.					
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE MICHAEL A COFFMAN DIRECTOR - RISK MANAGEMENT			SIGNATURE 		DATE June 29, 2007

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS
 (Complete the following pages for each tank at this location. Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER	1	2						
1. STATUS OF TANKS (Check One)								
CURRENTLY IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARILY OUT OF USE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMENDMENT OF INFORMATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If tanks are removed/closed, complete page 3, Section IX)</i>								
2. DATE OF INSTALLATION (Month/Day/Year)	5-23-88	5-23-88						
3. ESTIMATED TOTAL CAPACITY (Gallons)	1,500	1,500						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXIBLE PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIROFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GEOFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING (Type) (Mark All That Apply)								
SUCTION, NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION, VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANK IDENTIFICATION NUMBER	1	2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumption Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List substances in comments area								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. TANKS OUT OF USE OR CHANGE IN SERVICE
 NOTE: SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK	5-30-07	5-30-07						
A. ESTIMATED DATE LAST USED (Month/Day/Year)	(temporary)	(temporary)						
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DESCRIBE TYPE OF FILL USED	_____	_____	_____	_____	_____	_____	_____	_____
• REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

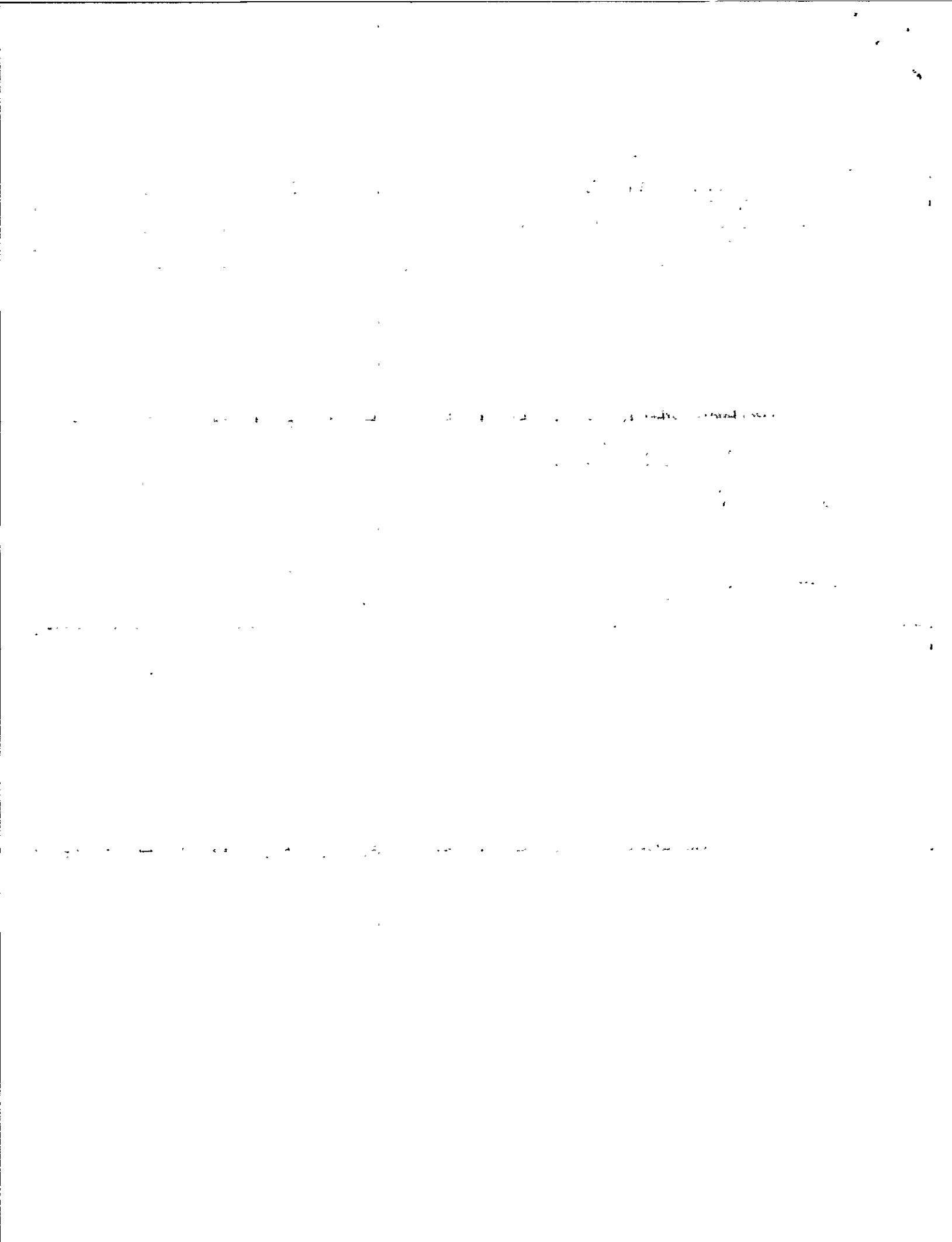
1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)	_____	_____	_____	_____	_____	_____	_____	_____

TANK IDENTIFICATION NUMBER	1		2											
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
I. LINE TIGHTNESS TESTING		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION														
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?														
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.														
INSTALLER:														
_____					_____					_____				
NAME PRINTED					SIGNATURE					DATE				
_____					_____					_____				
TITLE					COMPANY									

COMMENTS AND/OR CLARIFICATIONS FOR THE ST STAFF:

Section 4 comments for both tanks: ST1 P3

These tanks were drained in late May 2007, and are temporarily closed. The expectation is that both tanks will be brought back into service before May 30, 2008. We will continue to perform the required operation and maintenance during this time.



VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

TANK IDENTIFICATION NUMBER	1	2						
1. STATUS OF TANKS (Check One) CURRENTLY IN USE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEMPORARILY OUT OF USE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AMENDMENT OF INFORMATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(If tanks are removed/closed, complete page 3, Section IX)</i>								
2. DATE OF INSTALLATION (Month/Day/Year)	5-23-88	5-23-88						
3. ESTIMATED TOTAL CAPACITY (Gallons)	1,500	1,500						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply) ASPHALT COATED OR BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED STEEL <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EPOXY COATED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COMPOSITE (Steel With Fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LINED INTERIOR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLYETHYLENE TANK JACKET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONCRETE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXCAVATION LINER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (Specify in comments area) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS TANK BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
5. PIPING MATERIAL (Mark All That Apply) BARE STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GALVANIZED STEEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS REINFORCED PLASTIC <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COPPER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CATHODICALLY PROTECTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOUBLE WALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FLEXIBLE PIPING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ENVIROFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEOFLEX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
6. PIPING (Type) (Mark All That Apply) SUCTION: NO VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUCTION: VALVE AT TANK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PRESSURE (Remote) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAS PIPING BEEN REPAIRED? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								

TANK IDENTIFICATION NUMBER	1	2						
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS (List substances in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER (if hazardous substance stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. TANKS OUT OF USE OR CHANGE IN SERVICE

NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

1. CLOSING OF TANK	5-30-07	5-30-07						
A. ESTIMATED DATE LAST USED (Month/Day/Year)	(temporary)	(temporary)						
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• DESCRIBE TYPE OF FILL USED	_____	_____	_____	_____	_____	_____	_____	_____
• REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE								

IX. CERTIFICATION OF COMPLIANCE

1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STU (Please Specify)	_____	_____	_____	_____	_____	_____	_____	_____

TANK IDENTIFICATION NUMBER	1		2											
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INVENTORY CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. LINE TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STU (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION														
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?														
A. YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

INSTALLER:

NAME PRINTED

SIGNATURE

DATE

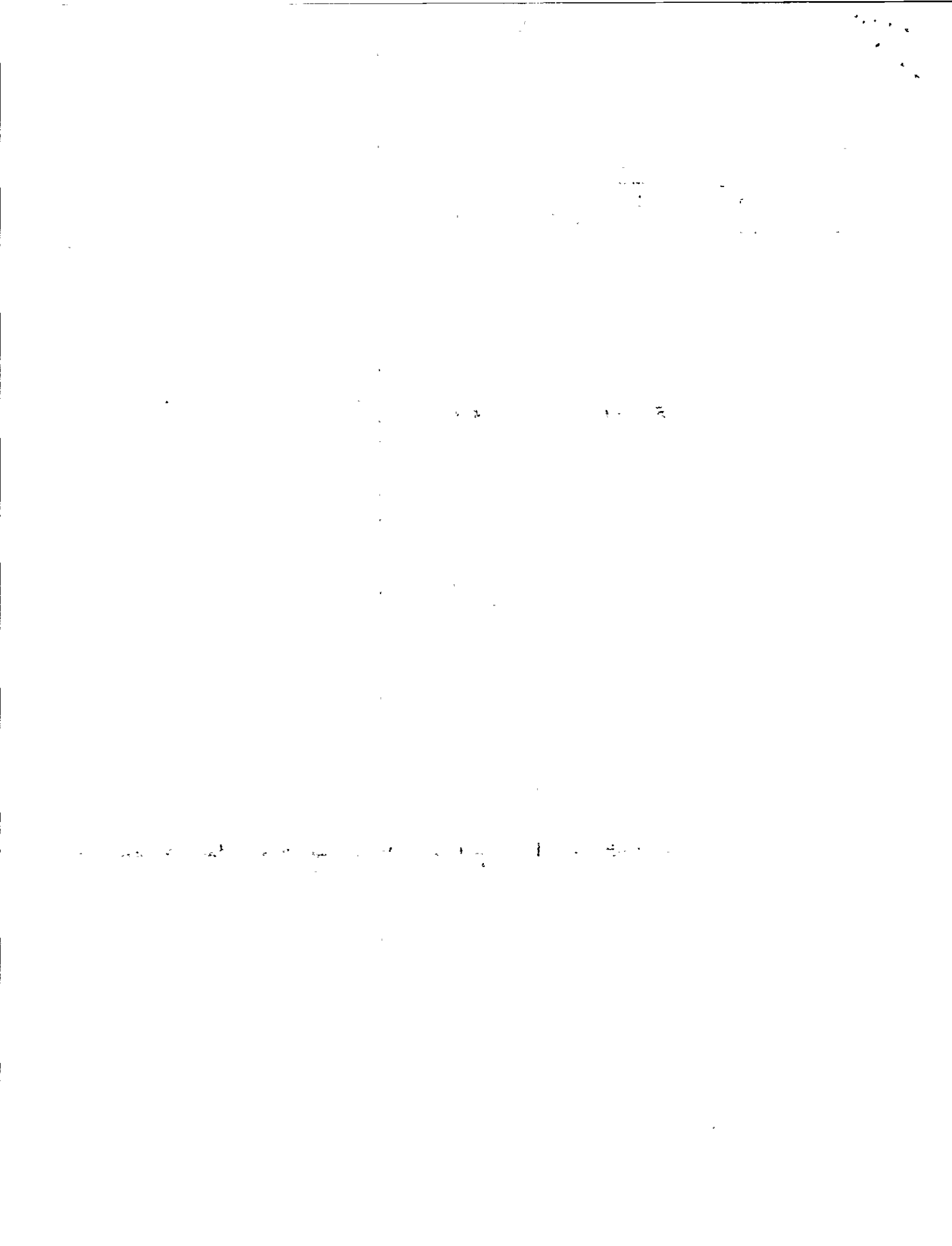
TITLE

COMPANY

COMMENTS AND/OR CLARIFICATIONS FOR THE ST STAFF:

Section 4 comments for both tanks: STI P3

These tanks were drained in late May 2007, and are temporarily closed. The expectation is that both tanks will be brought back into service before May 30, 2008. We will continue to perform the required operation and maintenance during this time.



*** MULTI TX/RX REPORT ***

COPY

TX/RX NO 1751
PGS. 6
TX/RX INCOMPLETE
TRANSACTION OK (1) 2#770#15173352245
ERROR INFORMATION (2) 2#118#13133937579

FAXMAIL

FAXED

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR MICHIGAN 48104
734-930-2494 FAX
734-761-3760

RECIPIENT: JIM LUCAS
COMPANY: MDEQ
FAX: (517) 335-2245 2#1770#

CC RECIPIENT: FJD / BODMAN DETROIT
FAX: (313) 393-7579 2#118#

FROM: VALERIE J.M. BRADER
DATE/TIME: JUNE 29, 2007
PHONE: (734) 930-2489
TOTAL PAGES: 6

JUL 02 2007

Waste and Hazardous
Materials Division

bodman
ATTORNEYS & COUNSELORS

MESSAGE

Mr. Lucas:

Attached is for filing per our telephone discussion today; will follow via U.S. Mail. Thank you for your assistance – Valerie J.M. Brader

Original Will Not Be Sent

Client/Matter: 14769-34

User ID: 2093

ATTENTION: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable laws. If you have received this message in error, please notify the sender immediately by e-mail.

COPY

FAXMAIL

BODMAN LLP
SUITE 400
201 SOUTH DIVISION STREET
ANN ARBOR, MICHIGAN 48104
734-930-2494 FAX
734-761-3780

bodman
ATTORNEYS & COUNSELORS

RECIPIENT: JIM LUCAS
COMPANY: MDEQ
FAX: (517) 335-2245 2# 770#

CC RECIPIENT: FJD / BODMAN DETROIT
FAX: (313) 393-7579 2# 118#

FROM: VALERIE J.M. BRADER
DATE/TIME: JUNE 29, 2007
PHONE: (734) 930-2489
TOTAL PAGES: 6

MESSAGE

Mr. Lucas:

Attached is for filing per our telephone discussion today; will follow via U.S. Mail. Thank you for your assistance – Valerie J.M. Brader

Original Will Not Be Sent

Client/Matter: 14769-34

User ID: 2093

ATTENTION: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return this original message to us at the above address via First Class Mail.

TO BODMAN FACSIMILE OPERATOR: Please sign and note time of completion in spaces below and return this form to the sender along with other pages transmitted.

Time Transmission Completed

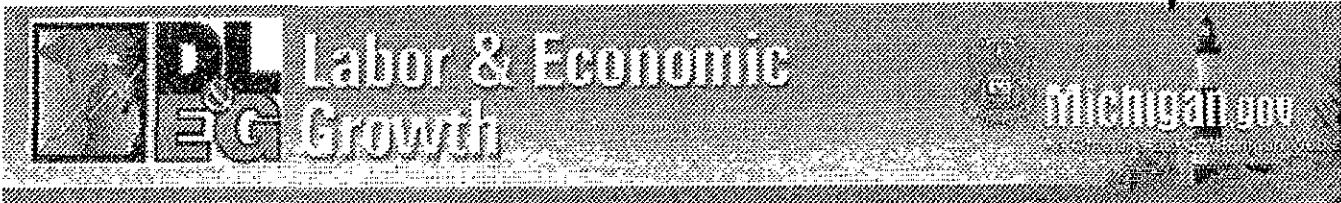
Facsimile Operator

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BMK JUL 02 2007

0006304



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CORPORATE ENTITY DETAILS

Searched for: CMI - TECH CENTER, INC.

ID Num: 121978

[Assumed Names](#)

Entity Name: HAYES LEMMERZ INTERNATIONAL - TECHNICAL CENTER, INC.

Type of Entity: Domestic Profit Corporation

Resident Agent: PATRICK C. CAULEY

Registered Office Address: 15300 CENTENNIAL DR NORTHVILLE MI 48167

Mailing Address: MI

Formed Under Act Number(s): 284-1972

Incorporation/Qualification Date: 3-1-1979

Jurisdiction of Origin: MICHIGAN

Number of Shares: 1,000

Year of Most Recent Annual Report: 07

Year of Most Recent Annual Report With Officers & Directors: 06

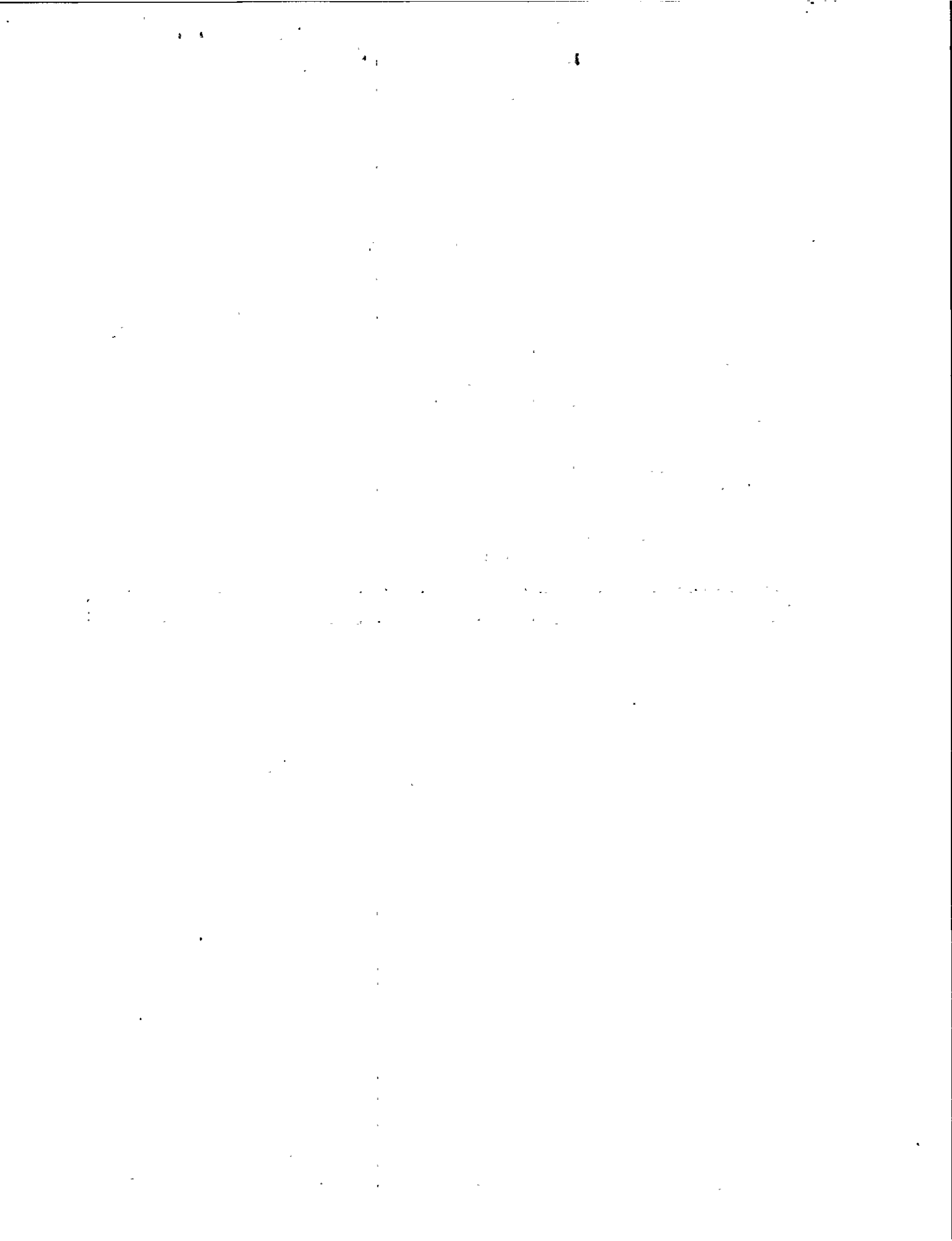
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JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



STEVEN E. CHESTER
DIRECTOR

March 18, 2005

Cmi-Tech Ctr Inc
1600 W 8 Mile Rd
Ferndale, MI 48220

Dear Owner/Operator:

SUBJECT: Nonsubmittal of Financial Responsibility (i.e. Pollution Insurance) for
Underground Storage Tanks

The Department of Environmental Quality, Waste and Hazardous Materials Division (WHMD), has not received proof of financial responsibility (FR) for the underground storage tanks (USTs) located at Cmi-tech Center Inc, 1600 W 8 Mile Rd, Ferndale, Michigan, Facility Number 00006304.

Pursuant to Rule 61, Section 280.90, of the Michigan Underground Storage Tank Rules, 1999 AACRS, R 29.2161 et seq., owners/operators of petroleum USTs are required to provide proof of FR for taking corrective action and for compensating third parties for bodily injury and property damage arising from a release by petroleum USTs.

You were notified of this requirement on October 5, 2004, in your annual UST billing.

If the WHMD does not receive proof of FR within 30 days of receipt of this letter, your USTs are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

If you have previously submitted FR to the WHMD and are in receipt of this letter, you must resubmit. Also, be sure the location(s) covered under the FR mechanism are noted on the document or as an attachment. Please include a copy of this letter with your submittal to the address below or you may fax your submittal to the number listed below.

If you have any questions, please contact me or visit our website at www.michigan.gov/deq.

Sincerely,

Kevin Wieber, HMSI Specialist
Waste and Hazardous Materials Division
517-335-7260
FAX: 517-335-2245



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

STEVEN E. CHESTER
DIRECTOR

May 25, 2004

Cmi-Tech Ctr Inc
1600 W 8 Mile Rd
Ferndale, MI 48220

Dear Owner/Operator:

SUBJECT: Nonsubmittal of Financial Responsibility (i.e. Pollution Insurance) for
Underground Storage Tanks

The Department of Environmental Quality, Waste and Hazardous Materials Division (WHMD), has not received proof of financial responsibility (FR) for the underground storage tanks (USTs) located at Cmi-tech Center Inc, 1600 W 8 Mile Rd, Ferndale, Michigan, Facility Number 00006304.

Pursuant to Rule 61, Section 280.90, of the Michigan Underground Storage Tank Rules, 1999 AACRS, R 29.2161 et seq., owners/operators of petroleum USTs are required to provide proof of FR for taking corrective action and for compensating third parties for bodily injury and property damage arising from a release by petroleum USTs.

You were notified of this requirement on October 8, 2003, in your annual UST billing.

If the WHMD does not receive proof of FR within 30 days of receipt of this letter, your USTs are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

If you have previously submitted FR to the WHMD and are in receipt of this letter, you must resubmit. Also, be sure the location(s) covered under the FR mechanism are noted on the document or as an attachment. Please include a copy of this letter with your submittal to the address below or you may fax your submittal to the number listed below.

If you have any questions, please contact me or visit our website at www.michigan.gov/deq.

Sincerely,

Kevin Wieber, HMSI Specialist
Waste and Hazardous Materials Division
517-335-7260
FAX: 517-335-2245



JOHN ENGLER, Governor
DEPARTMENT OF ENVIRONMENTAL QUALITY

"Better Service for a Better Environment"
HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973

INTERNET: www.deq.state.mi.us
RUSSELL J. HARDING, Director

REPLY TO:

STORAGE TANK DIVISION
TOWN CENTER
PO BOX 30157
LANSING MI 48909-7657

April 3, 2001

CERTIFIED MAIL

CMI-TECH CTR INC
1600 W 8 MILE RD
FERNDALE, MI 48220

Dear Owner/Operator:

SUBJECT: Nonpayment of Fee(s) for Underground Storage Tank(s)

The Department of Environmental Quality, Storage Tank Division (STD), has not received payment for the underground storage tank(s) (USTs) located at CMI-TECH CENTER INC, 1600 WEST 8 MILE ROAD, FERNDALE, Facility Number 0-006304.

Pursuant to Section 21102(8) of Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, "the owner of an underground storage tank system shall, upon registration or renewal of registration, pay a registration fee of \$100.00 for each underground storage tank included in that underground storage tank system." The fee is owed on any regulated UST that exists at the facility whether the tank is active or not.

You were invoiced for your registration fee on January 5, 2001. Your current balance of \$200.00 is now due.

If the STD does not receive payment for your UST(s) within 30 days of receipt of this letter, your UST(s) are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

Please indicate your facility ID number or include a copy of this letter with your submittal.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Paula M. McAllister".

Paula M. McAllister, Financial Manager
Storage Tank Division
517-373-8168

cc: STD District Office

STATE OF MICHIGAN



JOHN ENGLER, Governor
DEPARTMENT OF ENVIRONMENTAL QUALITY

"Better Service for a Better Environment"
HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973

INTERNET: www.deq.state.mi.us

RUSSELL J. HARDING, Director

REPLY TO:

STORAGE TANK DIVISION
TOWN CENTER
PO BOX 30157
LANSING MI 48909-7657

March 28, 2001

CERTIFIED MAIL

CMI-TECH CTR INC
1600 W 8 MILE RD
FERNDALE, MI 48220

Dear Owner/Operator:

SUBJECT: Nonsubmittal of Financial Responsibility (Pollution Insurance or another mechanism) for Underground Storage Tanks

The Department of Environmental Quality, Storage Tank Division (STD) has not received proof of financial responsibility (FR) for the underground storage tanks (USTs) located at CMI-TECH CENTER INC, 1600 WEST 8 MILE ROAD, FERNDALE, Facility Number 0-006304.

Pursuant to Rule 61, Section 280.90, of the Michigan Underground Storage Tank Rules, 1999 AACRS, R 29.2161 et seq., owners/operators of petroleum USTs are required to provide proof of FR for taking corrective action and for compensating third parties for bodily injury and property damage arising from a release by petroleum USTs.

You were notified of this upcoming requirement in a September 1, 2000 mailing to owners/operators, and again on January 5, 2001, in your annual UST billing.

If the STD does not receive proof of FR within 30 days of receipt of this letter, your USTs are subject to red tagging and as such cannot be filled. Further, you may be subject to escalated enforcement action.

If you have previously submitted FR to the STD and are in receipt of this letter you must resubmit. Please include a copy of this letter with your submittal to the "Reply To" address above.

If you have any questions, please contact me or visit our website at www.deq.state.mi.us/std/.

Sincerely,

A handwritten signature in black ink that reads "Kevin Wieber".

Kevin Wieber, HMSI Specialist
Storage Tank Division
517-335-7260
Fax: 517-335-2245

7099 3400 0001 0832 8099

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

7000 1670 0000 7558 0673

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

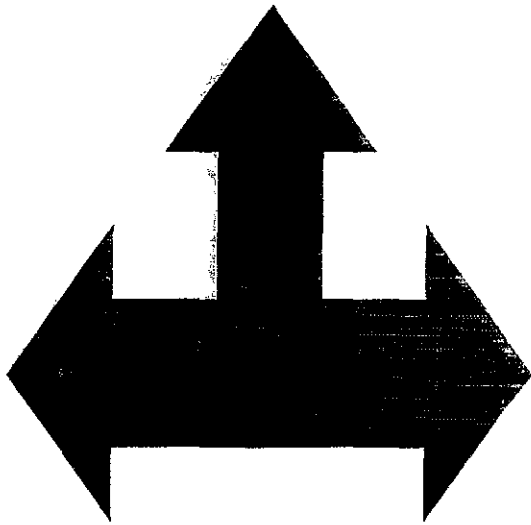
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions



AUTOMOTIVE SERVICE STATION CHECKLIST

INSTRUCTIONS: The Hazardous Materials Storage Inspector shall complete this checklist and attach it to an inspection report, one to be retained in the District file and one for the Headquarters file. All boxes shall be completed inserting N/A where non-applicable.

FACILITY NAME: <u>CMI</u>	FACILITY ID NUMBER: <u>0304</u>
CONTACT PERSON ON SITE: <u>Jim Heslin</u>	FACILITY TYPE: <u>Hydro</u>

PUBLIC AUTOMOTIVE SERVICE STATION (F31)

PRIVATE AUTOMOTIVE SERVICE STATION (F32)

FACILITY SECTION

SECTION		CODE	VIO	PASS
4-1	Dispenser violation	S10		
4-1.1	Dispenser location	S11		
4-2.5	Dispenser protected from damage/secured	S13		
4-2.6	Dispenser hose 18 feet or less	S14		
9-1.6	Splash guard on nozzle	S91		
4-3.6	Emergency valve tested	S94		
9-4.5	Emergency power disconnect	S93		
9-8	Fire extinguisher, 75 feet	S59		
9-9	No smoking, stop motor, container	S22		

SECTION		CODE	VIO	PASS
4-2.7	Breakaway on hose	S15		
4-2.12	Containment under dispenser	S17		
4-3.6	Emergency valve installed	S18		
9-1.1	Automatic self-closing nozzle	S19		
9-4.7	Dispenser in view and communicate	S92		
9-9.1	Remain out of vehicle in view	S23		
9-4.6	Operating instructions posted	S25		
	Miscellaneous violation	S50		

LEAK DETECTION SECTION TANKS

280.40	Release detection for tanks	U71		
280.43a	Inventory control	S42		
280.43b	Manual tank gauging	S43		
280.43c	Tank tightness testing	S44		
280.43d	Automatic tank gauging	U72		

280.43	Vapor monitoring	U73		
280.43f	Groundwater monitoring	U74		
280.43g	Interstitial monitoring	U75		
280.43h	S.I.R	U93		
280.43h	Other	S49		

LEAK DETECTION SECTION PIPING

280.40	Release detection for piping	U71		
280.44a	Line leak detector installed	U76		
280.41b(1)	Line tightness test\pressure	U88		
3-4.1	Pipe leaks	U62		

280.44c	Interstitial (monthly) monitoring	U94		
280.44a	Line leak detector tested	U95		
280.41b	Line tightness test\suction every 3 years	U89		

RECORD KEEPING

280.34	Record keeping	S60		
280.22a	Properly registered\fees paid	S61		
280.22h	Display proof of registration	S63		
280.93	Financial Responsibility	U92		

280.34	Cathodic protection records	S64		
280.34	Maintenance records	S65		
280.34	Release detection records	S67		
280.22a	OVO-& tank registration info correct	S62		

UNDERGROUND TANK SECTION

280.20	Tank and piping violation	S30		
280.20c	Spill containment	U51		
280.20c	Overfill prevention	U52		
280.20	Cathodic protection for tanks and piping	U29		

280.31b	C/P tested 6 months & 3 years	U30		
2-4.6.5	Location of fill pipe & identified	U46		
2-4.5.1	Vent pipes, 12 feet above grade	U32		
2-4.6.4	Drop tube within 6 inches of tank bottom	U45		

COMMENTS: Sumps sensors need to shut off submersible when no mechanical leak detectors are used.

INSPECTOR: Doug Ferguson

DATE 6-29-99

INSPECTION REPORT

RECEIVED
JUL 13 1999
STORAGE TANK DIVISION

Type of Inspection Performed: 1999 SUBSTANDARD UST INSPECTION
 Type of Facility: UST
 Number of Tanks: 2
 Site Contact: JIM HARBIN Site Phone Number: (248) 399-9600
 Owner's Representative: SAME AS ABOVE Representative's Phone:

OWNERSHIP OF TANKS

Owner Name: TC REALTY INC
 Address: 1600 W EIGHT MILE
 FERNDALE, MI 48220

LOCATION OF TANKS

Name: CMI-TECH CENTER, INC.
 Address: 1600 W. EIGHT MILE ROAD
 FERNDALE, MI 48220
 County: OAKLAND

THE UST SYSTEM(S) AT THIS FACILITY WERE INSPECTED USING THE MICHIGAN UNDERGROUND STORAGE TANK RULES AND APPLICABLE SECTIONS OF THE 1992 MICHIGAN FLAMMABLE AND COMBUSTIBLE LIQUID RULES. THE FOLLOWING VIOLATIONS, IF ANY, WERE NOTED. THE SITE CONTACT PERSON WAS VERBALLY ADVISED OF THE VIOLATIONS AT THE TIME OF INSPECTION.

1. INTERSTITIAL OR MONTHLY MONITORING SHALL BE CONDUCTED IN ACCORDANCE WITH 280.44 (C).
 SECTION 280.44(C)
 SPECIAL ATTENTION: NEED TO DOCUMENT THAT SUBMERSIBLE PUMPS SHUT OFF WHEN SUMP SENSORS ARE TRIPPED.(DUE TO NO MECHANICAL LEAK DETECTORS)
2. OWNERS OR OPERATORS OF PETROLEUM USTS MUST DEMONSTRATE PROOF OF FINANCIAL RESPONSIBILITY.
 SECTION 280.93
 SPECIAL ATTENTION: SEND DOCUMENTATION.
3. CATHODIC PROTECTION SHALL BE TESTED WITHIN 6 MONTHS AFTER INSTALLATION AND ONCE EVERY 3 YEARS THEREAFTER.
 UST 280.31(B)
 SPECIAL ATTENTION: SEND LATEST TESTS.

<<< End of Cited Violations >>>

Inspection Status: FACILITY TEMPORARILY APPROVED

Date of Inspection: 06/29/99

Date Compliance is Required: 07/29/99

Signature: *Douglas Kutzura*
 DOUG KUTZURA FOR MR. PENTZIEN - DELEGATED INSPECTOR

AUTHORITY: 1994 PA 451 and/or
 1941 PA 207
 COMPLIANCE: Required
 PENALTY: Misdemeanor, Civil Penalties,
 and/or Red Tagging the System.

SOUTHEAST MICHIGAN DISTRICT OFFICE
 38980 SEVEN MILE ROAD
 LIVONIA, MI 48152
 Phone: (734) 432-1253
 Fax: (734) 432-1295

REGISTRATION FOR UNDERGROUND STORAGE TANKS

This information is required under "Part 211, Underground Storage Tank Regulations, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ), STORAGE TANK DIVISION (STD), AT THE ABOVE ADDRESS. NEW TANKS ARE NOT CONSIDERED REGISTERED UNTIL THE DEQ, STD HAS RECEIVED YOUR COMPLETED FORM AND A CHECK OR MONEY ORDER MADE PAYABLE TO THE "STATE OF MICHIGAN". THE ANNUAL REGISTRATION FEE FOR EACH TANK REGISTERED WITH THE DEQ, STD IS \$100.

TYPE OF NOTIFICATION: <input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> AMENDED INFO	FACILITY NUMBER (if known)
<u>2</u> NO. OF TANKS AT FACILITY	TLH DEC 30 1998
NO. OF CONTINUATION SHEETS ATTACHED	
D-006304	

I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION SAME AS SECTION I, PLEASE CHECK <input type="checkbox"/>		
OWNER NAME (Corporation/Individual, etc.) TC REALTY, INC.			FACILITY NAME OR SITE IDENTIFIER LMI-TLH CENTER IV.		
MAILING ADDRESS 1600 W. EIGHT MILE ROAD			STREET ADDRESS (P.O. Box Not Acceptable) 1600 W. EIGHT MILE ROAD		
CITY FERNDALE	STATE MI.	ZIP 48220	CITY FERNDALE	STATE MI.	ZIP 48220
COUNTY OAKLAND	TOWNSHIP		COUNTY OAKLAND	TOWNSHIP	
TELEPHONE (Including Area Code) (248) 399-9600			TELEPHONE (Including Area Code) (248) 399-9600		
TAX PAYER ID OR SOCIAL SECURITY NUMBER 38-2781885					

III. TYPE OF OWNER	IV. INDIAN LANDS
<input type="checkbox"/> FEDERAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> PRIVATE	<input type="checkbox"/> TANKS ARE LOCATED ON LAND WITHIN AN INDIAN RESERVATION OR ON OTHER INDIAN TRUST LANDS. <input type="checkbox"/> TANKS ARE OWNED BY NATIVE AMERICAN NATION, TRIBE, OR INDIVIDUAL. TRIBE OR NATION:

V. TYPE OF FACILITY		
<input type="checkbox"/> GAS STATION <input type="checkbox"/> PETROLEUM DISTRIBUTOR <input type="checkbox"/> AIR TAXI (AIRLINE) <input type="checkbox"/> AIRCRAFT OWNER <input type="checkbox"/> AUTO DEALERSHIP <input type="checkbox"/> RAILROAD	<input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> FEDERAL/NON-MILITARY <input type="checkbox"/> FEDERAL-MILITARY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TRUCKING/TRANSPORT <input type="checkbox"/> UTILITIES <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER (Explain) TECHNICAL CENTER

VI. CONTACT PERSON FOR LOCATION		
NAME JEFF WORTON	JOB TITLE ENVIRONMENTAL ENGINEER	TELEPHONE (Including Area Code) (248) 399-9600

VII. FINANCIAL RESPONSIBILITY		
I HAVE MET THE FINANCIAL RESPONSIBILITY REQUIREMENTS AS REQUIRED IN THE UST RULES <input type="checkbox"/> (Check All Items Below That Apply)		
<input checked="" type="checkbox"/> SELF INSURANCE <input checked="" type="checkbox"/> COMMERCIAL INSURANCE <input type="checkbox"/> RISK RETENTION GROUP	<input type="checkbox"/> GUARANTEE <input type="checkbox"/> SURETY BOND <input type="checkbox"/> LETTER OF CREDIT	<input type="checkbox"/> TRUST FUND <input type="checkbox"/> OTHER METHOD ALLOWED

VIII. CERTIFICATION		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE GARY F. RUFF PRESIDENT TC REALTY, INC.	SIGNATURE 	DATE 12/7/98

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete For Each Tank At This Location)

TANK IDENTIFICATION NUMBER	# 1	# 2	#	#	#	#	#	#
1. STATUS OF TANKS (Check One)								
CURRENTLY IN USE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARILY OUT OF USE**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMENDMENT OF INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>**Also Complete Section X</i>								
<i>(If tanks are removed/closed, complete page 3, Section X)</i>								
2. DATE OF INSTALLATION								
3. ESTIMATED TOTAL CAPACITY (Gallons)	15000	15000						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)	_____	_____	_____	_____	_____	_____	_____	_____
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)	_____	_____	_____	_____	_____	_____	_____	_____
6. PIPING (Type) (Mark All That Apply)								
SUCTION: NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION: VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Gravity Fed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)	_____	_____	_____	_____	_____	_____	_____	_____
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE ENVIRONMENTAL RESPONSE COMPENSATION & LIABILITY ACT (CERCLA) NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER	_____	_____	_____	_____	_____	_____	_____	_____

X. TANKS OUT OF USE OR CHANGE IN SERVICE

TANK IDENTIFICATION NUMBER	# 1	# 2	#	#	#	#	#	#
1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.) DESCRIBE TYPE OF FILL USED AND REASON TANK WAS NOT REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CHANGE IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMINDER: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

XI. CERTIFICATION OF COMPLIANCE (Complete For All New And Upgraded Tanks At This Location)

1. INSTALLATION																
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STD (Please Specify)																
2. RELEASE DETECTION	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. MANUAL (Static) TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. INTERSTITIAL MONITORING SECONDARY CONTAINMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. AUTOMATIC LINE LEAK DETECTORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. LINE TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STD (Specify)																
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

PLEDGE: I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION XI IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

INSTALLER: _____

NAME PRINTED

SIGNATURE

DATE

POSITION

COMPANY

Tuesday, December 22, 1998

Storage Tank Division
Michigan Department of Environmental Quality
P.O. Box 30157
Lansing, Michigan 48909

RE: Amended Registration Form for facility # 0-006304

Enclosed for your records is an amended registration form for the above referenced facility. Please call with any questions (248) 399-9600.

Sincerely,



Jeff Norton
Environmental Engineer
CMI-Tech Center, Inc.

RECEIVED
30157-22 12 22 1998
DEPT. OF ENVIRONMENTAL QUALITY
STORAGE TANK DIVISION

REGISTRATION FOR UNDERGROUND STORAGE TANKS

SMK JUL 16 1999

This information is required under "Part 211, Underground Storage Tank Regulations, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ), STORAGE TANK DIVISION (STD), AT THE ABOVE ADDRESS. NEW TANKS ARE NOT CONSIDERED REGISTERED UNTIL THE DEQ, STD HAS RECEIVED YOUR COMPLETED FORM AND A CHECK OR MONEY ORDER MADE PAYABLE TO THE "STATE OF MICHIGAN". THE ANNUAL REGISTRATION FEE FOR EACH TANK REGISTERED WITH THE DEQ, STD IS \$100.

TYPE OF NOTIFICATION: <input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> AMENDED INFO	FACILITY NUMBER (if known)
<u>2</u> NO. OF TANKS AT FACILITY	6304
NO. OF CONTINUATION SHEETS ATTACHED	

I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION SAME AS SECTION I, PLEASE CHECK <input checked="" type="checkbox"/>		
OWNER NAME (Corporation/individual, etc.) CMI-TECH CENTER INC.			FACILITY NAME OR SITE IDENTIFIER		
MAILING ADDRESS 1600 W. 8 MILE RD.			STREET ADDRESS (P.O. Box Not Acceptable)		
CITY FERNDALE	STATE MI	ZIP 48220	CITY	STATE	ZIP
COUNTY OAKLAND	TOWNSHIP		COUNTY	TOWNSHIP	
TELEPHONE (Including Area Code) (248) - 399-9600			TELEPHONE (Including Area Code) () -		
TAX PAYER ID OR SOCIAL SECURITY NUMBER					

III. TYPE OF OWNER	IV. INDIAN LANDS
<input type="checkbox"/> FEDERAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> PRIVATE	<input type="checkbox"/> TANKS ARE LOCATED ON LAND WITHIN AN INDIAN RESERVATION OR ON OTHER INDIAN TRUST LANDS. <input type="checkbox"/> TANKS ARE OWNED BY NATIVE AMERICAN NATION, TRIBE, OR INDIVIDUAL TRIBE OR NATION:

V. TYPE OF FACILITY		
<input type="checkbox"/> GAS STATION <input type="checkbox"/> PETROLEUM DISTRIBUTOR <input type="checkbox"/> AIR TAXI (AIRLINE) <input type="checkbox"/> AIRCRAFT OWNER <input type="checkbox"/> AUTO DEALERSHIP <input type="checkbox"/> RAILROAD	<input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> FEDERAL/NON-MILITARY <input type="checkbox"/> FEDERAL-MILITARY <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TRUCKING/TRANSPORT <input type="checkbox"/> UTILITIES <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER (Explain) PYRO

VI. CONTACT PERSON FOR LOCATION		
NAME JIM HARBIN	JOB TITLE MGR. TEST LAB.	TELEPHONE (Including Area Code) (248) - 399-9600

VII. FINANCIAL RESPONSIBILITY		
I HAVE MET THE FINANCIAL RESPONSIBILITY REQUIREMENTS AS REQUIRED IN THE UST RULES <input type="checkbox"/> (Check All Items Below That Apply)		
<input type="checkbox"/> SELF INSURANCE <input checked="" type="checkbox"/> COMMERCIAL INSURANCE <input type="checkbox"/> RISK RETENTION GROUP	<input type="checkbox"/> GUARANTEE <input type="checkbox"/> SURETY BOND <input type="checkbox"/> LETTER OF CREDIT	<input type="checkbox"/> TRUST FUND <input type="checkbox"/> OTHER METHOD ALLOWED

VIII. CERTIFICATION		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE	SIGNATURE James P. Harbin	DATE 6-29-99

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete For Each Tank At This Location)

TANK IDENTIFICATION NUMBER	# 1	# 2	#	#	#	#	#	#
1. STATUS OF TANKS (Check One) CURRENTLY IN USE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEMPORARILY OUT OF USE** <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AMENDMENT OF INFORMATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
**Also Complete Section X (if tanks are removed/closed, complete page 3, Section X)								
2. DATE OF INSTALLATION	5-13-88	5-29-88						
3. ESTIMATED TOTAL CAPACITY (Gallons)	15,000	15,000						
4. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)	571 P3	571 P3						
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)								
6. PIPING (Type) (Mark All That Apply)								
SUCTION: NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION: VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Gravity Fed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify)								
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE ENVIRONMENTAL RESPONSE COMPENSATION & LIABILITY ACT (CERCLA) NAME AND/OR CHEMICAL ABSTRACT SERVICE (CAS) NUMBER								

X. TANKS OUT OF USE OR CHANGE IN SERVICE

TANK IDENTIFICATION NUMBER	# 1	# 2	#	#	#	#	#	#
1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.) DESCRIBE TYPE OF FILL USED AND REASON TANK WAS NOT REMOVED	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
E. CHANGE IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMINDER: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE

XI. CERTIFICATION OF COMPLIANCE (Complete For All New And Upgraded Tanks At This Location)

1. INSTALLATION																
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSTALLER CERTIFIED OR LICENSED BY STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INSTALLATION INSPECTED AND APPROVED BY STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ANOTHER METHOD ALLOWED BY STD (Please Specify)																
2. RELEASE DETECTION	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. INVENTORY CONTROL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. INTERSTITIAL MONITORING SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. AUTOMATIC LINE LEAK DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. LINE TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STD (Specify)																
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. SPILL DEVICE INSTALLED	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

PLEDGE: I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION XI IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

INSTALLER: _____
 NAME PRINTED SIGNATURE DATE

 POSITION COMPANY

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK DIVISION

FACILITY NUMBER (SEE INVOICE)

D-006304

upgraded per S. Manz - Swanson
Lab results 4/3/96

RELEASE REPORT: SUSPECTED CONFIRMED

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, MICHIGAN UNDERGROUND STORAGE TANK ACT. FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY RESULT IN A MISDEMEANOR AND/OR CIVIL PENALTIES NOT TO EXCEED \$500 PER DAY, PER TANK.

JLH APR 04 1996

USTD USE ONLY

UPGRADE/CANCEL DATE 4/18/96	INCIDENT NUMBER 5-185-96
ENTRY DATE LH APR 01 1996	C-185-96

INSTRUCTIONS: The owner, operator, or consultant must report suspected and confirmed release reports to the Underground Storage Tank Division (USTD) within 24 hours of discovery. Phone 1-800-MICHUST or FAX this form to 517-335-2245. All information on this form must be provided regardless of whether the release is reported by telephone or FAX. If you have any questions, please contact the USTD at 517-373-8188.

PERSON REPORTING RELEASE JEFF MORTON		COMPANY (IF NOT OWNER/OPERATOR)		AREA CODE & TELEPHONE NUMBER 810-399-9600	
I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
<input type="checkbox"/> PLEASE CHECK IF NEW ADDRESS			<input checked="" type="checkbox"/> PLEASE CHECK IF SAME AS SECTION I		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) T L REALTY, INC.			FACILITY NAME OR COMPANY SITE IDENTIFIER		
STREET ADDRESS 1600 W. EIGHT MILE RD			STREET ADDRESS (P O Box Not Acceptable)		
STREET ADDRESS FERRISDALE, MI		CITY 48220		STATE ZIP CODE	
CITY STATE		ZIP CODE		COUNTY TOWNSHIP	
AREA CODE & TELEPHONE NUMBER (810) 399-9600		CONTACT PERSON FOR LOCATION		AREA CODE & TELEPHONE NUMBER	
DATE RELEASE DISCOVERED: 3-28-96			TIME RELEASE DISCOVERED: APPROX 6:00 P.M.		
SIZE OF TANK (Gallons)	SUBSTANCE RELEASED	CONSTRUCTION OF TANK	REASON FOR BELIEVING RELEASE OCCURRED (e.g. presence of product, failed tightness test, vapors, stains)		
15,000	GASOLINE	STEEL	OPERATOR ERROR; VAPORS, STAIN		
Registered as CMI-Tech.					
COMMENTS: OPERATOR ERROR DURING THE DEPOSITING OF GASOLINE INTO TANK. INVESTIGATION IN PROGRESS					
USTD USE ONLY					
DATE/TIME REPORTED 3/29/96 16:43		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		<input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL	
DISTRIBUTION ORIGINAL: USTD, FACILITY FILE COPY: OWNER			USTD SIGNATURE Jeff Morton		



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK DIVISION

FACILITY NUMBER (see invoice)

D-00630A

USTD USE ONLY

UPGRADE/CANCEL DATE

INCIDENT NUMBER

STATION NAME

RELEASE REPORT: SUSPECTED CONFIRMED

THIS REPORT IS TO BE FILED WITHIN 24 HOURS OF DISCOVERY. FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY BE SUBJECT TO PENALTY. EACH OWNER AND OPERATOR MUST FILE THIS REPORT FOR EACH TANK.

INSTRUCTIONS: The owner, operator, or consultant must report suspected and confirmed releases to the Michigan Department of Environmental Quality (USTD) within 24 hours of discovery. Phone 1-800-MICHIGAN or FAX this form to 313-366-2245. Please indicate on this form must be provided for release of whether the release is reported by telephone or FAX. If you have any questions, call the USTD at 313-373-3183.

PERSON REPORTING RELEASE		COMPANY (IF NOT OPERATOR)		FACILITY NUMBER	
JEFF H. ...				9600	
OWNERSHIP OF TANKS					
<input type="checkbox"/> PLEASE CHECK IF NEW ADDITION					
NAME OF OWNER/OPERATOR (PRINT NAME AND ADDRESS)					
1000 ...					
STREET ADDRESS					
East ...					
CITY					
STATE					
ZIP CODE					
PHONE NUMBER					
DATE OF RELEASE					
3/28/96					
TYPE OF TANK					
15000 ...					
RELEASE REPORTED BY					
JEFF H. ...					
DATE REPORTED					
3/28/96					
METHOD OF REPORTING					
VOICE MAIL					

MICHIGAN DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK DIVISION



USTD USE ONLY	
UPGRADE/CANCEL DATE	FACILITY NUMBER
D.E. CLERK INITIALS & DATE	INCIDENT NUMBER

RELEASE REPORT: Suspected Confirmed

Information is required under Act 424, P. A. 1984, as amended. Failure to comply with the provisions of this Act may result in a misdemeanor and/or Civil penalties not to exceed \$5000 per day, per tank.

INSTRUCTIONS: The owner, operator, or consultant must report suspected and confirmed Release Report to the Underground Storage Tank Division (USTD) within 24 hours of discovery. Phone 1-800-MICHUST or FAX the form to 313-478-3819. Information on this form must be provided regardless of whether the release is reported by telephone or FAX. If you have any questions, please contact USTD at 317-373-8100. See reverse side of this form for additional information.

PERSON REPORTING RELEASE: STEPHEN MANZ		COMPANY (IF NOT OWNER/OPERATOR) SWANSON ENVIRONMENTAL ENGINEERS		PHONE NUMBER 313-2700
OWNERSHIP OF TANKS <input type="checkbox"/> PLEASE CHECK IF NEW OWNER'S ADDRESS		<input type="checkbox"/> PLEASE CHECK IF RELEASE OCCURRED AT FACILITY		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) UMI-TECH CENTER		FACILITY NAME OR ADDRESS INCLUDING STREET ADDRESS T.C. RESEARCH CENTER		
STREET ADDRESS 1000 W. EIGHT MILE RD.		CITY FERRISVILLE STATE MI ZIP CODE 48220		
CITY FERRISVILLE STATE MI ZIP CODE 48220		COUNTY CLATSOP TELEPHONE NUMBER 313-9600		
AREA CODE & TELEPHONE NUMBER (810) 399-7600		CONTACT PERSON DEP. MANZ TELEPHONE NUMBER 313-9600		
DATE RELEASE DISCOVERED 3-28-96		TIME OF DAY 4:00 P.M.		
TYPE OF TANK (Soil-stn)	QUANTITY RELEASED	CONSTRUCTION OF TANK	RELEASED TO	STAINED (No. of stains)
15,000	15,000 Gallons	STEEL	GROUNDWATER	BY
			ANALYTICAL	
			GROUNDWATER	
REMARKS THIS WAS FORMALLY TESTED AND FOUND TO BE NEGATIVE				
RELEASED				
SIGNATURE STEPHEN MANZ				
TITLE OWNER				
MICHIGAN DEPARTMENT OF NATURAL RESOURCES USTD DIVISION, FACILITY FILE				
COPIES: MUSTFA OWNER				
MAILING METHOD: <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL				



JOHN ENGLER, Governor
DEPARTMENT OF ENVIRONMENTAL QUALITY
 HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973
 RUSSELL J. HARDING, Director

REPLY TO:

UNDERGROUND STORAGE TANK DIVISION
 TOWN CENTER
 PO BOX 30157
 LANSING MI 48909-7857

April 4, 1996

CERTIFIED MAIL

Dear Owner/Operator:

SUBJECT:

Underground Storage Tank System Release
 Facility ID No. 0-006304
 Confirmed Release No. C-185-96
 CMI-TECH CENTER, INC.
 1600 W. EIGHT MILE ROAD
 FERNDALE, MI 48220

On 03-29-96, the Department of Environmental Quality (DEQ), Underground Storage Tank Division (USTD), was notified that there was a release of a regulated substance from an underground storage tank (UST) system at the above mentioned location. Attached is a copy of the confirmed release report. This letter and attachments are to help your understanding of the following: the need to retain a Qualified UST Consultant (QC); site investigation and cleanup requirements; reporting requirements; forms requirements and penalties for late reports and fraud. Please seek assistance from the USTD SOUTHEAST MICHIGAN DISTRICT OFFICE at (313) 953-0241 for further guidance, if necessary. (A copy of the district offices and boundaries is attached for your reference.)

Qualified UST Consultant (QC)

The requirements for site investigation and cleanup, reporting, penalties, funds to assist cleanup and pollution liability insurance are in the Natural Resources and Environmental Response Act 1994 PA 451, as amended (Act 451). Part 213 of Act 451 requires you to retain a QC to perform the activities required at a LUST site. The USTD has prepared an interim list of QC's. The authority for establishing the QC list is provided under Part 215 of Act 451. Those on the current interim list (attached) are eligible to perform LUST corrective action services. The permanent Qualified UST Consultant list should be available in the Spring of 1996.

Cleanup Requirements

Part 213 specifies actions a UST owner or operator is required to take when a release is discovered. Please refer to Part 213 and the attached flow chart to help guide you through the requirements.

The Qualified Consultant is allowed to proceed with the preparation and implementation of corrective action workplans without prior USTD review or approval. USTD approval is needed for any institutional controls that are a part of the cleanup program. The USTD may audit or oversee all aspects of corrective actions undertaken pursuant to Part 213. To assist the USTD in this capacity, the QC is required to contact our District Office at least 48 hours prior to conducting on-site activities, using the attached form.

Forms and Reports

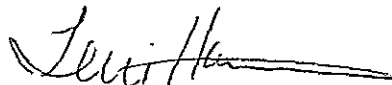
The USTD has created and requires the use of forms to assist in the reporting requirements. The required forms are available from the district office. The QC should submit a LUST report cover sheet with each report (enclosed). In addition, you are required to notify USTD of any changes to your UST system using a registration form (copy attached).

Penalties

Be advised that pursuant to Section 21313a and 21323, the owner or operator is subject to penalties for not preparing and submitting the reports outlined in Part 213. The owner or operator may, by contract, transfer the responsibility for paying these administrative penalties to a consultant retained by the owner or operator. Section 21324 provides that a person who submits or causes to be submitted false or misleading information may be found guilty of fraud.

Please include the Facility ID No. found under "Subject" at the top of this notification with each submittal and on any future correspondence. Should you have questions regarding this notification letter, or need additional information, please contact the USTD SOUTHEAST MICHIGAN DISTRICT OFFICE at (313) 953-0241.

Sincerely,



Terri Harmon
Enforcement Unit
Underground Storage Tank Division

Enclosures

cc: SOUTHEAST MICHIGAN DISTRICT OFFICE

Michigan State Police
 Fire Marshal Division
 Hazardous Materials Section
 3705 W. Jolly Rd.
 P.O. Box 30157
 Lansing, MI 48909
 (517) 334-7079

 * INVOICE *

May 9, 1991

Page 1 of 1

ANNUAL UST REGISTRATION FEE FOR BILLING CYCLE ENDING 11-30-91

TO:	LOCATION ADDRESS:
CMI-TECH CENTER, INC.	CMI-TECH CENTER, INC.
1600 W. EIGHT MILE ROAD	1600 W. EIGHT MILE ROAD
FERNDALE, MI 48220	FERNDALE, MI 48220
RE: CMI-TECH CENTER, INC.	

Annual renewal of tanks on record as of 4/17/91. Required by P.A. 423 of 1984, as amended. Failure to pay may subject you to the following penalty: misdemeanor, punishable by imprisonment and/or fines; civil penalties; and may also make you ineligible for access to MUSTFA funds. Please see enclosed letter for an explanation. FM-20 (4/91)

Facility #	Tank #	Description	Cost
0-006304	1	15,000 Gal - Gasoline	\$100.00
0-006304	2	15,000 Gal - Gasoline	\$100.00

*ok by Reg Judy
5/20/91*

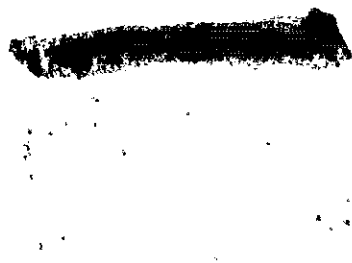
MAY 31 1991
 MICHIGAN STATE POLICE
 FIRE MARSHAL DIVISION
 HAZARDOUS MATERIALS SECTION

PAID

Vendor No.	6560
Due Date	5-28-91
Disc. %	
Disc. \$	
Acct. No.	72430
Price O.K.	JA
O.K.	

Number of Eligible Tanks:	2	Registration Fee:	\$ 200.00
Total Number of Tanks:	2	Late Fee:	
		Amount Received:	
		Amount Due:	\$ 200.00

Make Checks Payable to: State of Michigan
 Payment Due on or Before: JUNE 15, 1991



Michigan State Police *
 Fire Marshal Division
 Hazardous Materials Section.
 3705 W. Jolly Rd.
 P.O. Box 30157
 Lansing, MI 48909
 (800) 642-4878

 * INVOICE *

June 28, 1990

Page 1 of 1

Fee for Underground Storage Tank registrations received on or before 3-31-90.

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=====
|TO:                               |PLEASE RETURN TO:
|CMI-TECH CENTER, INC.            |Michigan State Police
|1600 W. EIGHT MILE ROAD          |Fire Marshal Division
|FERNDALE, MI 48220              |Hazardous Materials Section
|RE: CMI-TECH CENTER, INC.        |3705 W. Jolly Rd.
|                                  |P.O. Box 30157
|                                  |Lansing, MI 48909
=====
  
```

If there are no changes that need to be made on the registration form, timely payment and return of this invoice will suffice as your FY 1990 (10-1-89 to 9-30-90) annual renewal of your USTs, as required under P.A. 423 of 1984, as amended. Payment due July 30, 1990. For more details, see the enclosed information.

Facility #	Tank #	Description	Cost
0-006304	1	15,000 Gal - Gasoline	\$100.00
0-006304	2	15,000 Gal - Gasoline	\$100.00

PAID

Number of Eligible Tanks: 2
 Total Number of Tanks: 2

Registration Fee: \$ 200.00
 Late Fee:
 Amount Received:
 Amount Due: \$ 200.00

Make Checks Payable to: State of Michigan
 Payment Due on or Before: JULY 30, 1990

* INVOICE *

Michigan State Police
Fire Marshal Division
Hazardous Materials Section
777 N. Jolly Rd.
P.O. Box 20127
Lansing, MI 48202
(313) 482-4272

June 25, 1992 Page 1 of 1

Fee for background storage tank registrations received on or before 3-31-92.

TO: COM-Tech Centers, Inc.
1407 N. STATE AVE. 2ND FL.
TROY, MI 48063
FROM: COM-Tech Centers, Inc.
777 N. Jolly Rd.
P.O. Box 20127
Lansing, MI 48202

PLEASE RETURN TO:
Michigan State Police
Fire Marshal Division
Hazardous Materials Section
777 N. Jolly Rd.
P.O. Box 20127
Lansing, MI 48202

If there are no changes that need to be made on the registration form, timely payment and return of this invoice will suffice as your FY 1990 (11-1-89 to 10-31-90) annual renewal of your USTs as required under P.A. 423 of 1984. As required, pay on or before July 27, 1992. For more details, see the enclosed information.

Facility	Tank #	Description	Cost
100-4234	1	12500 Gal - Gasoline	\$100.00
100-4234	2	12500 Gal - Gasoline	\$100.00

Payment Due on or Before: JULY 27, 1992

Date Checks Payable to: State of Michigan

Amount Due: \$ 200.00

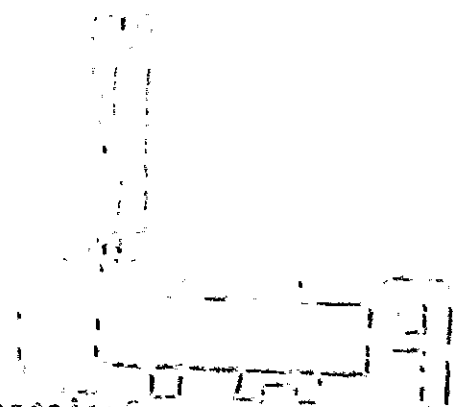
Amount Received: \$ 200.00

Late Fee: \$ 0.00

Registration Fee: \$ 200.00

Total Number of Tanks: 2

Number of Eligible Tanks: 2



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: **6304**
Jeff Norton
TL Realty
1600 W. 8 Mile
Ferndale MI 48220

4a. Article Number
P 608 633 896

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt Merchandise
 COD

7. Date of Delivery **APR 19 1990**

8. Addressee's Address (Only if requested and fees paid)
DETROIT MI 48220

5. Received By: (Print Name)
X V. Cupps

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

CMI-TECH CENTER, INC.

1600 W. Eight Mile Rd. Ferndale, MI 48220

DATE	INVOICE NUMBER	AMOUNT	DISCOUNT	NET
07/30/90	72450	\$200.00	---	\$200.00
FACILITY #0-006304				
99999		\$200.00	---	\$200.00

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

FOR
TANKS
IN
MI

RETURN
COMPLETED
FORM
TO

Ground Water Quality Division
Department of Natural Resources
Box 30157
Lansing, MI 48909

RECEIVED

MAY 27 1988

I.D. Number

STATE USE ONLY

6304

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

CMI-Tech Center, Inc.

Street Address

1600 W. Eight Mile Road

County

Oakland

City

Ferndale

State

MI

ZIP Code

48220

Area Code

313

Phone Number

399-6422

Type of Owner (Mark all that apply)

Current

State or Local Gov't

Private or Corporate

Former

Federal Gov't (GSA facility I.D. no.)

Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here)

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest)

State

ZIP Code

Indicate number of tanks at this location

2

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

Job Title

Area Code

Phone Number

Greg Wert

Project & Maintenance Coordinator

313

399-6422

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Signature

Date Signed

Keith A. Tackett

Controller

Keith A. Tackett

5/23/88

CONTINUE ON REVERSE SIDE

6304

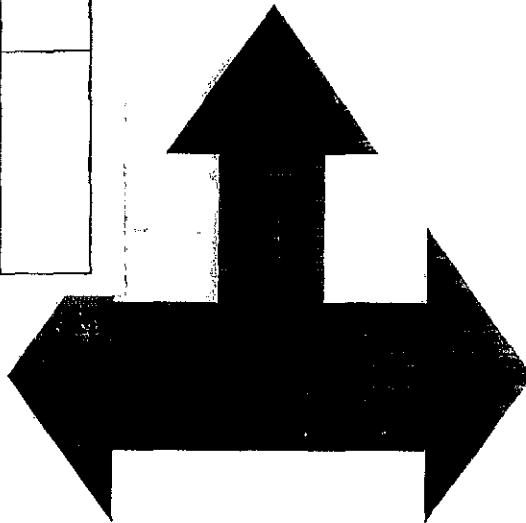
VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1	Tank No. 2	Tank No.	Tank No.	Tank No.	
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Estimated Age (Years)	New	New				
3. Estimated Total Capacity (Gallons)	15,000	15,000				
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jacketed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jacketed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Jacketed	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Jacketed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	

CMI-TECH CENTER, INC.

1600 W. Eight-Mile Rd. Ferndale, MI 48220

DATE	INVOICE NUMBER	AMOUNT	DISCOUNT	NET
5/28/91		200.00	.00	200.00
TOTALS		200.00	.00	200.00



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Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	