





of this Part, the owner or operator must submit to the Agency for review a site investigation plan is erroneous, arbitrary, and capricious.

C. The Agency's denial of the budget was erroneous, arbitrary, and capricious, in that the denial of the Plan with which the budget was associated was erroneous, arbitrary, and capricious.

**IV. CONCLUSION**

For all the foregoing reasons, petitioner Prime Location Properties, LLC respectfully submits that the Decision should be reversed and the Agency ordered to approve the Amended High Priority Corrective Action Plan and the budget associated therewith, and order the Agency to pay Prime's attorneys' fees for this appeal. Prime requests that Incident #20061558 be approved as a re-reporting of the first Incident #20011314 and be allowed to be addressed and approved by the Agency under one assessed deductible.

March 4, 2009

Prime Location Properties, LLC

By: Joe Keebler  
Property Owner/Petitioner

Prime Location Properties, LLC  
Joe Keebler  
P.O. Box 242  
Carbondale, IL 62903

*EXHIBIT 1*



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

2021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 - (217) 782-2829  
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601 - (312) 814-6026

ROD R. BLAGOJEVICH, GOVERNOR      DOUGLAS P. SCOTT, DIRECTOR

217/782-6762

CERTIFIED MAIL

JAN 27 2009

7008 1830 0004 1767 9227

Prime Location Properties, LLC  
Attn: Joe Keibler  
P.O. Box 242  
Carbondale, IL 62903

Re: LPC #1270155017 - Massac County  
Metropolis/Prime Location Properties, LLC  
600 West 10<sup>th</sup> Street  
Leaking UST Incident No. 20061558  
Leaking UST Technical File

Dear Mr. Keibler:

The Illinois Environmental Protection Agency (Illinois EPA) has reviewed the amended Corrective Action Plan (plan) submitted for the above-referenced incident. This plan, dated November 10, 2008, was received by the Illinois EPA on November 14, 2008. Citations in this letter are from the Environmental Protection Act (Act), as amended by Public Act 92-0554 on June 24, 2002, and 35 Illinois Administrative Code (35 Ill. Adm. Code).

The plan and the associated budget are rejected for the reason(s) listed below (Sections 57.7(b) and 57.7(c) of the Act and 35 Ill. Adm. Code 734.505(b), 734.510(a) and 734.510(b)).

The plan is rejected for the following reason(s):

- A) During the investigation activities associated with Incident #20011314 soil and groundwater contamination were not identified in the vicinity of USTs #3 through #7. However, three years later during the removal of these USTs, soil contamination was identified in these areas. Therefore, Incident #20061558 is a new release and is not considered a re-reporting of Incident #20011314.
- B) Pursuant to 35 Ill. Adm. Code 734.210(c) and 734.210(e), the 20- and 45-Day reporting requirements must be fulfilled.
- C) In addition, pursuant to 35 Ill. Adm. Code 734.310(a), prior to conducting site investigation activities pursuant to Section 734.315, 734.320 or 734.325 of this Part, the owner or operator must submit to the Agency for review a site investigation plan.

The plan budget is rejected for the following reason(s):

- A). Pursuant to Sections 57.7(c) of the Act and 35 Ill. Adm. Code 734.505(b), the associated budget is rejected for the following reason:

The Illinois EPA has not approved the plan with which the budget is associated. Until such time as the plan is approved, a determination regarding the associated budget—i.e., a determination as to whether costs associated with materials, activities, and services are reasonable; whether costs are consistent with the associated technical plan; whether costs will be incurred in the performance of corrective action activities; whether costs will not be used for corrective action activities in excess of those necessary to meet the minimum requirements of the Act and regulations, and whether costs exceed the maximum payment amounts set forth in Subpart H of 35 Ill. Adm. Code 734—cannot be made (Section 57.7(c)(3) of the Act and 35 Ill. Adm. Code 734.510(b)).

In addition, please note most of the costs in the proposed budget will have to be submitted as Early Action costs.

Pursuant to Sections 57.7(b) and 57.12(c) and (d) of the Act and 35 Ill. Adm. Code 734.100 and 734.125, a Stage 1 Site Investigation Plan (Incident #20061558) and a Corrective Action Completion Report (Incident #20011314) must be submitted within 60 days of the date of this letter to:

Illinois Environmental Protection Agency  
Bureau of Land - #24  
Leaking Underground Storage Tank Section  
1021 North Grand Avenue East  
Post Office Box 19276  
Springfield, IL 62794-9276

Please submit all correspondence in duplicate and include the Re: block shown at the beginning of this letter.

An underground storage tank system owner or operator may appeal this decision to the Illinois Pollution Control Board. Appeal rights are attached.

Page 3

If you have any questions or need further assistance, please contact Jason Donnelly at (217) 557-8764.

Sincerely,

A handwritten signature in black ink, appearing to read "Harry A. Chappel". The signature is fluid and cursive, with a large initial "H" and "C".

Harry A. Chappel, P.E.  
Unit Manager  
Leaking Underground Storage Tank Section  
Division of Remediation Management  
Bureau of Land

HAC:JD\061558&011314-sicap&bud

Attachment: Appeal Rights

c: Environmental Management, Inc., Jeremy VanScyoc  
BOL File

## Appeal Rights

An underground storage tank owner or operator may appeal this final decision to the Illinois Pollution Control Board pursuant to Sections 40 and 57.7(c)(4) of the Act by filing a petition for a hearing within 35 days after the date of issuance of the final decision. However, the 35-day period may be extended for a period of time not to exceed 90 days by written notice from the owner or operator and the Illinois EPA within the initial 35-day appeal period. If the owner or operator wishes to receive a 90-day extension, a written request that includes a statement of the date the final decision was received, along with a copy of this decision, must be sent to the Illinois EPA as soon as possible.

For information regarding the request for an extension, please contact:

Illinois Environmental Protection Agency  
Division of Legal Counsel  
1021 North Grand Avenue East  
Post Office Box 19276  
Springfield, IL 62794-9276  
217/782-5544

For information regarding the filing of an appeal, please contact:

Illinois Pollution Control Board, Clerk  
State of Illinois Center  
100 West Randolph, Suite 11-500  
Chicago, IL 60601  
312/814-3620

*EXHIBIT 2*



# ENVIRONMENTAL MANAGEMENT, INC.

Corporate Office

1154 N. Bradfordton Rd. • Springfield, IL 62711  
217/726-9468 • 217/726-9472 (Fax)  
Email: mkeebler@envmgt.com

St. Louis Office

12237 Rainhollow Dr. • St. Louis, MO 63043  
314/650-8268

February 17, 2009

Illinois Environmental Protection Agency  
Division of Legal Counsel  
1021 North Grand Avenue East  
Post Office Box 19276  
Springfield, Illinois 62794-9276

Re: LPC #1270155017 – Masaac County  
Metropolis/Metropolis Oil & Gas (Prime Location Properties)  
600 West 10<sup>th</sup> Street  
LUST Incident No. 20011314 & 20061558  
LUST Technical File

Dear Correspondent:

Pursuant to Section 40 and 57.7(c)(4) of the Environmental Protection Act, Environmental Management, Inc. (EMI), on behalf of our Client, Prime Location Properties, is requesting a 90-day extension to the 35-day appeal period. The final decision was dated January 27, 2009. As required, a copy of this final decision is included herein.

Thank you for your assistance regarding this matter. Please contact me at (217) 726-9468 if you have any questions or require anything further.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeremy L. VanScyoc', written over a horizontal line.

Jeremy L. VanScyoc, P.E.  
Senior Professional Engineer  
**Environmental Management, Inc.**

Enclosure

*EXHIBIT 3*



Office of the Illinois  
**State Fire Marshal**  
"Partnering With the Fire Service to Protect Illinois"

General Office  
217-785-0969  
FAX  
217-782-1062

Divisions

ARSON INVESTIGATION  
217-782-9116

BOILER and PRESSURE  
VESSEL SAFETY  
217-782-2696

FIRE PREVENTION  
217-785-4714

MANAGEMENT SERVICES  
217-782-9889  
INFIRS

217-785-5826

HUMAN RESOURCES  
217-785-1026

PERSONNEL STANDARDS  
and EDUCATION  
217-782-4542

PETROLEUM and  
CHEMICAL SAFETY  
217-785-5878

PUBLIC INFORMATION  
217-785-1021

WEB SITE

[www.state.il.us/osfm](http://www.state.il.us/osfm)

CERTIFIED MAIL - RECEIPT REQUESTED #7003 3110 0004 1274 7329

April 17, 2006

Prime Location Properties, LLC  
P.O. Box 242  
Carbondale, IL 62903

In Re:

Facility No. 7-009479  
IEMA Incident No. 01-1314  
Metropolis Oil & Gas  
600 W. 10<sup>th</sup> Street  
Metropolis, Massac Co., IL

Dear Applicant:

The Reimbursement Eligibility and Deductible Application received on April 4, 2006 for the above referenced occurrence has been reviewed. The following determinations have been made based upon this review.

It has been determined that you are eligible to seek payment of costs in excess of **\$15,000**. The costs must be in response to the occurrence referenced above and associated with the following tanks:

Eligible Tanks

Tank 1 2,000 gallon Gasoline  
Tank 2 3,000 gallon Gasoline  
Tank 3 1,000 gallon Gasoline  
Tank 4 550 gallon Kerosene  
Tank 5 2,000 gallon Gasoline  
Tank 6 2,000 gallon Gasoline  
Tank 7 1,000 gallon Gasoline

You must contact the Illinois Environmental Protection Agency to receive a packet of Agency billing forms for submitting your request for payment.

An owner or operator is eligible to access the Underground Storage Tank Fund if the eligibility requirements are satisfied:

1. Neither the owner nor the operator is the United States Government,
2. The tank does not contain fuel which is exempt from the Motor Fuel Tax Law,
3. The costs were incurred as a result of a confirmed release of any of the following substances:

"Fuel", as defined in Section 1.19 of the Motor Fuel Tax Law

Aviation fuel

Heating oil

Kerosene

Used oil, which has been refined from crude oil used in a motor vehicle, as defined in Section 1.3 of the Motor Fuel Tax Law.

4. The owner or operator registered the tank and paid all fees in accordance with the statutory and regulatory requirements of the Gasoline Storage Act.
5. The owner or operator notified the Illinois Emergency Management Agency of a confirmed release, the costs were incurred after the notification and the costs were a result of a release of a substance listed in this Section. Costs of corrective action or indemnification incurred before providing that notification shall not be eligible for payment.
6. The costs have not already been paid to the owner or operator under a private insurance policy, other written agreement, or court order.
7. The costs were associated with "corrective action".

This constitutes the final decision as it relates to your eligibility and deductibility. We reserve the right to change the deductible determination should additional information that would change the determination become available. An underground storage tank owner or operator may appeal the decision to the Illinois Pollution Control Board (Board), pursuant to Section 57.9 (c) (2). An owner or operator who seeks to appeal the decision shall file a petition for a hearing before the Board within 35 days of the date of mailing of the final decision, (35 Illinois Administrative Code 105.102(a) (2)).

For information regarding the filing of an appeal, please contact:

Dorothy Gunn, Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph, Suite 11-500  
Chicago, Illinois 60601  
(312) 814-3620

If you have any questions, please contact our Office at (217) 785-1020 or (217) 785-5878.

Sincerely,



Deanne Lock  
Administrative Assistant  
Division of Petroleum and Chemical Safety

cc: IEPA  
Facility File



**V. Description of Underground Storage Tanks (Complete entire column for each tank)**

<b>Tank Identification Number</b>	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
<b>1. Status of Tanks</b>					
Currently in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Tanks Permanently &amp; Temporarily Out of Use</b>					
Estimated date last used	<u>7/03/95</u>	<u>7/03/95</u>	<u>7/03/95</u>	<u>5/17/87</u> <del>2/13/87</del>	<u>5/17/87</u> <del>2/13/87</del>
<b>3. Tanks Removed</b>					
Date tank(s) removed	<u>12/13/06</u>	<u>12/14/06</u>	<u>12/13/06</u>	<u>12/13/06</u>	<u>12/14/06</u>
Estimated date last used	<u>7/03/95</u>	<u>7/03/95</u>	<u>7/03/95</u>	<u>7/03/95</u>	<u>7/03/95</u>
<b>4. Abandoned in Place</b>					
Date tanks filled	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<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"/>
Other (please specify)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>5. Age of Tank</b>					
Date tank installed	<u>9/05/54</u>	<u>09/05/54</u>	<u>09/05/54</u>	<u>9/05/54</u>	<u>9/5/54</u>
Date product placed in tank	<u>09/05/54</u>	<u>09/05/54</u>	<u>09/05/54</u>	<u>9/5/54</u>	<u>9/5/54</u>
<b>6. Estimated Total Capacity (gallons)</b>	<u>4,000</u>	<u>3,000</u>	<u>1,000</u>	<u>550</u>	<u>1,000</u>
<b>7. Substances Currently or Last Stored:</b>					
<b>Petroleum</b>					
Diesel	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>Petroleum Use (if applicable):</b>					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>Hazardous Substance:</b>					
Name of principal CERCLA substance	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Chemical Abstract Service (CAS No)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>



Tank Identification Number	Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. <u>3</u>		Tank No. <u>4</u>		Tank No. <u>5</u>	
<b>4. Release Detection</b> (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input checked="" type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input type="checkbox"/>									
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>								
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>								
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>								
Interstitial monitoring /secondary containment	<input type="checkbox"/>	<input type="checkbox"/>								
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector		<input type="checkbox"/>								
Line tightness testing		<input type="checkbox"/>								
Automatic shut-off device		<input type="checkbox"/>								
Continuous alarm system		<input type="checkbox"/>								
No requirements (European suction)		<input type="checkbox"/>								
Other (please specify)										
<b>5. Corrosion Protection</b> (mark all that apply)	Tank	Piping								
Cathodic protection Impressed current	<input type="checkbox"/>	<input type="checkbox"/>								
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>								
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>								
Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>								
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>								
Interior lining	<input type="checkbox"/>									
Other (please specify)										
<b>6. Spill &amp; Overfill Prevention</b> (Mark all that apply)										
Overfill device	<input type="checkbox"/>									
Automatic shut-off	<input type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input type="checkbox"/>									
Other (Please specify)										

**VII. Certification of Compliance** (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____				

**OATH:** I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. (THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)

Tank No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Name Signature (must be original) Date  
 Position Company

**VIII. Financial Responsibility**

Mark all that apply:

- Self-Insurance       Guarantee       Certificate of Deposit  
 Commercial Insurance       Surety Bond       Trust Fund  
 Risk Retention Group       Letter of Credit       Other Method Allowed

(please specify) \_\_\_\_\_

**IX. Certification** (Read and sign after completing all sections)

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 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 (print)      Signature (must be original)      Date Signed



**VI. Description of Underground Storage Tanks (Complete entire column for each tank)**

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u>7</u>	Tank No. <u>    </u>	Tank No. <u>    </u>	Tank No. <u>    </u>
<b>1. Material of Construction</b> (mark all that apply)					
Asphalt coated or bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric coated steel	<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"/>
Fiberglass reinforced plastic	<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"/>
Double-walled	<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"/>
Steel STI-P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
<b>2. Piping Materials</b> (mark all that apply)					
Bare steel	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Fiberglass reinforced plastic	<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"/>
Double-walled	<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"/>
Dielectric coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
<b>3. Piping Type</b> (mark all that apply)					
European suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u>7</u>	Tank No. <u>    </u>	Tank No. <u>    </u>	Tank No. <u>    </u>																																																																																																																																																										
<b>4. Release Detection</b> (Mark all that apply) <ul style="list-style-type: none"> <li>Manual tank gauging</li> <li>Inventory controls</li> <li>Automatic tank gauging</li> <li>Vapor monitoring</li> <li>Groundwater monitoring</li> <li>Interstitial monitoring double-walled tank/piping</li> <li>Interstitial monitoring /secondary containment</li> <li>Tank tightness testing</li> <li>Automatic line leak detector</li> <li>Line tightness testing</li> <li>Automatic shut-off device</li> <li>Continuous alarm system</li> <li>No requirements (european suction)</li> <li>Other (please specify)</li> </ul>	<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> 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<b>5. Corrosion Protection</b> (mark all that apply) <ul style="list-style-type: none"> <li>Cathodic protection impressed current</li> <li>Secondary containment</li> <li>Exterior coating</li> <li>Fiberglass reinforced plastic</li> <li>Double-walled</li> <li>Interior lining</li> <li>Other (please specify)</li> </ul>	<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Tank	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Tank	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"/>		<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Tank	Piping	<input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Tank	Piping	<input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Tank</th> <th>Piping</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Tank	Piping	<input type="checkbox"/>																																																																																																																			
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<b>6. Spill &amp; Overfill Prevention</b> (Mark all that apply) <ul style="list-style-type: none"> <li>Overfill device</li> <li>Automatic shut-off</li> <li>Overfill Alarm</li> <li>Ball float valve</li> <li>Spill containment device</li> <li>Other (Please specify)</li> </ul>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>																																																																																																																																																	
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**VII. Certification of Compliance** (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____				

**OATH:** I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Name Signature (must be original) Date  
 \_\_\_\_\_  
 Position Company

**VIII. Financial Responsibility**

Mark all that apply:

- Self-Insurance       Guarantee       Certificate of Deposit  
 Commercial Insurance       Surety Bond       Trust Fund  
 Risk Retention Group       Letter of Credit       Other Method Allowed

(please specify) \_\_\_\_\_

**IX. Certification** (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Agent      [Signature]      1/12/07  
 Name and official title of owner or owner's authorized representative (print)      Signature (must be original)      Date Signed

*EXHIBIT 4*

Image# 000003850006 Type: OFF  
File# 2006-00000818  
BK 771 PG 710-715

Cancelled  
632967  
4/10/06

**QUIT CLAIM DEED**

Date 4, 15/06

Rental Housing Support  
Program Fund Surcharge \$ 10.00

11:29 AM

Massac County Real Estate Transfer Tax. Amount \$ 10.00

FOR RECORDER'S USE ONLY

**THIS INDENTURE, WITNESSETH,** that the GRANTOR, **METROPOLIS TIRE & OIL CO., INC.,** an Illinois corporation, for and in consideration of the sum of \$10.00 (TEN AND 00/100 DOLLARS) and other good and valuable consideration, the receipt of which is hereby acknowledged, CONVEYS AND QUIT CLAIMS to GRANTEE, PRIME LOCATION PROPERTIES LLC, an Illinois limited liability company, the following described real estate, to-wit:

THE NORTH 50 FEET OF LOT 1 AND THE NORTH 60 FEET OF LOT 2 IN BLOCK 20 OF THE MCBANE ADDITION TO THE CITY OF METROPOLIS, AS PER RECORDED PLAT THEREOF.

Situated in MASSAC COUNTY, ILLINOIS.  
P.L.N. 08-02-220-001  
Street Address: 600 W. 10<sup>th</sup> Street, Metropolis, Illinois

Subject to 2006 real estate taxes and special assessments payable in 2007 and subsequent years, standard general exceptions normally contained in title commitments, matters of survey, all taxes and special assessments now a lien, levied or confirmed after the date hereof, building use and occupancy restrictions, if any, zoning laws and ordinances, easements of record and in place affecting the Property, if any, drainage ditches, feeders and laterals, if any, conveyances or reservations of coal, gas and other minerals and mining rights, if any, of record.

IN WITNESS WHEREOF, GRANTOR has caused its hand and seal to be affixed hereto this 15<sup>th</sup> day of March, 2006.

**METROPOLIS TIRE & OIL CO., INC.,** an Illinois corporation

ATTEST:  
Christina J. Smith  
Its: Secretary

By: Maui Paulson  
Its: President

STATE OF ILLINOIS )  
 )  
COUNTY OF Menard ) SS

I, the undersigned, a Notary Public, in and for said County and State aforesaid, Do Hereby Certify That Marie Faulkner, personally known to me to be the President of METROPOLIS TIRE & OIL CO., INC., an Illinois corporation, who is the grantor, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed and delivered the said instrument as President of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Directors of said corporation, as her free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 18<sup>th</sup> day of March, 2006.



Patricia A. Squires  
NOTARY PUBLIC  
Print/Type Name: Patricia A Squires

My Commission Expires: 7-23-08

STATE OF ILLINOIS )  
 )  
COUNTY OF Menard ) SS

I, the undersigned, a Notary Public, in and for said County and State aforesaid, Do Hereby Certify That Elizabeth Lefferts, personally known to me to be the Secretary of METROPOLIS TIRE & OIL CO., INC., an Illinois corporation, who is the grantor, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed and delivered the said instrument as Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Directors of said corporation, as her free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 20<sup>th</sup> day of March, 2006.



Carla A. Wilson  
NOTARY PUBLIC  
Print/Type Name: Carla A Wilson

My Commission Expires: 10-22-07

**THIS INSTRUMENT PREPARED BY:**

Creighton R. Castle  
Giffin, Wiming, Cohen & Bodewes, P.C.  
1 West Old State Capitol Plaza  
Myers Building, Suite 600  
P.O. Box 2117  
Springfield, Illinois 62705  
217-525-1571

**RETURN TO AND  
MAIL TAX BILL TO:**

Prime Location Properties LLC  
3453 S. Illinois Avenue  
Carbondale, IL 62903