

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

To: See attached Service List

PLEASE TAKE NOTICE that on this 19th day of July 19th, 2017, the attached **Complainant’s Response to Respondents’ Motion for Summary Judgement** was filed electronically with the Illinois Pollution Control Board, a true and correct copy of which is attached hereto and is hereby served upon you.

Respectfully submitted,

PEOPLE OF THE STATE OF ILLINOIS

LISA MADIGAN
Attorney General
State of Illinois

By: /s/ Elizabeth Dubats
Elizabeth Dubats
Assistant Attorney General
Environmental Bureau
Environmental Bureau
69 W. Washington, 18th Floor
Chicago, Illinois 60602
(312) 814-5361
edubats@atg.state.il.us

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Complainant’s Response to Respondents’ Motion for Summary Judgment

Now comes the Complainant, PEOPLE OF THE STATE OF ILLINOIS, by LISA MADIGAN, Attorney General of the State of Illinois, pursuant to Section 101.516 of the Illinois Pollution Control Board’s (“Board”) Procedural Rules, 35 Ill. Adm. Code 101.516, and hereby responds to Respondents’ Motion for Summary Judgment as to Respondent, William Maxwell.

I. Introduction

Respondents seek an order granting summary judgment in full in favor of William Maxwell based on the allegedly “undisputed” allegations that Respondent Six M. Corp. exclusively owned and operated the Underground Storage Tank (“UST”) system at the 430 W Clinton, Farmer City facility during the time period relevant to the Complaint and the argument that William Maxwell’s lack of corporate officer liability precludes a finding of individual liability. However, this line of argumentation fails to address William Maxwell’s liability both

under Section 12(a) of the Illinois Environmental Protection Act (“Act”), 415 ILCS 5/12(a) and Section 57 of the Act, 415 ILCS 5/57 (2016) based on evidence of his ownership of both the Walker Service Station properties and the UST system before it was removed. This evidence of ownership raises genuine issues of material fact making summary judgment in favor of William Maxwell inappropriate and Respondents are not entitled to judgment as a matter of law.

II. There is Significant Evidence that William Maxwell maintained Ownership of the Walker Service Station Properties and USTs.

A. Ownership and Control of the Property

Respondents’ claim that “Six-M Corporation, Inc. owns and operates Walker Tire Service, also known as Walker Service Station” is far from undisputed. Motion at 3. While Complainant does not dispute Six M Corp.’s status as the current operator of the 430 W. Clinton Ave. facility that is the subject of this litigation (“Site”), the weight of the evidence does not support the claim that Six-M. Corporation, Inc. exclusively owns or ever owned the Site during the time period relevant to the complaint.

The only evidence that Respondents provide in support of Six M. Corp.’s ownership of the Site is paragraph 3 of Exhibit B to the Motion, an affidavit signed by Thomas Maxwell claiming Six M. Corp. owned and operated the Walker Service Station facility. However, Thomas Maxwell directly contradicted the statements of his affidavit at his June 9, 2017 deposition. In his deposition, Thomas Maxwell admitted that William Maxwell owns the Walker Service Station property. Attach. A (Maxwell Dep.) Tr. 12:24, 13:4. (“Q: Now do you know who owns the Walker Service Station Property? A: He does. Q: Who is he? A: Bill Maxwell.”). At minimum, this contradiction creates a genuine issue of material fact, making summary judgment unavailable to the Respondents.

The facilities that were operated (and continue to operate) under the unregistered assumed names “Walker Tire Service” and “Walker Service Station” are located on separate parcels of land on opposite sides of Clinton Avenue, Farmer City Illinois. The parcel on the north side of Clinton Avenue (“North side Property”) is assigned tax PIN number 05-28-356-007. The parcel on the south side of Clinton Ave (“LUST Site”) is assigned the tax PIN number 05-28-357-004. The North side Property contains tire storage, and the LUST Site property contained a gas station and also a tire storage facility. Attach. B (Envirotech Map); Attach. C (Maxwell Dep. Ex. 6 North side Property Deed); Attach. D (Maxwell Dep. Ex. 8 LUST Site Deed).

Public property records show that William Maxwell and/or his wife, Marilyn Maxwell, have maintained an ownership interest in either one or both of the two properties associated with “Walker Tire Service” and “Walker Service Station” since at least 1988. William Maxwell executed a quit-claim deed conveying the North side Property to Marilyn Maxwell. By quit claim deed recorded September 29, 2006, William and Marilyn Maxwell conveyed “one half” interest in the North side Property and LUST Site property to Six M. Corp. Attach. C (Maxwell Dep. Ex. 6) and Attach. D (Maxwell Dep. Ex. 8). When questioned about the circumstances surrounding this partial transfer of property interest, Thomas Maxwell mentioned that the property was inherited when his grandfather died, but he could not say for sure when this took place. Attach. A (Maxwell Dep.) Tr. 15:10-11. DeWitt County property tax records indicate that Claude Walker was last listed as the property owner of the LUST Site property in 2002. Marilyn Maxwell was listed as the property owner for the tax years 2003 through 2005, and William Maxwell, Marilyn Maxwell, and Six M. Corp. have jointly been listed as the property owner from 2006 to the present. Attach. E (Maxwell Dep. Ex. 5 DeWitt Property Tax Records).

Apart from formal legal title, William Maxwell's acting ownership and control of the Walker properties clearly predates the March 8, 2006 release and even the first release in 1996. Bill Maxwell was listed as the owner of the facility as far back as 1993 in OSFM inspection records. Attach. F (Maxwell Dep. Ex. 3 OSFM Inspection Reports). This was confirmed by Thomas Maxwell:

Q: So as of 1993, it was generally understood that Bill owned Walker Service Station? ...among the family members operating the business, it was generally understood that William Maxwell was the owner of the facility, is that correct? A. Correct.

The only evidence Respondents cite in support of Six M. Corp.'s ownership of the LUST Site property, Thomas Maxwell's Affidavit, is controverted by all publicly available land and tax records, as well as by Mr. Maxwell at his deposition. There is, at a minimum, a significant question of material fact regarding ownership of the relevant property, and the Respondents' Motion for Summary Judgment should be denied.

B. Ownership and Control of the UST System

Much like the records of the LUST Site property ownership, record of the ownership of the UST system itself appears to be somewhat complicated. As a service station containing active USTs and tire storage facilities, the owner/operators were required to self-report the ownership of the USTs and Tire Storage facilities to the Office of the State Fire Marshal ("OSFM") and the Illinois Environmental Protection Agency ("IEPA") respectively on a regular basis pursuant to Section 176.440 of OSFM's UST Regulations, 41 Ill. Adm. Code 176.440, and Section 55(c) and (d) of the Act, 415 ILCS 55(c) and (d) (2016). There is little consistency in this self-reported ownership information.

Respondent William Maxwell initially registered as owner of the three active USTs at the facility in 1986. Attach. G (Maxwell Dep. Ex. 7.1986 UST Registration). Of the UST registration

forms submitted to OSFM since 1986, only one (from 1992) lists Six-M. Corp. as owner of the USTs. However, Doug Maxwell identifies himself “owner” on the very same form under the space for “job title”. Attach H (UST Registration Forms 1992 through 2006). Doug Maxwell was interviewed by OSFM inspectors in 1993 regarding the compliance status of the active USTs at the Site. “Bill Maxwell” is frequently listed as owner on those reports. Attach. F (Maxwell Dep. Ex. 3). The other UST registrations list Walker Tire Service as the owner even though Walker Tire Service is not a legal entity. Attach. H (UST Registration Forms 1992 through 2006).

Contrary to Respondents’ characterization of “Walker Tire Service” and “Walker Service Station” as d/b/a’s owned by Six M. Corp., these business names are not registered with the Illinois Secretary of State as legal assumed business names are required by law, nor are these names registered with the DeWitt County Clerk as legal sole proprietorships. 805 ILCS 405/1 (2016); 805 ILCS 5/4.15 (2016). Attach. I (Secretary of State documents showing no registered assumed names). Respondents should not be allowed to create corporate ambiguity through the use of unregistered assumed business names in their reporting to IEPA and OSFM and then invoke a corporate shield against individual liability where it suits them. At the very least, Respondents should not be granted summary judgment where their own ambiguous and contradictory reporting creates material conflict in the record.

While “Walker Tire Service” is not a legal assumed name registered to Six M. Corp., “Walker Tire” does appear on other forms submitted to state agencies. For example, “Walker Tire” is listed as the facility name on tire registration forms submitted to IEPA pursuant to Section 55(c) and (d) of the Act, 415 ILCS 55(c) and (d) (2016). In 1991, 1992 and 1996, Respondent William Maxwell (often as “Bill”) was registered as the owner of “Walker Tire”.

Attach J. (Tire Registration Forms) Subsequent tire facility registrations list Tom Maxwell as owner and operator of “Walker Tire”.

Given the contradictory record of the self-reported UST ownership, the Board should look to established principles of Illinois property law to determine the true legal ownership of the UST system at the Site. In Illinois, courts look to the intent of the parties to determine whether or not USTs are fixtures of the property whose title passes with the title to the real estate, or trade fixtures regarded as personal property of a tenant, reserving the right of the tenant to remove fixtures from the property. *Griffiths v. Office of State Fire Marshall*, 301 Ill. App. 3d 658, 661 (2d Dist. 1998) (“The unifying feature of all of these cases is that the courts look to the parties' intent to determine whether the underground equipment is a trade fixture.”) Illinois courts have held, absent a contract or other evidence of intent to the contrary, gas station fixtures are improvements that attach to the realty. *A & A Mkt., Inc. v. Pekin Ins. Co.*, 306 Ill. App. 3d 485, 488 (1st Dist. 1999) (“we believe that fixtures of a gas station attach to the realty in the absence of a contract expressly or implicitly providing otherwise.”).

William Maxwell and Marilyn Maxwell are listed as the grantors on the September 29, 2006 quit claim deed and were therefore owners of the subject properties at the time of the partial transfer of ownership. There is no evidence of any formal lease agreement or other contract that would support Six M Corp.'s ownership of the USTs as a trade fixture and therefore personal property of the lessee. Therefore, in this case the legal owner of the Site should also be considered the legal owner of the USTs for the purposes of Section 57 of the Act, 415 ILCS 5/57 (2016). This understanding of the intent of the parties is also supported by Thomas Maxwell's disclosure of Claude Walker's status as owner in 1996, when he first applied as operator for LUST fund eligibility. Attach. K (Sept. 13, 1996 LUST Application). As the USTs in this case

changed hands with the transfer of the Site property, it appears that William Maxwell owned the remaining USTs prior to the 2006 release and their subsequent removal. Based on the records submitted to OSFM and Illinois law regarding trade fixtures, there are significant issues of material fact at issue regarding ownership of the USTs.

III. William Maxwell's Ownership Interest in the Walker Service Station Property and the Walker Service Station UST System is Material to his Liability under Sections 12(a) and 57.6(a) of the Act, 415 ILCS 5/12(a) and 5/57.6(a) (2016).

A. Property Owner Liability for Water Pollution

William Maxwell's ownership of the Site property is a material fact because a property owner can be held liable for allowing water pollution and groundwater contamination.

Respondents' Motion does not touch upon Count I's Section 12(a) water pollution violations at all, let alone meet the movant's initial burden of production for summary judgment by demonstrating that it must prevail on an element of the cause of action or that Complainant cannot produce the evidence to support it. *Welton v. Ambrose*, 351 Ill. App. 3d 627, 633–34 (4th Dist. 2004).

Respondents characterize the “gravaman [sic]” of the Complaint's Count I as a failure to perform “whatever it is called” LUST remediation requirements. This characterization ignores the allegations, at paragraphs 27 through 29 of Count I of the Complaint that William Maxwell, as a Respondent, caused or allowed the release of Benzene and BETX¹ into the groundwater and failed to remediate it. Complaint ¶¶27-29. Section 12(a), 415 ILCS 5/12(a) (2016) and the Part 620 water quality standards, 35 Ill. Adm. Code 620, *et seq.* exist independently of the reporting

¹ “[T]he sum of the concentrations of benzene, ethylbenzene, toluene, and xylenes.” Section 620.110 of the Board Groundwater Quality Regulations, 35 Ill. Adm. Code 620.110.

and remediation requirements of Section 57 of the Act, 415 ILCS 5/57 (2016) and participation in the LUST program does not shield William Maxwell or Six M. Corp. from liability for causing and allowing groundwater pollution. *People v. Texaco Refining and Marketing, Inc.*, PCB 02-03, at 9 (November 6, 2003) (“Section 12(a) of the Act provides no exemption from liability for parties that comply with another regulatory program.”).

Section 12(a) of the Act, 415 ILCS 5/12(a) (2016) provides that no “person” shall “[c]ause or threaten or allow the discharge of any contaminants into the environment.” A person can allow the discharge of contaminants even if the discharge was caused by another party, by failing to prevent it. For example, an owner with control over the premises can be held liable for offsite pollution, including water pollution. *Meadowlark Farms, Inc. v. Pollution Control Bd.*, 17 Ill. App.3d 851, 861 (5th Dist. 1974) (Finding “mere ownership” of the property that was the source of the water pollution and the existence of the pollution sufficient to prove “the petitioner allowed the discharge within the meaning of section 12(a).”). *See also Perkinson v. Illinois Pollution Control Bd.*, 187 Ill.App.3d 689 (3d Dist. 1989). As established in Section II, *supra*, William Maxwell has exercised ownership and control of “Walker Tire Service” and “Walker Service Station” land and facilities (including the USTs) since at least 1988, and has held and retained legal title to the property since at least 2006. Respondents admit that releases of gasoline and diesel fuels were reported from USTs on the Site in 1996 and 2006. Answer at ¶¶17 and 25. Groundwater data provided by Respondents via their consultants supports Complainant’s allegations that these releases resulted in the pollution of groundwater in violation of Section 12(a) of the Act, 415 ILCS 5/12(a), exceedances of the groundwater quality standards set forth in Section 620.410(c) of the Board’s Groundwater Quality Regulations, 35 Ill. Adm. Code 620.410(c) for Benzene and BETX, and the contamination of the groundwater such that it

necessitated treatment and precluded possible use in violation of Section 620.301(a) of the Board's Groundwater Quality Regulations, 35 Ill. Adm. Code 620.301(a). Attach. L (IEPA Affidavit). Therefore evidence of William Maxwell's ownership of the Site property is material to his liability as to Count I of the Complaint.

B. UST Owner Liability Under Section 57 of the Act, 415 ILCS 5/57 (2016)

Respondents cite *Zervos Three, Inc. v. IEPA*, PCB 10-54 (Jan. 20, 2011) in support of the notion that, once USTs have been removed, the only way a new person can claim ownership to the USTs is by filing an election to proceed as owner of the cleanup. Motion at 6. First, the Board ruled in *Zervos* that a new property owner that acquires the property after USTs have been removed but before UST remediation has been completed may be eligible for LUST fund reimbursement for expenses incurred after they acquired the property but before submitting a formal election to proceed as owner. *Id.* at 32-33. *Zervos* was an appeal of an Agency reimbursement decision, and did not touch upon the question of enforcement liability on the part of new owners of LUST contaminated property. To the extent that *Zervos* even touches upon liability in dicta, it suggests that the reason the Section 57.2 definition of owner was expanded to allow written election was to allow a path to LUST eligibility for buyers willing to acquire contaminated properties because “[w]ithout this access to the Fund, **a new owner or operator of a contaminated property would presumably be required to bear the costs of remediating the contamination originating with the previous owner.**” *Id.* at 31 (emphasis added). In reasoning thus, the Board may have presumed that the new owner would be potentially liable for completing the remediation regardless of eligibility for LUST reimbursement.

Furthermore *Zervos* involved a clear transfer of ownership of the property with a sales contract delineating where the ownership responsibilities of one ended and the other began. Here

we have a case of an UST operator claiming association with an unregistered entity and a claim that the associated individuals are not liable as owners even though there is clear and consistent evidence that William Maxwell has maintained an individual ownership interest in the Site and the USTs until they were removed from the Site. Section 57 of the Act, 415 ILCS 5/57 (2016) applies to both owners and operators of a UST system. It provides: “[o]wners **and** operators of underground storage tanks shall, in response to all confirmed releases, comply with all applicable statutory and regulatory reporting and response requirements.” *Id.* (emphasis added). Section 57.2’s definition of owner or operator is as follows:

“When used in connection with, or when otherwise relating to, underground storage tanks, the terms “facility”, “owner”, “operator”, “underground storage tank”, “(UST)”, “petroleum” and “regulated substance” shall have the meanings ascribed to them in Subtitle I of the Hazardous and Solid Waste Amendments of 1984 (P.L. 98-616), of the Resource Conservation and Recovery Act [(“RCRA”)] of 1976 (P.L. 94-580)¹; provided however that the term “underground storage tank” shall also mean an underground storage tank used exclusively to store heating oil for consumptive use on the premises where stored and which serves other than a farm or residential unit; provided further however that the term “owner” shall also mean any person who has submitted to the Agency a written election to proceed under this Title and has acquired an ownership interest in a site on which one or more registered tanks have been removed, but on which corrective action has not yet resulted in the issuance of a “no further remediation letter” by the Agency pursuant to this Title.

415 ILCS 5/57.2 (2016).

The federal RCRA definition of a UST “operator” is “any person in control of, or having responsibility for, the daily operation of the underground storage tank.” The RCRA definition of a UST “owner” is as follows:

(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 November 8, 1984, any person who owned such tank immediately before the discontinuation of its use.

42 U.S.C.A. § 6991. As explained in Section II.B., *supra*, William Maxwell has the most clear and consistent claim to legal ownership of the UST system based on his ownership and control of the Site property.

As seen in Respondents' history of inconsistent and contradictory owner/operator reporting in their UST and Tire Storage registrations, there has never been a clear delineation between the corporate and individual responsibilities in the operation of Walker Service Station or the remediation of the LUSTs incidents at issue. Respondents seek to rely on their LUST file to demonstrate Six M. Corp.'s exclusive responsibility for the Site. However, nearly every document attached in Respondents' Exhibits A-1 through A-9 lists the unregistered assumed names "Walker Service Station" or "Walker Tire Service" with no mention of the name Six M. Corp. Furthermore, "Walker Service Station" and "Walker Tire Service" initially held themselves out as the operator and not the owner for the purposes of Section 57. When first applying for LUST fund reimbursement eligibility in September of 1996, Thomas Maxwell clearly elected to proceed as operator only. Attach. K (September 13, 1996 LUST Application). On March 14, 2006, Todd Hogan submitted a LUST eligibility and Deductible application on behalf of Walker Tire Service, listing Walker Tire Service as the Tank Owner and Tank Operator. Attach. M (March 14, 2006 LUST Application). As Respondents point out in their Motion, no election to proceed as owner exists in this case. Walker Service/Walker Tire Service's shift from holding itself out as operator to holding itself out as owner is simply another of the myriad inconsistent and unreliable ownership representations associated with the history of this incident.

IV. The Timeline and Extent of William Maxwell's Active Participation in the Alleged Violations is too Ambiguous to Warrant Judgment as a Matter of Law

Respondents claim that there is no evidence that William Maxwell actively participated in any of the alleged violations. As support for this, they cite the lack of LUST documents signed by or sent to William Maxwell. The same could be said of Six M. Corp. If that evidence alone were probative of liability or lack of liability in this case, the sole respondent would be Thomas Maxwell individually, doing business as an unregistered sole proprietorship. While Respondents present evidence that William Maxwell stopped signing OSFM and IEPA paperwork at some point, he remains the President and registered agent of Six M. Corp. to this day. Attach I (Secretary of State Corporation File Detail Report). Thomas Maxwell does not recall the point in time where he officially took over operations of the family business from his father, and acknowledges that the transition was gradual. "A: It was not a single day, month, year. It was just kind of a gradual transition." Attach. A (Maxwell Dep.) Tr. 9:5-7. William Maxwell's continued oversight of day to day operations was observed by Necessary Party, James McIlvain, who has lived next door to the Site since 1992 and has observed the operations on the Site since the 1996 incident. Attach. N (McIlvain Dep.) Tr. 18-19. According to McIlvain, the history of the operations of the family business were as follows "it was Bill Maxwell was the head of it for a while and his sons ran it." *Id.* Tr. 18. Based on his observations he noted that William Maxwell "would show up from time to time and make, I assume that he made sure that things were running properly." *Id.* Tr. 18:20.

While Thomas Maxwell claims that he is the operator of the facility and oversees the day to day operations, Attach. A (Maxwell Dep.)Tr. 12:18-20, he also admitted that he has not been overseeing the remediation of the property, *id.* Tr.24:3-10, and does not generally keep track of the consultant's work. *Id.* Thomas Maxwell did not recognize many key documents regarding the

process of the remediation, including reports submitted by contractors he claims he hired and various violation notices addressed to him from 1997 until 2005. *See e.g. Id.* Tr.29:12-16; *id.* at 34:6-10; *id.* at 38:1-4. Thomas Maxwell did not appear to remember the initial four USTs that were removed from the Site in 1996 at all. *Id.* Tr.40:14-20; *Id.* 43:20-23. Thomas Maxwell's uncertainty regarding the timing of the transition of his father's operation into his own operation as an agent of Six M. Corp. together with his lack of knowledge and recollection of the 1996 release calls into question the accuracy of the claims in paragraphs 7 and 8 of Thomas Maxwell's affidavit that he reported the 1996 release and has "directed all aspects of the environmental response of Six-M Corporation" since May 13, 1996. Thus, there is evidence that William Maxwell continued to occupy a management position and exercise general corporate authority and there is genuine issue of material fact as to the duration and extent of William Maxwell's continued involvement.

V. Conclusion

In seeking Summary Judgment for William Maxwell and against Complainants, Respondents are effectively invoking a corporate shield against individual liability that is not supported and is contradicted by evidence of individual ownership and control of the LUST Site property. Evidence of William Maxwell's ownership and control of the Site property and the USTs that were fixtures of that property raises genuine issues of material fact as to the owner liability of William Maxwell as to Count I and Count II of the Complaint. As such, Respondent's Motion for Summary Judgment should be denied.

PEOPLE OF THE STATE OF ILLINOIS,
LISA MADIGAN
Attorney General of the State of Illinois

MATTHEW J. DUNN, Chief
Environmental Enforcement/Asbestos
Litigation Division

BY: /s/ Elizabeth Dubats
Elizabeth Dubats
Office of the Illinois Attorney General
69 West Washington Street, Suite 1800
Chicago, Illinois 60602
312.814.2069
edubats@atg.state.il.us

Attachment	Description
A	Deposition of Thomas Maxwell, June 9, 2017
B	Envirotech Map
C	Exhibit 6 to the Deposition of Thomas Maxwell: Quitclaim Deed to Parcel No. 05-28-356-007, Recorded December 6, 1988
D	Exhibit 8 to the Deposition of Thomas Maxwell: Certified Quit Claim Deed Recorded September 29, 2006
E	Exhibit 5 to the Deposition of Thomas Maxwell: Parcel Map and Property Tax Records for Parcel No. 05-28-357-004
F	Exhibit 3 to the Deposition of Thomas Maxwell: 1993 OSFM Inspection Reports
G	Exhibit 7 to the Deposition of Thomas Maxwell 1986 UST Registration
H	UST Registration Forms 1992 through 2005
I	Secretary of State Corporation Report for Six M. Corp, Articles of Incorporation, and Annual Reports
J	Walker Tire Registration Forms
K	Sept. 13, 1996 LUST Application
L	IEPA Affidavit
M	March 14, 2006 LUST Application
N	Deposition of James McIlvain, June 9, 2017

SERVICE LIST

Carol Webb
Hearing Officer
Illinois Pollution Control Board
James R. Thompson Center
100 W. Randolph Street, Suite 11-500
Chicago, Illinois 60601
[Carol Webb@Illinois.Gov](mailto:Carol.Webb@Illinois.Gov)

Don Brown
Clerk of the Board
Illinois Pollution Control Board
James R. Thompson Center
100 W. Randolph Street, Suite 11-500
Chicago, Illinois 60601
donbrown@illinois.gov
(via electronic filing)

Patrick D. Shaw
Law Offices of Patrick D. Shaw
80 Bellerive Road
Springfield, IL 62704
pdshaw1law@gmail.com

Phillip R. Van Ness
Webber & Thies, P.C.
202 N. Lincoln Square
P.O. Box 189
Urbana, IL 61801
pvanness@webberthies.com

Kyle Nash Davis
IEPA
1021 Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
kyle.davis@illinois.gov

CERTIFICATE OF SERVICE

I, Elizabeth Dubats, an Assistant Attorney General, do certify that I caused to be served this 19th day of July, 2017, the attached Notice of Electronic Filing and Complainant's Response to Respondents' Motion for Summary Judgment on the parties named on the attached service list by electronic mail.

By: /s/ Elizabeth Dubats

Elizabeth Dubats
Assistant Attorney General
Environmental Bureau
69 W. Washington, 18th Floor
Chicago, Illinois 60602
(312) 814-2069

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Corporation, and WILLIAM MAXWELL,)	
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and)	
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JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT A

DEPOSITION TRANSCRIPT OF THOMAS MAXWELL
TAKEN ON JUNE 9, 2017

In the Matter Of:

PEOPLE OF THE STATE OF ILLINOIS vs SIX

12-035

THOMAS MAXWELL

June 09, 2017

VOLUME I



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PEOPLE OF THE STATE)	
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Complainant,)	
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vs.)	PCB No. 12-035
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SIX M. CORPORATION, Inc., an)	
Illinois corporation, WILLIAM)	
MAXWELL and MARILYN MAXWELL,)	
)	
Respondents.)	
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and)	
)	
JAMES MCILVAIN,)	
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Necessary Party.)	

DEPOSITION OF THOMAS MAXWELL
June 9, 2017
11:30 a.m.

Becky L. Jessup: CSR # 084-004343

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APPEARANCES:

For the Complainant:

Elizabeth Dubats
Christopher Grant
Environmental Bureau
Assistant Attorney General
69 W. Washington Street, #1800
Chicago, Illinois 60602
(312) 814-2069

For the Respondents:

Phillip R. Van Ness
WEBBER & THIES
Attorneys at Law
202 Lincoln Square
Urbana, Illinois 61803-0189

For James McIlvain:

Patrick Shaw
Attorney at Law
80 Bellervie Road
Springfield, Illinois 62704

Also Present: James McIlvain

1 EXAMINATION BY:

2 Ms. Dubats Page 5
3 Mr. Van Ness Page 49
4 Mr. Shaw Page 51

5 EXHIBITS:

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STIPULATION

IT IS HEREBY STIPULATED AND AGREED by and between the parties hereto that this deposition is taken for evidentiary purposes and neither of the parties hereto will object to its admission in the trial at the time this matter comes on for hearing.

IT IS FURTHER STIPULATED that any objections are waived and any objections as to substance shall be determined by the Hearing Official.

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11:36 a.m.

THOMAS MAXWELL,

the witness herein, having been first duly sworn to tell the truth, the whole truth and nothing but the truth, was examined and testified as follows:

EXAMINATION,

QUESTIONS BY MS. DUBATS:

Q. Can you please state your name and spell it for the record?

A. Thomas Anthony Maxwell. T-h-o-m-a-s, a-n-t-h-o-n-y, m-a-x-w-e-l-l.

Q. Just as a preliminary matter, have you ever been deposed before?

A. Um-hum.

Q. So you know that you answer questions with verbal answers. If it is a yes or no response, you know, a full yes, a full no. No gestures or, you know, kind of noises will come up in the transcript.

A. Okay.

Q. And it is under oath like testifying in court.

A. Yes.

Q. So to get started, I am going to just go ahead and mark for the record our Exhibit 1. And it is the

1 affidavit. It is dated at the top of the page October
2 17, 2011, but I will hand it to the witness. Do you
3 recognize this document?

4 A. Yes, I do.

5 Q. Is that your signature on the document?

6 A. Yes.

7 Q. And do you stand by all the statements in this
8 document?

9 A. Yes.

10 Q. Now directing your attention to Paragraph 4,
11 William and Marilyn Maxwell are your parents, correct?

12 A. Yeah. She is deceased.

13 Q. All right. Are you still in touch with
14 William Maxwell?

15 A. Yeah.

16 Q. In contact?

17 A. Um-hum, yes.

18 Q. Do you visit him often?

19 A. Talked to him this morning.

20 Q. All right. Are you familiar with his current
21 state of health?

22 A. Yes.

23 Q. And you said the last time you spoke to him
24 was this morning?

1 A. Yes.

2 Q. And my understanding is that he was not going
3 to be available for a deposition today due to health
4 concerns?

5 A. Right.

6 Q. Can you describe to me those concerns?

7 A. As far as dementia, Alzheimer's. More than
8 likely he wouldn't even remember what we are going to
9 talk about here.

10 Q. Okay. I guess could you go into more
11 specifics? What are the types of things that he can
12 remember?

13 A. I guess the things that would be important to
14 him, he always asks me about whether we are busy. We
15 run a farm, business. Whether my trucks are running.
16 He is not even very good with our names anymore.

17 Q. I was going to ask does he generally know what
18 year it is, you know, where he is?

19 A. No.

20 Q. No to either of those?

21 A. Right. He still thinks -- there is a lot of
22 times he still thinks he is in the house in Florida.

23 Q. And I am going to mark for the record our
24 Exhibit 2. I am handing him a letter from the Family

1 Clinic in Farmer City. Do you recognize this document?

2 A. Yes.

3 Q. And is Kara Moody currently treating your
4 father?

5 A. I assume. She is the nurse there at the
6 clinic.

7 Q. So she is not a physician?

8 A. That I can't tell you. I don't know whether
9 she is or isn't.

10 Q. And so you don't know if she is a physician or
11 a neurologist?

12 A. No. I had spoken to Dr. Ray and I would
13 imagine that he probably instructed her to write this
14 little letter.

15 Q. So is he currently seeing a specialist?

16 A. Yes.

17 Q. So his diagnosis of Alzheimer's comes from a
18 neurologist, someone who specializes in --

19 A. Yes. Neurology, I don't know. I am sure that
20 is probably his field but I am not going to say for
21 absolute positively. I don't know.

22 Q. Okay. That is helpful to know. So you had
23 maintained that your father cannot accurately recount
24 stories about past events in his life?

1 A. Absolutely.

2 Q. Now you currently operate the Walker Service
3 Station; is that correct?

4 A. Yes.

5 Q. When did you take over operations?

6 A. It was not a single day, month, year. It was
7 just kind of a gradual transition.

8 Q. Do you know, do you have an approximate time
9 period when that transition started taking place?

10 A. Early 80's.

11 Q. You mentioned that your father still asks
12 about the business. Do you still continue to talk to
13 him about what goes on with the business?

14 A. Yes. To a certain degree. I mean, very
15 general what we talk about. It is not very -- usually
16 not very long but he wants to know are you busy in the
17 shop, are the trucks still running. And that is about
18 it.

19 Q. When did he start displaying symptoms?

20 A. Eight or nine years ago.

21 Q. And when would you say he stopped playing a
22 major role in the day-to-day operations of the
23 business?

24 A. He was getting older.

1 Q. Could you be more specific?

2 A. I don't know what you are going after.

3 Q. You said there was just a gradual transition.

4 So and you started playing a greater role you said in
5 the early 80's. So I am guessing up until that point
6 your father ran the business; is that correct?

7 A. Well, like I said, it was a gradual transition
8 and he was pulling away more and more. I mean, he was
9 not needed there all the time. That is about as good
10 as I can answer.

11 Q. So you couldn't pinpoint a specific time even
12 in the timeframe of, you know, like a three or four
13 year window where he went from playing a dominant role
14 in the running of the business to being a more
15 secondary role?

16 A. No.

17 Q. Okay. Let me mark for the record our Exhibit
18 3. These are documents from the office of the State
19 Fire Marshal addressed to Bill Maxwell. Do you
20 recognize these documents?

21 A. It has been a long time ago.

22 Q. What is the date listed on the top?

23 A. December 8 of 1993.

24 Q. And they are addressed to your father; is that

1 correct?

2 A. Yes.

3 Q. At that point in 1993 would he have been a
4 proper point of contact for the business?

5 A. No.

6 Q. On the second to the last page, it states that
7 you were interviewed for the inspection?

8 A. What page?

9 Q. The second to the last page of the entire
10 packet.

11 A. Okay.

12 Q. The very bottom of the page.

13 A. Mr. Maxwell was away from the business?

14 Q. Some of them were double sided and I had to
15 switch. It is this page.

16 A. Yeah.

17 Q. Can you -- have you found the corresponding
18 page in your packet?

19 A. Yeah. Right here.

20 Q. You are looking at the same thing I am looking
21 at right now. Who is listed under owner location on
22 this progress report?

23 A. Bill Maxwell.

24 Q. And does that conform with just the

1 understanding at the time as to who was the owner of
2 the facility?

3 A. As far as the owner?

4 Q. Um-hum.

5 A. Yes.

6 Q. So as of 1993, it was generally understood
7 that Bill owned Walker Service Station?

8 MR. SHAW: Objection. What do you mean
9 generally understood? By whom?

10 BY MS. DUBATS:

11 Q. It is a family business, correct?

12 A. Correct.

13 Q. So among the family members operating this
14 business, it was generally understood that William
15 Maxwell was the owner for the facility; is that
16 correct?

17 A. Correct.

18 Q. Now who currently primarily oversees the
19 day-to-day operations of Walker Service Station?

20 A. I do.

21 Q. You would describe yourself as the operator of
22 the facility?

23 A. I have a brother along with me.

24 Q. Now do you know who owns the Walker Service

1 Station property?

2 A. He does.

3 Q. Who is he?

4 A. Bill Maxwell.

5 Q. Just to clarify, you are talking about your
6 father William Maxwell?

7 A. Yes.

8 Q. Now I am going to mark for the record
9 Plaintiff's Exhibit 4. It is the Answer and
10 Affirmative Defense of Six M. Corporation and William
11 Maxwell. I'm showing it to the witness. Do you
12 recognize this document?

13 A. How current is this?

14 Q. I believe it was filed on December 2, 2011.

15 A. No.

16 Q. Were you involved with the operation of the
17 company at the time this was filed?

18 A. When was it filed?

19 Q. 2011.

20 A. Yes. Oh, here I see.

21 Q. I am going to call your attention to Paragraph
22 6 of this document. Are you looking at Paragraph 6?

23 A. Page 6.

24 Q. So you see it is Page 2. The numbers along

1 the side.

2 A. (Indicating.)

3 Q. It is Page 2 of the actual answer. So there
4 you go. Paragraph 6. So the No. 6. Do you mind
5 reading the bold response to that paragraph?

6 A. Starts with admit?

7 Q. Um-hum.

8 A. Admit that until or until approximately July
9 13, 2006, Six M. Corporation, Inc., owned and operated
10 a gasoline service station facility doing business
11 under various assumed names including Walker Service
12 Station at the aforementioned address affirmatively
13 state that all motor fuel tanks were moved on or before
14 this date and the facility had been and continues to be
15 operated as a tire and auto service station and
16 furthermore deny that the individual Respondent owned
17 and operated the facility at any time relevant to this
18 complaint.

19 Q. Now are you a corporate officer of Six M.
20 Corp.?

21 A. Yes.

22 Q. Can you tell me precisely what position?

23 A. They list me as president.

24 Q. So you mentioned to me that it is your

1 understanding that William Maxwell owns the Walker
2 Service Station property. Is that correct?

3 A. At what point in time?

4 Q. I asked currently.

5 A. Currently, yes.

6 Q. So what happened? Because this answer is
7 limited until approximately July 13, 2006. What
8 happened in July 13, 2006 where there was a change in
9 circumstances?

10 A. My grandfather died. I won't tell you that
11 that is the date, but we inherited that property.

12 Q. I am marking for the record People's Exhibit
13 5. It is a parcel data sheets and a GIS printout with
14 the various parcels mapped out with their tax pin
15 number. So you can see how the tax pin numbers
16 correspond to the tax information. So you knew Claude
17 Walker, correct?

18 A. He is my grandfather.

19 Q. He was your grandfather. And what was his
20 relationship to Six M. Corp.?

21 A. He had nothing to do with Six M.

22 Q. Okay. But to your knowledge he owned the
23 property prior to 2006?

24 A. Yes. I am not -- as far as 2000 -- I don't

1 know the date.

2 Q. Well, actually I handed you in a list of
3 different parcel data sheets, they contain who paid the
4 taxes on the property from various years. So I was
5 going to -- let's start at the top one should be from
6 1998.

7 A. Um-hum.

8 Q. Now who is listed as the property owner in
9 1998?

10 A. Claude Walker.

11 Q. Now flipping to the next one, it should be
12 2003. Who is listed as the property owner in 2003?

13 A. My mom.

14 Q. And that is Marilyn Maxwell, correct?

15 A. Yes.

16 Q. And to your knowledge did she own the property
17 at this time or jointly with William Maxwell?

18 A. I don't know.

19 Q. Okay. And flip forward to 2006. Who is
20 listed as the property owner?

21 A. My mother and dad and Six M. Corp.

22 Q. All jointly, correct?

23 A. Right.

24 Q. And is that true to your understanding of the

1 ownership of the property at that time?

2 A. Say again?

3 Q. Is that consistent with your understanding of
4 the ownership of the property at that time?

5 A. Like I said before, as far as the dates and
6 things go, I don't know.

7 Q. Okay. I am going to mark for the record -- we
8 are on 5 so it would be 6. Do you recognize this
9 document?

10 A. No.

11 Q. It is labelled as a quitclaim deed from 1988.
12 Would you agree that it appears to be a quitclaim deed
13 conveying a piece of property from William Maxwell to
14 Marilyn Maxwell?

15 A. It says it is to Marilyn Maxwell, but from my
16 mom to my dad? Is that what you are asking?

17 Q. No. It appeared to be William Maxwell to
18 Marilyn Maxwell. But mostly I was, I am asking because
19 if you look at the property description, the legal
20 description of the property and compare it to the
21 second sheet is another parcel data sheet with a tax
22 information for 420 W. Clinton Avenue. Does that
23 appear to be the same property?

24 A. How can I tell from that?

1 Q. If you look at the legal description --

2 A. Okay.

3 Q. -- and then you compare it to the legal
4 description on the deed.

5 A. The lot numbers are the same, yeah.

6 Q. Okay. And if you look at -- if you compare
7 the tax pin number to the map, does this all appear to
8 conform to the Walker Tire Station across the street?

9 A. Yes.

10 Q. Now to your knowledge did your mother or your
11 father own the tire station across the street?

12 A. Across the street from?

13 Q. From the Walker Service Station?

14 A. Yeah. Yes.

15 Q. Now you mentioned that you started getting
16 involved with the business in the early 80's. Were you
17 involved in the operation of Walker Service Station in
18 1986?

19 A. Yes.

20 Q. I am marking for the record People's Exhibit
21 7. Do you recognize this document?

22 A. No.

23 MR. SHAW: Is this 7? I think I skipped
24 something. Okay. So we are looking at Exhibit 7.

1 MS. DUBATS: Yes.

2 BY MS. DUBATS:

3 Q. So we are looking at the underground storage
4 tank registration form dated 1986.

5 A. Yes.

6 Q. Do you recognize this document?

7 A. No.

8 Q. Do you recognize what it is for, what it is
9 generally?

10 A. No. It looks to me like some kind of an
11 inspection.

12 Q. Who is the signature on the form?

13 A. Bill Maxwell.

14 Q. And what is written under the heading of
15 owner?

16 A. Bill Maxwell.

17 Q. And in the space under the blank where it asks
18 if the signer is the owner or the owner's authorized
19 representative, what is listed?

20 A. (Indicating.) Bill Maxwell.

21 Q. But that, the space does prompt you to make
22 that distinction, right? Owner or owner's authorized
23 representative?

24 A. Yes.

1 Q. Now it says on the tank registration form that
2 the tanks were approximately 15 years old at the time
3 the form was completed. To your knowledge is that
4 accurate?

5 A. I don't know.

6 Q. So you weren't involved back at the time that
7 the tanks were initially installed?

8 A. I was alive.

9 Q. I meant operating the business. You weren't
10 involved in the business at that time?

11 A. Oh, no.

12 Q. Do you recall who was?

13 A. I was very, very small.

14 Q. So you wouldn't know who ordered the tanks
15 initially, who purchased them?

16 A. No.

17 Q. Who was operating the business at the time?
18 And just going back because I got ahead of myself a
19 little bit.

20 I'm marking as Exhibit 8, handing you a
21 quitclaim deed from 2006. This is a certified copy
22 from the Dewitt county recorder. Do you recognize this
23 document?

24 A. No.

1 Q. Taking a look at it, would you agree that this
2 document appears to convey an undivided one half
3 interest in the Walker Service Station property to Six
4 M. Corp.?

5 A. Where does it say that?

6 Q. On the first page.

7 MR. SHAW: Can you find that document? I am
8 not sure we have it.

9 MS. DUBATS: Off the record.

10 (Discussion held off the record.)

11 BY MS. DUBATS:

12 Q. So you were not aware of this document?

13 A. No.

14 Q. That limits my questions. Now you were
15 involved with the operation of Walker Service Station
16 in 1996; is that correct?

17 A. Yes.

18 Q. And you were there for the 1996 release,
19 correct?

20 A. Yes.

21 Q. I am marking for the record People's Exhibit
22 9. Do you recognize this document?

23 A. No.

24 Q. Just for the record I handed him the 1996

1 Illinois Emergency Management Agency Report documenting
2 the notification of the LUST incident.

3 A. This is going back quite a ways.

4 Q. Do you recognize the information on the form,
5 the date where it lists who reported the incident?

6 A. No.

7 Q. Were you there when the incident was initially
8 reported?

9 A. Yes.

10 Q. Do you remember the circumstances, who
11 discovered?

12 A. Jim did if I recall. You came over and said
13 that you smelled fumes in your basement.

14 Q. You can't really ask him about it right now.

15 A. I am not asking, I am making a statement.
16 From what I recall was he came over and said that he
17 smelled gasoline in his basement.

18 Q. So Mr. McIlvain brought it to your attention?
19 Is that what you are saying?

20 A. As best to my recollection, yes.

21 Q. And did you contact a contractor or did you
22 report the incident to anyone?

23 A. That evening we had, there was a backhoe that
24 was brought over and they started to dig down.

1 Q. Who is they?

2 A. Like I said, this is a long time ago in my --
3 they started digging down. And the fire marshal came
4 the next day.

5 Q. So you told me that it was Mr. McIlvain
6 approached you about detecting something on his
7 property; is that correct?

8 A. The thing of it is I am going back, what -- a
9 lot of water has gone under the bridge since then.
10 What is the question?

11 Q. I can move on. So the 1996 release, it
12 extended to the McIlvain property; is that correct? Is
13 that fair to say?

14 A. Yes.

15 Q. And your contractors when they were cleaning
16 up the release, they needed access to the McIlvain
17 property; is that correct?

18 A. Correct.

19 Q. Did you negotiate access to the McIlvain
20 property at that time?

21 A. Yes.

22 Q. Do you recall how they gained permission to
23 use the McIlvain property?

24 A. No.

1 Q. Do you know what kind of timeframe it took?

2 A. No.

3 Q. Now you have been overseeing the remediation
4 of the property?

5 A. No. I left that up to the consultant.

6 Q. Did you hire the consultants?

7 A. Yes.

8 Q. Do you generally kind of keep track of the
9 consultants' work?

10 A. No.

11 Q. Did they provide you with copies of their
12 reports?

13 A. Yes.

14 Q. Have you submitted -- do you know kind of
15 generally what stage of the process you are currently
16 at?

17 A. I guess you would call it the testing station.

18 Q. Can you elaborate on that a little bit?

19 A. They are to the point where they need to test
20 the soil to see how clean it is.

21 Q. And I guess when did they first reach that
22 stage?

23 A. (Witness pauses.)

24 Q. We are still talking about the 1996 release.

1 We haven't gotten to 2000 yet. Or 2006 yet, if that
2 helps. Where did things leave off with the 1996
3 release?

4 A. I can't say.

5 Q. But have you -- so, you know, do you know the
6 process well enough to know kind of the last step
7 where, you know, IEPA says it is okay, you are done?

8 A. We have never reached that.

9 Q. You haven't reached that?

10 A. As far as I know, yeah, that they were at the
11 testing stage and that is where everything stopped.

12 Q. So you haven't received what they call a no
13 further remediation letter from IEPA yet?

14 A. Correct.

15 Q. And that is for that initial 1996 release?

16 A. Correct.

17 Q. So to your knowledge that is still ongoing?

18 A. Correct.

19 Q. Now Mr. McIlvain allowed you access to his
20 property to remediate that 1996 release; is that
21 correct?

22 A. Correct.

23 Q. So in theory would you agree that you still
24 have access to the McIlvain property for work related

1 to the 1996 release?

2 A. Correct.

3 Q. But that matter is still unresolved?

4 A. You said in theory.

5 Q. Pardon?

6 A. You said in theory.

7 Q. Okay. Do you have a caveat to add to that?

8 A. No.

9 Q. Okay. So you have gone through multiple
10 contractors in the course of this remediation. Is that
11 not correct?

12 A. Correct.

13 Q. Now your first one, my understanding your
14 first one was Envirotech. Does that sound about right?

15 A. I believe that was their name.

16 Q. Do you recall how long you worked with
17 Envirotech?

18 A. No.

19 Q. Do you recall why you stopped using them?

20 A. They stopped using us.

21 Q. Do you recall why?

22 A. No.

23 Q. My understanding is your next contractor was
24 Armor Shield. Does that sound about right? Did you

1 utilize Armor Shield as a contractor at any point?

2 A. (Witness pauses.)

3 Q. I have some later documents to refresh your
4 recollection.

5 A. That could very well be that there was an
6 Armor Shield that was in there.

7 Q. But at some point they stopped working for
8 you; is that correct?

9 A. Correct.

10 Q. Do you recall why?

11 A. I am not supposed to guess, right?

12 Q. Right.

13 A. Then I will say no.

14 Q. You don't have to speculate. According to my
15 records, the next contractor you had was Applied
16 Environmental Solutions. Does that sound correct?

17 A. Yes.

18 Q. Do you recall hiring Applied Environmental
19 Solutions?

20 A. To my recollection I didn't actually hire
21 them. This account was passed to them.

22 Q. Okay. Do you recall how long they worked on
23 them?

24 A. No.

1 Q. Do you recall why they stopped working on the
2 property?

3 A. This is Applied Environmental? They are the
4 current, right?

5 Q. My understanding is CW3M is your current
6 contractor.

7 A. There you go. There you go. So the question
8 was?

9 Q. Do you recall why Applied Environmental
10 Solutions stopped working on the project?

11 A. No.

12 Q. My records have at least one document that was
13 completed by CSD Environmental Services. Do you recall
14 using them as a contractor?

15 A. They are the current I believe.

16 Q. I believe your current is CW3M.

17 A. Okay.

18 Q. They all sound the same.

19 A. Okay. So the question was?

20 Q. Do you recall using CSD Environmental
21 Services?

22 A. I recall that name, yes.

23 Q. Do you recall why you stopped using them?

24 A. That was another thing where I think I was

1 just passed off.

2 Q. Okay.

3 A. Because there was these guys were going in
4 business, out of business, they weren't going to deal
5 with the LUST fund anymore so they would get out of
6 that. So I needed somebody. A lot of times I would
7 just, okay, these guys will handle it.

8 Q. Okay. I am going to mark for the record my
9 next exhibit. And we should be on 10. I apologize,
10 this is a rather large packet but I will walk you
11 through it.

12 This is a group exhibit with violation
13 notices from 1997 through 2005. And we are starting
14 with the document dated August 25, 1997. Do you
15 recognize this document?

16 A. Not specifically, no.

17 Q. Can you describe what it is? Do you
18 understand its function?

19 A. I would -- well, I am not going to say I
20 imagine. It is probably everything that has gone on up
21 to that point up to this day.

22 Q. So who is it addressed to?

23 A. Me.

24 Q. So it is addressed to you. Who is it from?

1 A. Environmental Protection Agency.

2 Q. And --

3 MR. VAN NESS: Is this being offered as
4 Exhibit 10?

5 MS. DUBATS: Yes.

6 MR. VAN NESS: I don't see it on your
7 preprinted list so I assume it is new. Is that fair?

8 MS. DUBATS: I guess I forgot some in here.

9 BY MS. DUBATS:

10 Q. Now can you read what it says just in the
11 subject line where it says RE?

12 A. Violation notice.

13 Q. Okay. So we are looking at a violation notice
14 dated August 25, 1997 addressed to you?

15 A. Um-hum, yes.

16 Q. Can you tell me what it alleges?

17 A. Without reading it, no, but I am going to say
18 it is about a second release.

19 Q. No. I will give you a second to skim it a
20 little bit if you want to kind of flip through. It is
21 alleging reporting violations. Failure to submit high
22 priority corrective action plan and a 20 day report.

23 A. Okay. So this would be something that
24 consultants were hired to do and didn't do.

1 Q. Correct. And I know if you don't recognize
2 it, if you weren't involved with it, I mean, but you
3 did receive these notices?

4 A. Oh, yeah. Somewhere along the line. I got so
5 much of them.

6 Q. So if, I mean, if you got these violation
7 notices, would you then discuss it with your
8 contractor?

9 A. Yeah. I would call. Yeah, we would discuss.

10 Q. Now can I direct your attention to there is a
11 letter if you flip through a few pages dated January 6,
12 1999.

13 A. A letter?

14 Q. Um-hum. It is after the notices. I had to
15 pull these apart in order to copy them. So there is a
16 letter response to the VN which proposes the December
17 5, 1997 deadline to respond. So flip past the
18 Envirotech letter if you could. That one. And who is
19 this letter addressed to?

20 A. Walker Service.

21 Q. Is your name specifically listed on it?

22 A. Attention me, Tom Maxwell.

23 Q. So this was sent to you. Did you receive it?

24 A. This is in 1999.

1 Q. This letter is from? Who is it from?

2 A. Illinois or IEPA.

3 Q. And what is the letter concerning?

4 A. Noncompliance.

5 Q. So this is a letter notifying you that you are
6 not in compliance; is that correct?

7 A. Yes.

8 Q. We can flip to the next letter from IEPA. It
9 should be dated April 9, 2003. Do you see that?

10 A. Yeah.

11 Q. And this is also addressed to you; is that
12 correct?

13 A. Correct.

14 Q. And it is also from IEPA; is that correct?

15 A. Correct.

16 Q. And what does it say in the subject line where
17 it says RE?

18 A. Violation notice.

19 Q. So this is another violation notice. It is a
20 different violation notice from the one back in 1997;
21 is that correct?

22 A. Right.

23 Q. They are still alleging noncompliance?

24 A. Yes.

1 Q. And you can actually if you flip to where they
2 actually list the violations, they put them in
3 Attachment A.

4 A. What is the date for the second release or the
5 alleged second release?

6 Q. We are not there yet. We are still, we are
7 looking at the violation. These are reporting
8 violations and tiered corrective action, tiered
9 approach to corrective action violations. These are
10 the violations that were accrued related to the 1996
11 release before the 2006 release.

12 A. Yeah, but they are going through these
13 violations because we don't know what is over there
14 yet.

15 Q. Right. But these are violations related to
16 how, what is going on as being handled. Can I direct
17 your attention to a letter dated December 5, 2005?

18 A. It is in here?

19 Q. Um-hum.

20 A. 2005?

21 Q. Um-hum. So it is a letter dated December 5,
22 2005. It is a response to a violation notice. It
23 should be on Applied Environmental Solutions
24 letterhead. It is towards the end.

1 A. Okay.

2 Q. Is that dated December 5?

3 A. Yeah.

4 Q. 2005?

5 A. Um-hum.

6 Q. Do you recognize this document at all? Did
7 your contractor give you copies of its correspondence
8 with IEPA?

9 A. I am sure I have got this somewhere. There
10 was so much paperwork.

11 Q. Now under Paragraph 1, what does it say in the
12 response portion, the bolded text?

13 A. The owner operator?

14 Q. Where it says Applied Environmental -- starts
15 with Applied Environmental Solutions on behalf of
16 Walker Service Station.

17 A. We have been denied access to the property.

18 Q. You can just read the complete sentence if you
19 would.

20 A. You want me to read it to you?

21 Q. Um-hum.

22 A. Applied Environmental Solutions Incorporated
23 on behalf of Walker Service Station has been denied
24 access to the property at 407 W. Clinton in order to

1 complete phase 3 corrective action. Therefore AES is
2 unable to develop a corrective action plan to address
3 the remaining contamination.

4 Q. Do you agree with this explanation given by
5 your contractor?

6 A. Yes.

7 Q. Did you authorize this response?

8 A. Did I authorize it?

9 Q. Correct. When they were responding to IEPA,
10 did they discuss this with you and show this to you
11 before --

12 A. I talked to her over the phone.

13 Q. But you knew that they were going to respond
14 this way, correct?

15 A. Correct.

16 Q. And so you agree with what they are saying?

17 A. Um-hum.

18 Q. And at that point did you have an access
19 agreement in place?

20 A. Yes.

21 Q. Was Mr. McIlvain revoking access under the
22 agreement?

23 A. I would assume. I wasn't there.

24 Q. So these communications didn't happen directly

1 with you?

2 A. Not with me, no. But I was told that at one
3 point in time that if they did try to come on to the
4 property that a sheriff would be called or law
5 enforcement of some type.

6 Q. That was true in December of 2005?

7 A. Okay.

8 Q. To the best of your knowledge? Yes or no?

9 A. Yes.

10 Q. I am going to skip some of this. Now do you
11 have a general sense of how things were progressing
12 with the cleanup?

13 A. After the initial all the digging and the
14 things that were going on, the big stuff, yeah, it
15 slowed as far as, you know, what we needed to do as far
16 as getting onto the property to test and see where we
17 were at. We had no way of doing that. You couldn't
18 tell where we were at.

19 Q. All right. Well, even property aside, let's
20 take a moment to focus on your own property. So on
21 your own property, what was kind of the timeframe you
22 would say from the initial release in 1996 until your
23 property was safe, you know, clean?

24 A. I don't know.

1 Q. You don't know?

2 A. No. I know that we were held to a different
3 standard. Now for whatever reason I don't know whether
4 it was commercial property or residential property. It
5 has two different thresholds as far as what it means to
6 be clean.

7 Q. Would you agree that there was still work
8 being done in 2004 to remove contaminated soil from the
9 property?

10 A. To remove contaminated soil or just to clean
11 up what is there?

12 Q. Either one. What was your understanding of
13 the state of just your -- let's talk about just your
14 property so we don't have to get into, you know, denial
15 of access or not denial of access. Just your property.
16 What was your understanding of the state of your
17 property in 2004?

18 A. Whether I was clean or?

19 Q. Right.

20 A. Is that what you are talking about?

21 Q. Right. Exactly.

22 A. I assumed that I was.

23 Q. You acknowledge that it took a while to get
24 there. Now my understanding is that -- and I will mark

1 an Exhibit 11. This is a Free Product Removal Report
2 dated February 10, 2003. Do you recognize this
3 document?

4 A. No. Too long ago.

5 Q. Were you aware that free product was being
6 removed from monitoring wells as late as 2003?

7 A. No. I was not in on as far as what they were
8 finding.

9 Q. Now there was a second release report; is that
10 correct?

11 A. Second release?

12 Q. So there was the first release reported in
13 1996 and there was a -- to your knowledge was there a
14 second release reported?

15 A. (Witness pauses.)

16 Q. I am marking for the record Exhibit 12. This
17 is the 2006 IEMA record. I am showing it to the
18 witness.

19 A. If there was another release, I don't know
20 where it would have come from. The tanks were already
21 gone.

22 Q. Just for your recollection. Now when you say
23 the tanks were already gone?

24 A. I believe in '96 they were already gone.

1 Q. Well, '96 --

2 A. Or 2006.

3 Q. Right. 2006. So just to make sure we are on
4 the same page. So initially the site had seven tanks;
5 is that correct? This is way back, you know, in the
6 80's before anything was --

7 A. See, they were finding stuff that was put back
8 in there probably by my grandpa that was in there.
9 There was other tanks and they were all removed. As
10 far as a second release, I don't know where it would
11 have come from.

12 Q. Well, they were -- my understanding and you
13 can correct me if I am wrong, I am not trying to lead
14 you but I want to make sure that we are talking about
15 the same thing.

16 My understanding is in 1996 three tanks were
17 removed, actually four because there was like a heating
18 oil one. Three gasoline tanks and then later in 2006
19 three more were removed. One of them was diesel. Does
20 that make sense or am I talking gibberish?

21 A. And that was how many years apart you were
22 talking?

23 Q. They are 10 years apart. So initially
24 reported in 1996, you know, three or four tanks that

1 were then removed initial remediation and then later in
2 2006. If you look at the document in front of you,
3 there was a second release reported associated with
4 three different tanks.

5 A. What I was informed about was there was a cap
6 on the LUST fund as far as the monies that you could
7 get for the cleanups. And they were approaching that.

8 So they got the paperwork together so we
9 could proceed with this in a timely manner. They put
10 the paperwork together but it was never filed and they
11 called that another release.

12 Q. Well, I mean, so you don't recognize any of
13 the information on the document I put in front of you?

14 A. Specifically, no. Wait a minute. This was
15 2006. This is what they are talking is the second
16 release?

17 Q. Um-hum. Yes. When I refer to the second
18 release, I am --

19 A. The tanks were all taken out at once as far as
20 I recall.

21 Q. So when I talk about the second release, I am
22 referring to anything that is reported under the IEMA
23 No. 060291 or -- because there were two numbers
24 associated with this.

1 A. They treated it -- they always referred to it
2 as a release but there wasn't another release.

3 Q. Are you insinuating that the release reporting
4 was fraudulent?

5 A. I am not insinuating that, no.

6 MR. SHAW: Can we go off the record for a
7 moment?

8 MS. DUBATS: Um-hum.

9 (Discussion held off the record.)

10 BY MS. DUBATS:

11 Q. Back on the record. Marking for the record
12 Exhibit 13. This is a letter from Armor Shield dated
13 June 12, 1998 to Illinois Environmental Protection
14 Agency. Do you recognize this document at all?

15 A. I don't recall this letter, but I do recall --
16 now wait a minute.

17 Q. Will you agree that the document is reporting
18 to IEPA the certain improvements on certain tanks still
19 on the property?

20 A. I do remember the work being done.
21 Specifically though, I am not going to be able to tell
22 you what was done. I know that 10,000 gallon tank was
23 relined.

24 Q. So there was a 10,000 gallon tank that was

1 relined in 1998?

2 A. Yeah. Whatever the date on this is.

3 Q. You would agree that in order to be relined,
4 it would need to be present on the property?

5 A. What?

6 Q. You can't reline a tank that has been removed,
7 correct?

8 A. I am not an expert on that but I seriously
9 doubt it. So what are you saying? A tank that has
10 been removed cannot be relined?

11 Q. Correct. We can move on. I am marking for
12 the record Exhibit 14. This is the Stage 3 Site
13 Investigation Plan and Budget dated December 2, 2015.
14 Have you seen this document before?

15 A. Yes.

16 Q. If you flip to --

17 A. Now these I don't recall.

18 Q. If you turn to Appendix A of the document,
19 Page 3 of Appendix A. So it is an attachment to the
20 main body.

21 A. (Indicating.)

22 Q. Page 3 of Appendix A.

23 A. Oh, A.

24 Q. Under signatures. Is that your signature on

1 the document?

2 A. Yes, it is.

3 Q. Did you sign it without reviewing it?

4 A. No. As far as reviewing it, I looked through
5 and interpreted it as much as I could.

6 Q. And can I draw your attention to Page 2 of the
7 main document? So just from the beginning, it is the
8 page marked Page 2. So past the indexes. And we are
9 looking at Table 1.1, the underground storage tank
10 summary.

11 A. Um-hum.

12 Q. It states here that Tanks Nos. 1, 2 and 3 are
13 respectively a gasoline, diesel, gasoline and gasoline
14 tank were all removed on July 13, 2006.

15 A. Um-hum. Yes.

16 Q. Is that correct to your knowledge?

17 A. As far as I knew that they were, yeah, they
18 were all taken out at the same time. As far as the
19 date goes, that is going to be very close.

20 Q. And in the same chart if we look at Tanks 4,
21 5, 6 and 7, it says here that they were removed in June
22 5 of 1996.

23 A. That I don't recall.

24 Q. So when you say that the tanks were all

1 removed at the same time, you are thinking of 2006; is
2 that correct?

3 A. Yes.

4 Q. You are not thinking back to 1996?

5 A. Well, as far as ago in '96 there was a
6 reported release?

7 Q. Correct.

8 A. And what they are saying is they just took
9 these tanks out, those tanks out in '96?

10 Q. Right. The tanks listed 4 through 7 on this
11 chart.

12 A. Those I don't recall. Those might have been
13 some old abandoned tanks not used for some time. Those
14 I don't recall at all.

15 Q. Now another thing I wanted to discuss with you
16 is on Page 5 of the same report there is a Table 3-1.
17 And it is comparing I believe soil contamination and it
18 has the different incident numbers side by side. So
19 one column says 1996. The other column has the IEMA
20 number for 2006. Do you see that?

21 A. Yeah. Down here.

22 Q. Do you acknowledge that this report that you
23 signed off on shows that there has been an increase in
24 soil contamination from the 1996 incident to the 2006

1 incident?

2 A. According to the chart?

3 Q. Um-hum. According to the report. If you also
4 go down to the last paragraph underneath the chart, it
5 states its conclusion.

6 A. Yes.

7 Q. Now you mentioned that or acknowledged that
8 you know that there hasn't been some, hasn't been work
9 done in a while. Would you agree with that statement
10 or am I misstating that?

11 A. Well, how long do you consider a while?

12 Q. When, well, when was the last kind of major
13 work event at the site in terms of wells being stalled,
14 soil being removed, remedial action being taken?

15 A. It has been quite a while.

16 Q. How many years would you say?

17 A. (Shaking head.)

18 Q. Ballpark?

19 A. (Shaking head.)

20 Q. Is it like 5 years? 10 years?

21 A. -- 10.

22 Q. You would be more comfortable with a 10 year
23 range?

24 A. No. I didn't say that.

1 Q. Okay. That is fine.

2 A. If I was going to take a guess and ballpark
3 it, I think there was some on our side of the road
4 what you are calling a major, 5. I mean, we did take
5 some samples.

6 Q. Okay.

7 A. But as far as some dirt, there was a pole was
8 installed and they wanted to make sure that we didn't
9 use contaminated dirt or some kind of a something. So
10 we put that in the 55 gallon barrel but that was all
11 very, very minor, minor stuff.

12 Q. Okay. Now you submitted this report in
13 December of 2015. Is it currently being implemented
14 because it lays out a plan?

15 A. As far as I don't think that we can do the
16 plan without access to this property.

17 Q. And what steps have you taken to obtain
18 access?

19 A. As far as I know just showing up.

20 Q. Have you personally asked for access?

21 A. No.

22 Q. Have you asked for access through your
23 attorney?

24 MR. SHAW: I will have to object to that.

1 That is communication between attorney and client.

2 BY MS. DUBATS:

3 Q. I am going to mark just for the record I am
4 showing this to you, Exhibit 15. Have you taken any
5 legal action to obtain access?

6 A. No.

7 Q. I am handing you, it is 415 Illinois Compiled
8 Statutes Section 5/22.2C adjacent site remediation
9 injunction.

10 What I am handing you is a statute that
11 allows for property for responsible parties to actually
12 bring a lawsuit for access to off site properties for
13 the purposes of remediation. Have you initiated such a
14 lawsuit?

15 A. Not to my knowledge.

16 Q. I am going to mark for the record Exhibit 16.

17 A. Why do I need that?

18 MR. SHAW: You don't need it now.

19 BY MS. DUBATS:

20 Q. This is Section 734.350 of Chapter 35 of the
21 Illinois Administrative Code regarding off site access.
22 There is Subsection B of that, it defines best effort
23 to obtain off site access. One of the things involves
24 sending a formal letter.

1 To your knowledge have you sent a letter, a
2 certified letter, that meets the requirements of this
3 regulation?

4 A. No.

5 Q. Have you tried to submit a corrective action
6 completion report to Illinois EPA?

7 A. You would have to ask CWM.

8 Q. I am going to mark Exhibit 17. I am just
9 going to show you this is Section 73.345 of the
10 Illinois Administrative Code Corrective Action
11 Completion Report. Drawing your attention to, it is
12 Subsection B. It is on the last page.

13 A. Subsection B?

14 Q. B. The way they do these things, they are
15 kind of long drawn out. So Subsection B is the very
16 last thing listed. Can you read for me what that says?

17 A. You want me to read it?

18 Q. Um-hum.

19 A. The owner or operator is not required to
20 perform remedial action on an off site property even
21 where complete performance over corrective action plan
22 would otherwise require such off site action.

23 If the agency determines that the owner or
24 operator is not able to obtain access to the property

1 despite the use of best effort in accordance to the
2 requirement sections 734.350 of this part.

3 Q. Okay. So you acknowledge that you haven't
4 submitted anything to the agency saying you have made
5 best efforts?

6 A. No, but does that mean that is all I have to
7 do is send a letter?

8 Q. I can't give you legal advice.

9 MR. SHAW: It would be interesting to hear
10 what the State would have to say. Can we turn the
11 deposition around? I am kidding here, sorry.

12 A. No. But from the way I read that --

13 MR. SHAW: Just listen to the questions and
14 answer them today.

15 A. Okay.

16 MS. DUBATS: That is all the questions I have.

17 MR. VAN NESS: I have a couple of questions.

18

19 EXAMINATION,

20 QUESTIONS BY MR. VAN NESS:

21 Q. Mr. Maxwell, you stated earlier in response to
22 the assistant attorney general's question regarding
23 Incident 960810 you indicated that Mr. McIlvain was the
24 one who you understood informed you all of the leak in

1 '96; is that correct? That was your understanding?

2 A. As well as I can recall. I mean, yeah. We
3 are going back quite a ways, but yes.

4 Q. You indicated and I think your exact words
5 were they started digging down.

6 A. Um-hum.

7 Q. Do you recall who they was? Who was doing the
8 digging?

9 A. I think it was Roy Sloan.

10 Q. Do you know who called Roy Sloan?

11 A. Not specifically, but I am going to say it had
12 to be somebody who was working there because he was
13 just a local contractor there. And I believe -- yeah.
14 It could have been me. I am not going to say for sure.

15 Q. You don't know for a fact?

16 A. No.

17 Q. You indicate in the response to the assistant
18 attorney general's questioning regarding a 2005 report
19 by your environmental consultant which claimed that it
20 has "been denied access to the property at 407 W.
21 Clinton". Do you remember that, that statement?

22 A. Say that again. What did I say?

23 Q. Let me rephrase that. My understanding from
24 your testimony earlier was that you indicated that your

1 consultant had been informed somehow that it was not
2 authorized or able to access the property at 407 W.
3 Clinton. Is that correct?

4 A. Correct.

5 Q. And that property belongs to Mr. McIlvain; is
6 that correct?

7 A. I believe that is the address.

8 Q. Do you have any documentation? Are you aware
9 of any documentation which Mr. McIlvain has denied
10 access for the 1996 incident?

11 A. If I recall, it was something we talked about
12 over the phone.

13 Q. Who is we?

14 A. I believe it was CWM.

15 Q. Okay. You have no other knowledge besides
16 that. Is that a fair statement?

17 A. Correct.

18 MR. VAN NESS: Nothing further.

19

20 EXAMINATION,

21 QUESTIONS BY MR. SHAW:

22 Q. I just have one question. You had previously
23 said that you believe that you had indicated that your
24 dad sometimes believes that he is in Florida. Why

1 would he think he is in Florida?

2 A. He has got a home down there.

3 Q. Did he live in Florida for a while?

4 A. He would do the winters in Florida.

5 Q. Okay. How many years did he do that?

6 A. Oh, gosh.

7 Q. Approximately.

8 A. 10.

9 Q. And for how long a period did he go down in
10 the winter?

11 A. Oh, usually close to three months.

12 MR. SHAW: No further questions. We will
13 reserve signature.

14 (The deposition concluded at 1:14 p.m.)
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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

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3 PEOPLE OF THE STATE)
 OF ILLINOIS,)
 4)
 Complainant,)
 5)
 vs.) PCB No. 12-035
 6)
 SIX M. CORPORATION, Inc., an)
 7 Illinois corporation, WILLIAM)
 MAXWELL and MARILYN MAXWELL,)
 8)
 Respondents.)
 9)
 and)
 10)
 JAMES MCILVAIN,)
 11)
 Necessary Party.)

12

13 This is to certify that I have read the transcript
 14 of my deposition taken in the above-entitled cause, and
 that the foregoing transcript taken on June 9, 2017
 15 accurately states the questions asked and the answers
 given by me, with the exception of the corrections
 16 noted, if any, on the attached errata sheet(s).

17

18 THOMAS MAXWELL

19

20 Subscribed and Sworn before
 me this ____ day of _____, 2017.

21

22 Notary Public

1 STATE OF ILLINOIS)
) SS
2 COUNTY OF VERMILION)

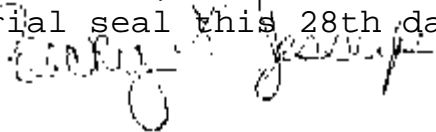
3 I, BECKY L. JESSUP, CSR, do hereby certify that
4 THOMAS MAXWELL, the deponent herein, was by me first
5 duly sworn to tell the truth, the whole truth and
nothing but the truth in the aforementioned cause of
action.

6 That the foregoing deposition was taken on behalf
of the Complainant, on June 9, 2017.

7 That said deposition was taken down in stenograph
8 notes and afterwards reduced to typewriting under my
instruction; and that the typewritten transcript is a
9 true and accurate record of the testimony given by said
deponent; and that it was agreed by and between the
witness and attorneys that said signature on said
deposition would not be waived.

10 I do hereby certify that I am a disinterested
11 person in this cause of action; that I am not a
relative or attorney of any of the parties, or
12 otherwise interested in the event of this cause of
action, and am not in the employ of the attorneys for
either party.

13 IN WITNESS WHEREOF, I have hereunto set my hand and
14 affixed my notarial seal this 28th day of June, 2017.



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16 Becky L. Jessup, CSR
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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Thomas Maxwell

NOTARIZATION OF CHANGES
(If Required)

Subscribed and sworn to on the _____ day of _____, 20____ before me,

(Notary Sign) _____

(Print Name) _____ Notary Public,

in and for the State of _____

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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

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SIGNATURE: _____ DATE: _____

Thomas Maxwell



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Thomas Maxwell



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			42:1	44:1,20,24
591439 MAXW	591439 MAXW	13	1999	
ELL.THOMAS.	ELL.THOMAS.	14:9	31:12,24	2011
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	41:22,24	1997	38:17	17:22
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	20:20	21,23	32:11	alive
5	80's	48:24	adjacent	20:8
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5	18:16	51:2,10	Administrat	33:5
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		12		

5:21	16:17	8:3	understandi	6:18
testimony	17:1,4	trucks	ng	VN
50:24	20:2,6,	7:15 9:17	7:2 12:1	31:16
testing	10,17	true	15:1	
24:17	23:2,20	16:24	16:24	
25:11	36:3	36:6	17:3	W
text	43:18	truth	26:13,23	
34:12	44:1,13	5:4,5	28:5	wait
theory	timeframe	turn	37:12,16,	40:14
25:23	10:12	42:18	24 39:12,	41:16
26:4,6	24:1	49:10	16 50:1,	walk
thing	36:21	type	23	29:10
11:20	timely	36:5	understood	Walker
23:8	40:9	types	12:6,9,14	9:2 12:7,
28:24	times	7:11	49:24	19,24
39:15	7:22 29:6	Um-hum	undivided	14:11
44:15	tire	5:15 6:17	21:2	15:1,17
48:16	14:15	12:4 14:7	unresolved	16:10
things	18:8,11	16:7	26:3	18:8,13,
7:11,13	today	30:15	utilize	17 21:3,
17:6 25:2	7:3 49:14	31:14	27:1	15 31:20
36:11,14	told	33:19,21	V	34:16,23
47:23	23:5 36:2	34:5,21		wanted
48:14	Tom	35:17	VAN	44:15
thinking	31:22	40:17	30:3,6	46:8
44:1,4	top	41:8	49:17,20	water
thinks	6:1 10:22	43:11,15	51:18	23:9
7:21,22	16:5	45:3	verbal	ways
Thomas	touch	48:18	5:17	22:3 50:3
5:2,11	6:13	50:6	violation	wells
thresholds	track	unable	29:12	38:6
37:5	24:8	35:2	30:12,13	45:13
tiered	transcript	underground	31:6	William
33:8	5:19	19:3 43:9	32:18,19,	6:11,14
time	transition	underneath	20 33:7,	12:14
6:23 9:8	9:7,9	45:4	22	13:6,10
10:9,11,	10:3,7	understand	violations	15:1
21 12:1	treated	29:18	30:21	16:17
13:17	41:1	visit	33:2,8,9,	17:13,17
14:17	treating		10,13,15	window
15:3				10:13
				winter

52:10

winters

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words

50:4

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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

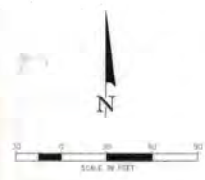
ATTACHMENT B

ENVIROTECH MAP

0370150001/21A
WALKER SVC.
7/25/97

1.5 M. LOCATED ON NORTH SIDE OF PROPERTY. 2.5" SPIKE IN POWER POLE. ELEVATION = 101.54

MW-7, MW-10 + MW-11 will need to be reworked
The large oak tree (dead) between MW-10 + MW-11 will need to be removed as well



LEGEND		
—	1 TELEPHONE LINE	10 MINORILE LID
—	2 GAS & OIL LINE	11 WATER METER
—	3 SEWER LINE	12 FLOOR JOIST
—	4 BOUNDARY OF PROPERTY	13 FLOOR BEAM
—	5 CONCRETE	14 FLOOR JOIST
—	6 BRICK	15 FLOOR JOIST
—	7 STONE	16 FLOOR JOIST
—	8 GRAVEL DRIVE	17 RECOVERY WELL
—	9 GRAVEL DRIVE	18 RECOVERY WELL
—	10 GRAVEL DRIVE	19 RECOVERY WELL
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—	98 GRAVEL DRIVE	98 RECOVERY WELL
—	99 GRAVEL DRIVE	99 RECOVERY WELL
—	100 GRAVEL DRIVE	100 RECOVERY WELL

- △ B-9 SOIL BORING
- △ SI 8 SITE INVESTIGATION
- MW-4 GROUNDWATER MONITORING WELLS

- TANK 1 = 10000 GAL. GASOLINE (ACTIVE)
- TANK 2 = 4000 GAL. GASOLINE (ACTIVE)
- TANK 3 = 2000 GAL. DIESEL (ACTIVE)
- TANK 4 = 200 GAL. DIESEL (DECOMMISSIONED)
- TANK 5 = 500 GAL. GASOLINE (DECOMMISSIONED)
- TANK 6 = 1000 GAL. WASTE OIL (DECOMMISSIONED)
- TANK 7 = 500 GAL. HEATING OIL (DECOMMISSIONED)

PREPARED FOR: ENVIRONMENTAL SERVICES
P.O. BOX 1027
CENTRALIA, ILL. 62801
PHONE: 618-533-8365

OWNERSHIP OF DOCUMENTS	REVISIONS	DRAWN	DESIGNED
THIS DOCUMENT, AND THE IDEAS AND DESIGN INCORPORATED HEREIN, IS AN INSTRUMENT OF PROFESSIONAL SERVICE TO THE PROPERTY OF CURL & ASSOCIATES, INC. AND IS NOT TO BE USED, IN WHOLE OR IN PART, FOR ANY OTHER PROJECT WITHOUT THE WRITTEN AUTHORIZATION OF CURL & ASSOCIATES, INC.	2/14/97	J.S.G.	
	2/22/97	CON.	

CURL & ASSOCIATES, INC.
CONSULTING ENGINEERS & LAND SURVEYORS
226 E. BROADWAY, P.O. BOX 1349
CENTRALIA, ILLINOIS 62801
PH. 618-533-4149

SOIL BORING & M.W. LOCATIONS
WALKER SERVICE STATION
FARMER CITY, ILLINOIS

PROJ. NO.	0370150001
DATE	2-18-97
SHEET NO.	1
OF SHEETS	1

SEE SHEET 11-M

QUIT-CLAIM DEED—Postage and Office Equip. & Supply, Washington, D.C. 20540

700

Vol. 100

THIS INDENTURE WITNESSETH, That the GRANTOR WILLIAM F. MAXWELL

County of DeWitt of the Town of Farmer City and State of Illinois
for the consideration of Ten (\$10.00) Dollars
CONVEY AND QUIT-CLAIM to MARILYN MAXWELL

of the Town of Farmer City County of DeWitt and State of Illinois
all interest in the following described Real Estate, to-wit:

Lots 12 and 13 in Block 3, Sangster's
Oakgrove Addition to the City of Farmer
City, DeWitt County, Illinois;

STATE OF ILLINOIS, S.S.
COUNTY OF DEWITT
FILED FOR THE DEED IN SAID COUNTY ON
THE 6 DAY OF Dec
A.D. 1988
John A. [Signature]
CLERK

AFFIX TRANSFER TAX STAMP
OR
12/6/88
Marilyn Maxwell

situated in the County of DeWitt in the State of Illinois, hereby releasing and
waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this 5th day of December A. D. 19 88

WITNESS:

William F. Maxwell
William F. Maxwell

SEAL
SEAL
SEAL
SEAL

Vol. 248 56 148221

EXHIBIT

6

tabbles

Property Tax

03/08/2017 9:33 am

Parcel Data Sheet

Parcel #: 05-28-356-007

DeWitt County

Page 1

General Information

Owner Name: MAXWELL MARILYN
C/O WALKER TIRE SERVICE
430 W CLINTON AVE
FARMER CITY, IL 61842

Tax Year: 2005
Property Use: 0060 COMMERCIAL
Tax Code: 08903
Tax Bill #:

Location: 420 CLINTON AVE
FARMER CITY
Township: SANTA-ANNA
Subdivision: SA - SANGSTERS OAK G

Alternate Parcel #: 20082740110000
Assessment Type: Locally Assessed
State Assessed Value: 0.00
TIF Base Value: 27,159.00

Sec/Lot:
Legal Township:
Range/Blk:

Acreage:
Homesite: 0.000
Other Taxable: 0.000
Non Taxable: 0.000
Total: 0.000

Legal Description:
LOTS 12 & 13 BLK 3
SANGSTER OAK GROVE ADDITION.

Year Begin: 0
Subdivided From Parcel:
Year Retired: 0
Combined Into Parcel:

Valuations

	Local		Supervisor		Board of Review	
	Assessed		Assessed	Equalized	Assessed	Equalized
Land:	4,815		4,815	4,815	4,815	4,815
Farm Land:	0		0	0	0	0
Building:	27,624		27,624	27,624	27,624	27,624
Farm Building:	0		0	0	0	0
	<u>32,439</u>		<u>32,439</u>	<u>32,439</u>	<u>32,439</u>	<u>32,439</u>

Exemptions

1977 Base Value: 0
Senior Freeze Base : 0

Description	Effective Date	Expires	Qualifying %	Base Amount	Annualized	Amount
-------------	----------------	---------	--------------	-------------	------------	--------

Notes

Date	Description
------	-------------

2005 Taxes (Payable 2006)

Taxes: 3,065.26 Tax Rate: 9.4493
Delinquent Interest: 0.00 Payment Status: Collected
Fees: 0.00
Forfeiture Interest: 0.00

Payments

Property Tax

Parcel Data Sheet

DeWitt County

03/08/2017 9:33 am

Parcel #: 05-28-356-007

Page 2

<u>Date</u>	<u>Payor</u>	<u>Taxes</u>	<u>Interest</u>	<u>Fees</u>	<u>Total</u>
06/20/2006	MAXWELL MARILYN	1,532.63	0.00	0.00	1,532.63
09/05/2006	MAXWELL MARILYN	1,532.63	0.00	0.00	1,532.63

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT D

QUIT CLAIM DEED TO PARCEL NO. 05-28-356-004
RECORDED ON SEPTEMBER 19, 2006

MAXWELL DEPOSITION EX. 8

29

3

Rental Housing Support Program
\$10.00 State Surcharge Paid
Date: 9-29-06

216892

QUIT-CLAIM DEED

STATE OF ILLINOIS S.S.
COUNTY OF DEWITT: FILED FOR RECORD IN SAID COUNTY ON
THE 29 DAY OF Sept.
A.D. 2006 AT 9:07 O'CLOCK A.M.
BY [Signature] RECORDER
[Signature] DEPUTY

THIS INDENTURE WITNESSETH, That the GRANTORS, **William F. Maxwell and Marilyn J. Maxwell**, of the City of Farmer City, County of DeWitt, and State of Illinois, for the consideration of TEN DOLLARS AND NO/100 (\$10.00) AND OTHER GOOD AND VALUABLE CONSIDERATION, CONVEY and QUIT CLAIM to **Six M. Corporation, Inc.** a corporation organized and existing by virtue of the laws of the State of Illinois an undivided one-half interest in the following described Real Estate, to-wit:

See attached "Exhibit A"

EXEMPT UNDER PROVISIONS OF PARAGRAPH e
SECTION 4 REAL ESTATE TRANSFER TAX ACT.
9/19/06 [Signature]
DATE BUYER, SELLER, OR REPRESENTATIVE

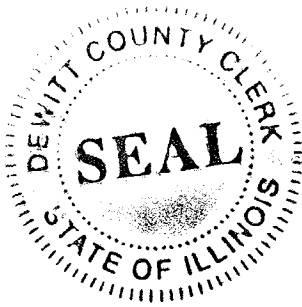
situated in the County of DeWitt in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this 19 day of Sept, A.D., 2006.

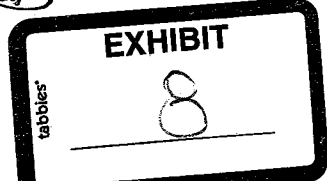
418 PAGE 026

[Signature] (SEAL)
William F. Maxwell

[Signature] (SEAL)
Marilyn J. Maxwell



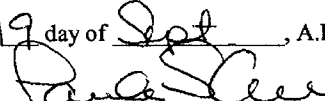
State of Illinois
County of DeWitt
I, Dana Smith, County Clerk of DeWitt, do hereby certify the attached is a true copy of the instrument filed in my office. Given, under my hand and seal this 30th day of May 2007
[Signature]
County Clerk of DeWitt
Deputy



STATE OF ILLINOIS)
) SS
COUNTY OF DeWITT)

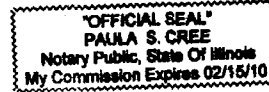
I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, do hereby certify that **William F. Maxwell and Marilyn J. Maxwell**, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal this 9 day of Sept, A.D. 2006.



Notary Public

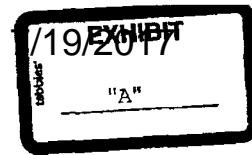
Send tax notice to: Six M. Corporation, Inc.
 430 W. Clinton Ave
 Clinton, Illinois 61842



This instrument prepared by: Merrick C. Hayes
 202 N. Center Street
 Bloomington, IL 61701

Return document to: Six M. Corporation, Inc.
 430 W. Clinton Ave
 Clinton, Illinois 61842

118 PAGE 027



TRACT 1: Lots 10, 11, and 12 in Block 15 in the original Town of Mt. Pleasant, now City of Farmer City, EXCEPT 12 feet off the full West side of said Lot 10, in DeWitt County, Illinois

PIN: 05-28-342-014

TRACT 2: Lots 12 and 13 in Block 3 in Sargster's Oak Grove Addition to the City of Farmer City, DeWitt County, Illinois

PIN: 05-28-356-007

TRACT 3: Lot 10 in Block 18 in the original Town of Mt. Pleasant, now City of Farmer City, DeWitt County, Illinois

05-28-339-008

TRACT 4: Beginning at a point where the West line of the East Half of the Southwest Quarter of the Southwest Quarter of Section 28, Township 21 North, Range 5 East of the Third Principal Meridian, in DeWitt County, Illinois, intersects the center line of the now existing concrete slab of Illinois State Bond Issue Route No 48 on Clinton Avenue in the City of Farmer City, Illinois, (the said Clinton Avenue being formerly known as State Road), running from such point measuring from the center or the middle line of said slab of Illinois State Bond Issue Route No 48 due South one hundred thirty-two (132) feet; thence East one hundred fifty-seven (157) feet; thence North two hundred twenty-four (224) feet, more or less, to the center line of existing concrete slab of Illinois State Bond Issue Route 48 aforesaid in the City of Farmer City; running thence Southwesterly along the center line of said existing concrete slab of said Illinois State Bond Issue Route 48 to the place of beginning; subject, however, to the right of way of the Illinois State Bond Issue Route 48 or Clinton Avenue over a portion of said premises, situated in the City of Farmer City; EXCEPTING THEREFROM THE FOLLOWING DESCRIBED REAL ESTATE:

A parcel of land being part of the East Half of the Southwest Quarter of the Southwest Quarter of Section 28, Township 21 North, Range 5 East of the Third Principal Meridian, in DeWitt County, Illinois, described as follows: Beginning at the intersection of the West line of the East Half of the Southwest Quarter of the Southwest Quarter of said Section 28, with the centerline of FA Route 71 (Clinton Avenue); thence Northeasterly along the said centerline being a curve to the right, having a radius of 23,148.00 feet for 172.00 feet; thence deflect 120 degrees 06 minutes 55 seconds to the right, Southerly from the chord of the last described curve 28.97 feet; thence Southwesterly along a curve concentric with and 25 feet Southeasterly of the said centerline, having a radius 23,123.00 feet for 174.42 feet to the West line of the East Half of the Southwest Quarter of the Southwest Quarter of said Section 28; thence deflect 124 degrees 24 minutes 48 seconds to the right, Northerly from the chord of the last described curve, along the said West line for 30.37 feet to the place of beginning, containing 4,331 sq. ft., more or less which includes 3,460 sq. ft., more or less within the existing limits of F.A. Route 71 (Clinton Avenue), situated in the County of DeWitt, in the State of Illinois

PIN 05-28-357-004

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT E

PARCEL MAP AND PROPERTY TAX RECORDS
FOR PARCEL NO.: 05-28-357-004

MAXWELL DEPOSITION EXHIBIT 5

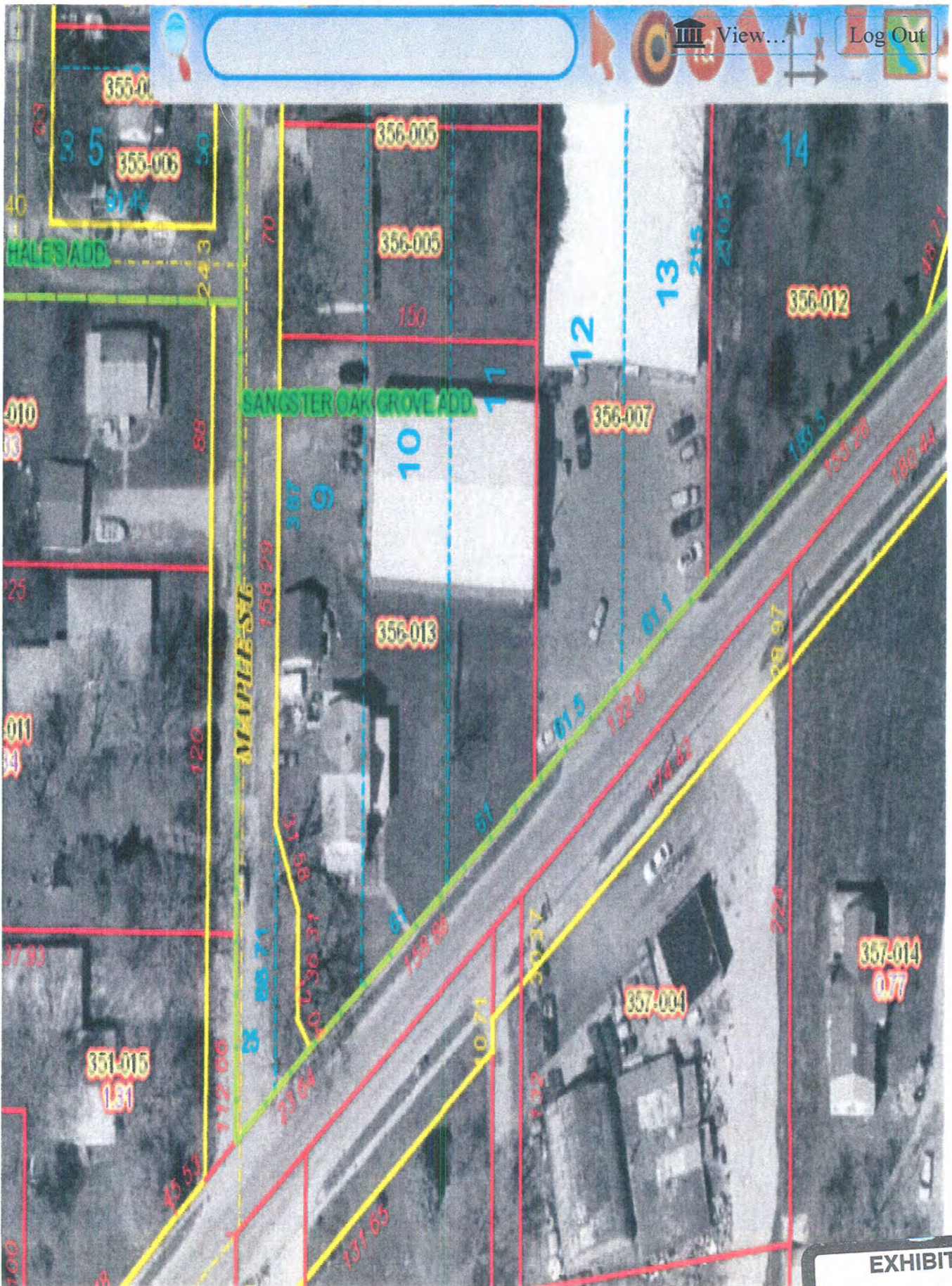


EXHIBIT
 5

Property Tax
06/05/2017 6:03 pm

Parcel Data Sheet

DeWitt County

Parcel #: 05-28-357-004

Page 1

General Information

Owner Name: WALKER CLAUDE
PO BOX 28
FARMER CITY, IL 61842

Tax Year: 1998
Property Use: 0060 COMMERCIAL
Tax Code: 08002
Tax Bill #:

Location: CLINTON AVE - HWY 54 WEST
CLINTON

Alternate Parcel #: 20082110030000
Assessment Type: Locally Assessed

Township: SANTA-ANNA
Subdivision: SA - SECTION 28 - CITY

State Assessed Value: 0.00
TIF Base Value: 0.00

Sec/Lot:
Legal Township:
Range/Blk:

Acreage:
Homesite: 0.000
Other Taxable: 0.000
Non Taxable: 0.000
Total: 0.000

Legal Description:
S28 T21 R5
PT SW SW BEG INTER E LN W 1/2 SW SW & C/L HWY 54, S132,
E157, N224, SW ALG C/L RD TO POB (EX PT FOR HWY AS IN
DOC 246-205)

Year Begin: 0
Subdivided From Parcel:
Year Retired: 0
Combined Into Parcel:

Valuations

	Local	Supervisor		Board of Review	
	Assessed	Assessed	Equalized	Assessed	Equalized
Land:	3,563	3,563	3,563	3,670	3,670
Farm Land:	0	0	0	0	0
Building:	8,018	8,018	8,018	8,259	8,259
Farm Building:	0	0	0	0	0
	11,581	11,581	11,581	11,929	11,929

New Assessments/Other Changes

Date	Stage	Reason	Amount
12/17/1998	Supervisor	TOWNSHIP EQUALIZATION 1.0300	0

Exemptions

1977 Base Value:	0
Senior Freeze Base :	0

Description	Effective Date	Expires	Qualifying %	Base Amount	Annualized	Amount
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Notes

Date	Description
------	-------------

1998 Taxes (Payable 1999)

Taxes:	990.02	Tax Rate:	8.2992
Delinquent Interest:	0.00	Payment Status:	Collected
Fees:	0.00		
Forfeiture Interest:	0.00		

Property Tax

06/05/2017 6:03 pm

Parcel Data Sheet

Parcel #: 05-28-357-004

DeWitt County

Page 2

Payments

<u>Date</u>	<u>Payor</u>	<u>Taxes</u>	<u>Interest</u>	<u>Fees</u>	<u>Total</u>
06/15/1999	WALKER CLAUDE	495.01	0.00	0.00	495.01
08/30/1999	WALKER CLAUDE	495.01	0.00	0.00	495.01

Property Tax
06/05/2017 6:06 pm

Parcel Data Sheet

DeWitt County

Parcel #: 05-28-357-004

Page 1

General Information

Owner Name: MAXWELL MARILYN J
RR 2 BOX 14
FARMER CITY, IL 61842

Tax Year: 2003
Property Use: 0060 COMMERCIAL
Tax Code: 08903
Tax Bill #:

Location: CLINTON AVE - HWY 54 WEST
CLINTON
Township: SANTA-ANNA
Subdivision: SA - SECTION 28 - CITY

Alternate Parcel #: 20082110030000
Assessment Type: Locally Assessed
State Assessed Value: 0.00
TIF Base Value: 11,929.00

Sec/Lot:
Legal Township:
Range/Blk:

Acreage:
Homesite: 0.000
Other Taxable: 0.000
Non Taxable: 0.000
Total: 0.000

Legal Description:

S28 T21 R5
PT SW SW BEG INTER E LN W 1/2 SW SW & C/L HWY 54, S132,
E157, N224, SW ALG C/L RD TO POB (EX PT FOR HWY AS IN
DOC 246-205)

Year Begin: 0
Subdivided From Parcel:
Year Retired: 0
Combined Into Parcel:

Valuations

	Local	Supervisor		Board of Review	
	Assessed	Assessed	Equalized	Assessed	Equalized
Land:	4,169	4,169	4,169	4,340	4,340
Farm Land:	0	0	0	0	0
Building:	9,382	9,382	9,382	9,767	9,767
Farm Building:	0	0	0	0	0
	13,551	13,551	13,551	14,107	14,107

New Assessments/Other Changes

Date	Stage	Reason	Amount
12/17/2003	Supervisor	TOWNSHIP EQUALIZATION 1.0410	0

Exemptions

1977 Base Value:	0
Senior Freeze Base :	0

Description	Effective Date	Expires	Qualifying %	Base Amount	Annualized	Amount
-------------	----------------	---------	--------------	-------------	------------	--------

Notes

Date	Description
------	-------------

2003 Taxes (Payable 2004)

Taxes:	1,416.78	Tax Rate:	10.043
Delinquent Interest:	0.00	Payment Status:	Collected
Fees:	0.00		
Forfeiture Interest:	0.00		

Property Tax

Parcel Data Sheet

DeWitt County

06/05/2017 6:06 pm

Parcel #: 05-28-357-004

Page 2

Payments					
<u>Date</u>	<u>Payor</u>	<u>Taxes</u>	<u>Interest</u>	<u>Fees</u>	<u>Total</u>
06/14/2004	MAXWELL MARILYN J	708.39	0.00	0.00	708.39
09/01/2004	MAXWELL MARILYN J	708.39	0.00	0.00	708.39

Property Tax

06/05/2017 6:07 pm

Parcel Data Sheet

Parcel #: 05-28-357-004

DeWitt County

Page 1

General Information

Owner Name: MAXWELL WF & MJ & SIX M CORP
C/O SIX M CORPORATION INC
430 W CLINTON
FARMER CITY, IL 61842

Tax Year: 2006
Property Use: 0060 COMMERCIAL
Tax Code: 08903
Tax Bill #:

Location: CLINTON AVE - HWY 54 WEST
CLINTON

Alternate Parcel #: 20082110030000
Assessment Type: Locally Assessed
State Assessed Value: 0.00
TIF Base Value: 11,929.00

Township: SANTA-ANNA
Subdivision: SA - SECTION 28 - CITY

Sec/Lot:
Legal Township:
Range/Blk:

Acreage:
Homesite: 0.000
Other Taxable: 0.000
Non Taxable: 0.000
Total: 0.000

Legal Description:
S28 T21 R5
PT SW SW BEG INTER E LN W 1/2 SW SW & C/L HWY 54, S132,
E157, N224, SW ALG C/L RD TO POB (EX PT FOR HWY AS IN
DOC 246-205)

Year Begin: 0
Subdivided From Parcel:
Year Retired: 0
Combined Into Parcel:

Valuations

	Local	Supervisor		Board of Review	
	Assessed	Assessed	Equalized	Assessed	Equalized
Land:	4,383	4,383	4,383	4,495	4,495
Farm Land:	0	0	0	0	0
Building:	9,865	9,865	9,865	10,118	10,118
Farm Building:	0	0	0	0	0
	14,248	14,248	14,248	14,613	14,613

New Assessments/Other Changes

Date	Stage	Reason	Amount
12/18/2006	Supervisor	TOWNSHIP EQUALIZATION 1.0256	0

Exemptions

1977 Base Value:	0
Senior Freeze Base :	0

Description	Effective Date	Expires	Qualifying %	Base Amount	Annualized	Amount
-------------	----------------	---------	--------------	-------------	------------	--------

Notes

Date	Description
------	-------------

2006 Taxes (Payable 2007)

Taxes:	1,386.50	Tax Rate:	9.4881
Delinquent Interest:	0.00	Payment Status:	Collected
Fees:	0.00		
Forfeiture Interest:	0.00		

Property Tax

Parcel Data Sheet

DeWitt County

06/05/2017 6:07 pm

Parcel #: 05-28-357-004

Page 2

Payments

<u>Date</u>	<u>Payor</u>	<u>Taxes</u>	<u>Interest</u>	<u>Fees</u>	<u>Total</u>
06/12/2007	MAXWELL WF & MJ & SI	693.25	0.00	0.00	693.25
09/04/2007	MAXWELL WF & MJ & SI	693.25	0.00	0.00	693.25

Parcel Data Sheet

Parcel #: 05-28-357-004

General Information

Owner Name: MAXWELL WF & MJ & SIX M CORP
C/O SIX M CORPORATION INC
430 W CLINTON
FARMER CITY, IL 61842

Location: CLINTON AVE - HWY 54 WEST
CLINTON

Township: SANTA-ANNA

Subdivision: SA - SECTION 28 - CITY

Sec/Lot:

Legal Township:

Range/Blk:

Legal Description:

S28 T21 R5
PT SW SW BEG INTER E LN W 1/2 SW SW & C/L HWY 54, S132,
E157, N224, SW ALG C/L RD TO POB (EX PT FOR HWY AS IN
DOC 246-205)

Tax Year: 2016
Property Use: 0060 COMMERCIAL
Tax Code: 08903
Tax Bill #: 8209
Alternate Parcel #: 20082110030000
Assessment Type: Locally Assessed
State Assessed Value: 0.00
TIF Base Value: 11,929.00

Acreage:
Homesite: 0.000
Other Taxable: 0.000
Non Taxable: 0.000
Total: 0.000

Year Begin: 0
Subdivided From Parcel:
Year Retired: 0
Combined Into Parcel:

Valuations

	Local	Supervisor		Board of Review	
	Assessed	Assessed	Equalized	Assessed	Equalized
Land:	5,431	5,431	5,431	5,431	5,431
Farm Land:	0	0	0	0	0
Building:	29,826	29,826	29,826	29,826	29,826
Farm Building:	0	0	0	0	0
	35,257	35,257	35,257	35,257	35,257

New Assessments/Other Changes

Date	Stage	Reason	Amount
10/17/2016	Supervisor	NEW POLE BUILDING	17,600
10/17/2016	Supervisor	REVALUED	0

Exemptions

1977 Base Value:	0
Senior Freeze Base :	0

Description	Effective Date	Expires	Qualifying %	Base Amount	Annualized	Amount
-------------	----------------	---------	--------------	-------------	------------	--------

Notes

Date	Description
------	-------------

2016 Taxes (Payable 2017)

Taxes:	3,549.98	Tax Rate:	10.06886
Delinquent Interest:	0.00	Payment Status:	Pending
Fees:	0.00		
Forfeiture Interest:	0.00		

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT F

OSFM LETTER TO BILL MAXWELL DATED DECEMBER 8, 1993

MAXWELL DEPOSITION EXHIBIT 3



**Office of the Illinois
State Fire Marshal**

General Office
217-785-0969

Divisions

ARSON INVESTIGATION
217-782-8855

BOILER and PRESSURE
VESSEL SAFETY
217-782-2696

FIRE PREVENTION
217-785-4714

MANAGEMENT SERVICES
217-782-9889

INFIRS
217-785-1016

PERSONNEL
217-785-1009

PERSONNEL STANDARDS
and EDUCATION
217-782-4542

PETROLEUM and
CHEMICAL SAFETY
217-785-5878

PUBLIC INFORMATION
217-785-1021

December 8, 1993

Bill Maxwell
RR 31
Farmer City, IL 61842

In Re: Facility No. 4-014755
Walker Service
West on Route 54 (North Side)
Farmer City, DEWITT CO., IL

Mr. Maxwell:

This letter is being sent as a followup to our Order dated May 20, 1993. After a review of our records it appears that you have complied with this order.

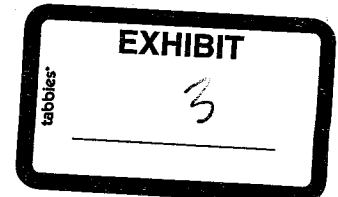
Your cooperation in this matter has been greatly appreciated. If we can be of any further assistance, please contact this Office.

Sincerely,

Keith H. Immke
Legal Counsel
Division of Petroleum and Chemical Safety

KHI/gmb

cc: Farmer City Fire Prot. Dist.
S.T.S.S., OSFM
Facility File ✓





Electronic Filing: Received, Clerk's Office 7/19/2017
 Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

Facility # 4-014755
 Enforcement # _____
 Order Date 5/20/93
 Today's Date 11/9/93

PROGRESS REPORT

OWNER LOCATION

FACILITY LOCATION

Name: Bill Maxwell
 Address: RR #1
 City: FARMER CITY
 State: ILLINOIS
 Zip: 61842

Name: WALKER SERVICE
 Address: WEST ON ROUTE 54 (NORTH S100E)
 City: FARMER CITY
 County: DEWITT

	Compliance	Non-Compliance		Compliance	Non-Compliance
1.	<u>X</u>	_____	6.	_____	_____
2.	_____	_____	7.	_____	_____
3.	_____	_____	8.	_____	_____
4.	_____	_____	9.	_____	_____
5.	_____	_____	10.	_____	_____

Remarks: #1 PROVIDE LEAK DETECTION

IN COMPLIANCE

SEE ATTACHED TANK TEST REPORT &
FACILITY IS KEEPING DAILY INVENTORY

Will Make Recheck: Yes _____ No ✓
 Refer to Legal: Yes _____ No ✓

Person Interviewed: Bill Maxwell
 S.T.S.S.'s Signature: [Signature]

DEC 01 1993
 DIV. OF PETROLEUM & CHEMICAL SAFETY

*1st COMPLIANCE
11/9/93
Dumkaul*



**Office of the Illinois
State Fire Marshal**

General Office
217-785-0969

CERTIFIED MAIL - RECEIPT REQUESTED # P 435 158 619

- Divisions
- ARSON INVESTIGATION
217-782-6855
- BOILER and PRESSURE
VESSEL SAFETY
217-782-2696
- FIRE PREVENTION
217-785-4714
- MANAGEMENT SERVICES
217-782-9889
- INFIRS
217-785-1016
- PERSONNEL
217-785-1009
- PERSONNEL STANDARDS
and EDUCATION
217-782-4542
- PETROLEUM and
CHEMICAL SAFETY
217-785-5878
- PUBLIC INFORMATION
217-785-1021

ADMINISTRATIVE ORDER

May 20, 1993

*6/16/93 - INTERVIEWED
Tom Maxwell going
out for BIDS on LEAK
DETECTION
8/11/93 - SEE ATTACHED*

Bill Maxwell
R.R. #1
Farmer City, IL 61842

In re: Facility No. 4-014755
Walker Service
West on Rt. 54
Farmer City, DEWITT CO., IL

Dear Mr. Maxwell:

An inspection of the above-captioned premises on 05/10/93 by the Office of the State Fire Marshal disclosed the violation(s) as hereinafter set forth, prohibited by Ill. Rev. Stat. 1989, ch. 127½, par. 153 et seq., "Gasoline Storage Act", and as prohibited by 41 Ill. Adm. Code 170, "Storage, Transportation, Sale and Use of Petroleum and Other Regulated Substances", promulgated pursuant to said Act by the Office of the State Fire Marshal.

This inspection cited the following violation(s) of law:

1. A method, or combination of methods, of release detection is not being provided for new or existing UST systems. 170.500(a)

You are hereby ordered to correct said violation(s) forthwith, and this Office will make investigations as to compliance within a reasonable period. If you are ordered to remove an underground storage tank, you are required to obtain a permit from the Springfield Office prior to removal, and you are required to perform a site assessment.

When the violation(s) has been corrected, please notify the Springfield Office and an inspection will then be scheduled.

Failure to comply with this Order will result in a request to the State's Attorney of Dewitt County or Office of the Attorney General to prosecute such refusal and impose any fines or penalties allowed by law.

DEC 01 1993

Bill Maxwell
May 20, 1993
Page 2

Should you elect to appeal this Order, your request must be made within 10 days, not including the date of receipt. The appeal should be requested in writing and addressed to Shelly Martin, Administrative Hearing Secretary, 1035 Stevenson Drive, Springfield, Illinois 62703-4259.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keith H. Immke', written over a horizontal line.

Keith H. Immke
Legal Counsel
Division of Petroleum and Chemical Safety

KHI/jrt

cc: Farmer City Fire Prot. Dist.
S.T.S.S., OSFM
Facility File

QUALIFIED TESTING COMPANY

TANK TESTING REPORT FORM PETROTITE TESTS

TEST Facility Name WALKERS SERVICE STATION
 LOCATION Street Address R#54 409 CLINTON AVE
 City, State, Zip FARMER CITY, ILLINOIS 61842
 Facility I.D. (if known) _____

Tank I.D. (if known) STEEL Suction or Submerged _____
 Number of Tanks 3 circle one or both.
 Number Tested 3

Size of Tank(s)

1	2	3	4	5	6
10,000	4000	2000			

 Are Tanks Manifolded which one(s). Circle number manifolded

Product contained in Tank(s)

1	2	3	4	5	6
Unleaded	Super UL	DIESEL			

Was piping also tested? YES NO YES NO YES NO YES NO YES NO YES NO

COMPANY
 CONDUCTING
 TEST
 QUALIFIED TESTING CO.
 P. O. BOX 92 PH. 309-962-9644
 LE ROY, IL 61752

State Registration Number ILLINOIS 371-21-3472

Name of person(s) conducting test GENE BROTHERTON

LINES AND Tank(s) Tight - not leaking. If Tank and/or line is leaking circle number of corresponding number.
 Cathodic protection system working properly. T1 T2 T3 T4 T5 T6
 Tank leaking (provide details on reverse side). L1 L2 L3 L4 L5 L6
 Cathodic protection system not working properly. (please explain on reverse side)
 Other (provide details on reverse side).

Signature of person conducting test Gene Brotherton

Date of Test 7/11/93 Date of Signature 7/12/93

CHECK LIST

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Steel Tanks | <input type="checkbox"/> Remote Fills | <input type="checkbox"/> Vapor Recovery |
| <input checked="" type="checkbox"/> Steel Lines | <input type="checkbox"/> Overfill Containment | <input type="checkbox"/> Monitor Wells |
| <input type="checkbox"/> Fiberglass Tanks | <input type="checkbox"/> Product Level Sensor | <input type="checkbox"/> Line Leak Detectors |
| <input type="checkbox"/> Fiberglass Lines | | |

NOV 15 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

DEC 01 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

QUALIFIED TESTING COMPANY

Data Chart for Tank System Tightness Test

QUALIFIED TESTING CO
 PH. 309-962-9644
 P. O. BOX 92
 LE ROY, IL 61752

petro title
 TANK TESTER

PLEASE PRINT

1. OWNER Property Tank(s)

Name: WALKERS SERVICE STATION Address: RT 54 - 409 Clinton Ave, Farmerville, Illinois Telephone: 928-9291

2. OPERATOR

Name: _____ Address: _____ Telephone: _____

3. REASON FOR TEST (Explain Fully)

TEST TANK AND SYSTEMS FOR TIGHTNESS

4. WHO REQUESTED TEST AND WHEN

Name: TOM MAXWELL Title: _____ Company or Affiliation: _____ Date: _____ Telephone: 928-9291

5. WHO IS PAYING FOR THIS TEST?

Company, Agency or Individual: WALKERS SERVICE STATION Person Authorizing: _____ Title: _____ Telephone: _____

Billing Address: FARMER CITY, ILLINOIS 61842 City: _____ State: _____ Zip: _____

Attention of: _____ Order No. _____ Other Instructions: _____

Unleaded

STATION TANK(S) INVOLVED	Identify by Direction	Capacity	Brand/Supplier	Grade	Approx. Age	Steel/Fiberglass
1. WEST TANK		10,000		Unleaded		STEEL
2. CENTER TANK		4,000		SUPER UL		STEEL
3. EAST TANK		2,000		DIESEL		STEEL

7. INSTALLATION DATA

Location: <u>East of Station Bldg.</u>	Cover: <u>EARTH</u>	Fills: <u>3"</u>	Vents: <u>2"</u>	Siphones: <u>NONE</u>	Pumps: <u>Suction Wayne and Bennett</u>
North inside driveway, Rear of station, etc.	Concrete, Black Top, Earth, etc.	Size, Titlefit make, Drop tubes, Remote Fills	Size, Manifolded	Which tanks?	Suction, Remote, Make if known

8. UNDERGROUND WATER

Depth to the Water table: 112 Is the water over the tank? Yes No

9. FILL-UP ARRANGEMENTS

Tanks to be filled: 0720 AM 7/11/93 Date: 7/11/93 Arranged by: Doug Name: _____ Telephone: _____

Extra product to "top off" and run TSTT. How and who to provide? Consider NO Lead.

Terminal or other contact for notice or inquiry: _____ Company: _____ Name: _____ Telephone: _____

Unleaded

10. CONTRACTOR, MECHANICS, any other contractor involved

11. OTHER INFORMATION OR REMARKS

TEST RESULTS SENT TO STATE FIRE MARSHAL'S OFFICE SPRINGFIELD, ILLINOIS

Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test etc.

Unleaded

12. TEST RESULTS

Tests were made on the above tank systems in accordance with test procedures prescribed for **petro title** as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
1. WEST TANK Unleaded	Tight	003 = 1 HOUR	7/11/93
2. CENTER TANK SUPER UL	Tight	002 = 1 HOUR	7/11/93
3. EAST TANK Diesel	Tight	030 = 1 HOUR	7/11/93

13. CERTIFICATION

12251123 Date: 12/15/85 Serial No of Thermal Sensor: 1226

GENE BROTHERTON Technicians

QUALIFIED TESTING CO. Testing Contractor or Company. By: Gene Brotherton Signature. P.O. Box 92, Le Roy, Illinois 61752 PHONE 309/962-9644

Address No. and Street(s) _____ City _____ State _____ Date of Test _____

15. TANK TO TEST WEST TANK
 Identity by position UNGRADED
 Brand and Grade DISK

16. CAPACITY
 Nominal Capacity 10000 Gallons
 By most accurate capacity chart available 10152 Gallons

17. FILL-UP FOR TEST
 Slick Water Bottom before Fill-up 0 in. to 0 in. Tank Diameter 96" X 27' 2"
 Inventory 10152 Gallons

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK
 Water in tank Line(s) being tested with LVLTT
 High water table in tank excavation

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY
 Bottom of tank to grade 144 in.
 Add 30" for T probe assembly 30 in.
 Total tubing to assemble - approximate 174 in.

20. EXTENSION HOSE SETTING
 Tank top to grade 48 in.
 Extend hose on suction tube 6" or more below tank top 3' FULL

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24B. COEFFICIENT OF EXPANSION RECIPROCAL METHOD
 Type of Product UNGRADED
 Hydrometer Employed 7
 Temperature in Tank After Circulation 64 °F
 Temperature of Sample 90 °F
 Difference (T-1) 26 °F
 Observed A.P.I. Gravity 60
 Reciprocal 10160 Page # 602
 Total quantity in full tank (18 or 17) 1547 Reciprocal 6.56755
 Volume change in the tank per °F

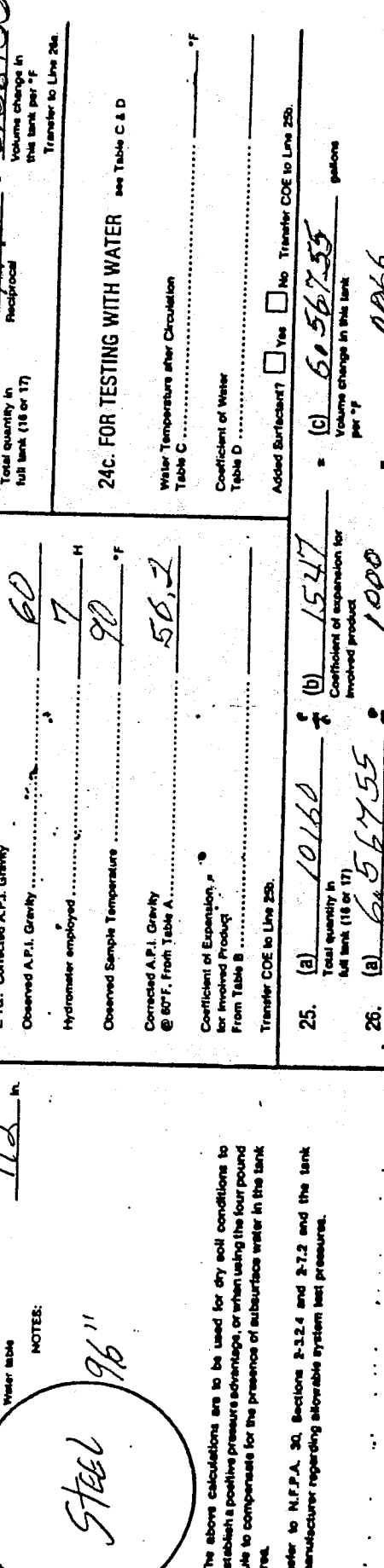
22. Thermal-Sensor reading after circulation 64 digits
64 / 65 Between

23. Digits per °F in range of expected change 60
 COEFFICIENT OF EXPANSION (Complete after circulation)
 24a. Corrected A.P.I. Gravity 7
 Observed A.P.I. Gravity 90
 Hydrometer employed 50.2
 Observed Sample Temperature 50.2
 Corrected A.P.I. Gravity @ 60°F. From Table A

25. (a) 10160 (b) 1547
 Total quantity in full tank (18 or 17) Coefficient of expansion for involved product
 (a) 6.56755 (b) 1000
 Volume change per °F (25 or 30) Digits per °F in tank Range (27)

24C. FOR TESTING WITH WATER see Table C & D
 Water Temperature after Circulation Table C _____ °F
 Coefficient of Water Table D _____
 Added Surfactant? Yes No Transfer COE to Line 25b.

26. This is _____
 Volume change per eight _____
 Convert to 4 decimal places _____



DEC 01 1993

NOV 15 1993

57 Tank
 LEADED
 Hook List

28. DATE	LOG OF TEST PROCEDURES	29. Sequence No.	30. Storage Level in Tanks		31. Product in Products		32. Product Approved (1-1)	33. Product Recovered (%)	34. Thermal Sensor Reading	35. Change Meter Level (10)	36. Compensation (+) or Correction (-)	37. Temperature Adjustment	38. Net Volume Change (each Reading)	39. Accumulative Change
			Beginning of Reading	Level to which Refilled	Before Reading	After Reading								
	"A" FACTOR .0006													
	TANK SIZE 10,000	1	368	42	96	55	-400		410	+8	+0.54	-464	-464	
	Dia-Length 26x37	2	37	42	55	16	+390		413	+3	+0.20	-418	-874	
	WATER IN TANK -0-	3	409	42	16	6	+102		438	+23	+1.65	-265	-1.139	
	WATER TABLE 11 1/4	4	412	42	6	5	+010		482	+14	+0.90	-300	-1.439	
	DROP TURB. REMOVABLE	5	424	42	5	8	+630		507	+23	+1.65	-135	1.574	
	OR PERMANENT	6	424	42	8	15	+070		531	+24	+1.58	-388	-1.663	
	HAIRWAYS	7	424	42	15	24	+090		553	+22	+1.45	-255	-1.717	
	VAPOR RECOVERY UNIT	8	424	42	24	35	+110		575	+22	+1.45	-235	-1.752	
	Remote fills													
	SUCTION OR RAM													
	manifold on tanks		SENSOR only						595	+20	+1.32			
	VALVE IN MANIFOLD LINE													
	vent pipes 2		SENSOR only						615	+20	+1.32			
	Bleed Sup. pump													
	Cap. Air Valve IN													
	Suction pumps													
	LEAK DETECTOR'S		LOW LEVEL											
	monitor work													
	Remove check valve	1	124	12	4	8	+040		621	+6	+0.40	+0.00	+0.00	
	from overfill tank	2	124	12	8	12	+040		626	+5	+0.33	+0.07	+0.07	
	check for Spillage	3	124	12	12	16	+040		633	+7	+0.46	-0.06	+0.01	
	check inside all	4	124	12	16	20	+040		640	+7	+0.46	-0.06	+0.05	
	pumps & dispenser	5	124	12	20	24	+040		646	+6	+0.40	+0.00	-0.05	
	for leaks	6	124	12	24	28	+040		653	+7	+0.46	-0.06	-0.11	
		7	124	12	28	32	+040		658	+5	+0.33	+0.07	-0.04	
		8	124	12	32	36	+040		664	+6	+0.40	+0.00	-0.04	
		9	124	12	36	40	+040		670	+6	+0.40	+0.00	-0.04	

TANK AND
 10.9
 -0.03 = 1 Hour
 21 - 0.06 = 2 Hours

10	124	12	40	44	+040	675	+5	+0.33	+0.07	+0.03
11	124	12	44	48	+040	682	+7	+0.46	-0.06	-0.03
12	124	12	48	52	+040	688	+6	+0.40	+0.00	-0.03
13	124	12	52	56	+040	694	+6	+0.40	+0.00	-0.03
14	124	12	56	60	+040	699	+5	+0.33	+0.07	+0.04
15	124	12	60	64	+040	706	+7	+0.46	-0.06	-0.02
16	124	12	64	68	+040	713	+7	+0.46	-0.06	-0.08
17	124	12	68	72	+040	719	+6	+0.40	+0.00	-0.08
18	124	12	72	76	+040	725	+6	+0.40	+0.00	-0.08
19	124	12	76	80	+040	732	+7	+0.46	-0.06	-0.14
20	124	12	80	84	+040	737	+5	+0.33	+0.07	-0.07
21	124	12	84	88	+040	743	+6	+0.40	+0.00	-0.07
22	124	12	88	92	+040	750	+7	+0.46	-0.06	-0.13
23	124	12	92	96	+040	755	+5	+0.33	+0.07	-0.06
24	124	12	96	100	+040	761	+6	+0.40	+0.00	-0.06

P-T Tank Test Data Chart
 Additional Info

Statement
 Tank and product handling system has been tested light according to the Precision Test Criteria as established by N.F.P.A. publication 379. This is not intended to indicate permission of a leak.

It is the responsibility of the owner and/or operator of the system to immediately advise state and local authorities of any suspected hazard and the possibility of any release into pollution to the environment as a result of the indicated failure of the system. Health Consultants Incorporated does not assume any responsibility or liability for any loss of product to the environment.

Tank and product handling system has failed the leak tolerance test according to the Precision Test Criteria as established by
 -0.003
 Henry B. Smith

Name of Supplier, Owner or Dealer: _____ City: _____ State: _____ Date of Test: _____

Address No. and Street(s): _____

15. TANK TO TEST
 CENTER TANK
 Super Unleaded
 Identity by position: _____
 Brand and Grade: _____

15a. BRIEF DIAGRAM OF TANK FIELD
 5' ↑
 E → W
 N ↑
 84" x 14"

16. CAPACITY
 Nominal Capacity: 4000 Gallons
 By most accurate capacity chart available: 4020 Gallons

17. FILL-UP FOR TEST
 Black Water Bottom before Fill-up: 0 in.
 to "N": 0 -
 Gallons: 4020

Inventory: 4020

Total Gallons as Reading: _____

From: Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with
 Other

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK
 Water in tank
 Line(s) being tested with LVLTT
 High water table in tank excavation

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY
 Bottom of tank to grade: 131 in.
 Add 30" for "T" probe assembly: 30 in.
 Total tubing to assemble - approximate: 167 in.

20. EXTENSION HOSE SETTING
 Tank top to grade: 3" Fill
 Extend hose on suction tube 6" or more below tank top: _____ in.

21. VAPOR RECOVERY SYSTEM
 Stage I
 Stage II
 Transfer total to line 25: _____

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD
 Type of Product: SUPER UNLEADED
 Hydrometer Employed: 6 H
 Temperature in Tank After Circulation: 65 °F
 Temperature of Sample: 194 °F
 Difference (T-T): 79 °F
 Observed A.P.I. Gravity: 57
 Reciprocal: 1533 Page 8-59
 Total quantity in full tank (16 or 17): 4030 Reciprocal: 1533
 Volume change in this tank per °F: 0.6288328
 Transfer to Line 24c

22. Thermal-Sensor reading after circulation: 64.577 digits
 Between: 64.125 °F

23. Digits per °F in range of expected change: 57 digits

COEFFICIENT OF EXPANSION (Complete after circulation)
 24a. Corrected A.P.I. Gravity: 57
 Observed A.P.I. Gravity: _____
 Hydrometer employed: 6 H
 Observed Sample Temperature: 74 °F
 Corrected A.P.I. Gravity @ 60°F From Table A: 55.3

25. (a) 4020 (b) 1533
 Total quantity in full tank (16 or 17): 4020
 Coefficient of expansion for involved product: 1000
 Volume change per °F (20 or 24): 1000
 Range (23): _____

26. Volume change per °F in test: 1000
 This is test factor (a): _____

24c. FOR TESTING WITH WATER see Table C & D
 Water Temperature after Circulation Table C: _____
 Coefficient of Water Table D: _____
 Added Surfactant? Yes No Transfer COE to Line 25b.

NOTE:
 The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
 Refer to N.F.P.A. 90, Sections 2-3.2.4 and 3-7.3 and the tank manufacturer regarding allowable system test pressure.

ERTANK
 OGR
 loaded
 back
 list

27. Sensor Calibration		28. LOG OF TEST PROCEDURES		29. Standings Level in series		30. Product in Brackets		31. Product Applied (-/+)		32. Thermal Sensor Readings		33. Change Meter - (d)		34. Computations		35. Net Volume Change		36. Accumulative Change		
DATE	Record details of setting up and running test (Use full length of line if needed)	Beginning of Reading	Level to which Refilled	Before Reading	After Reading	Product Recovered (%)	Product Recovered (%)	Thermal Sensor Reading (d + 10)	Change Meter - (d)	Computations (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	Net Volume Change (d + 10) - (Emission) + (Correction) - (Contraction) -	
	"A" FACTOR - .0026																			
	TANK SIZE 4,000	1	40 42	50	42	0.80		548	+21	+2.55	-135	-135								
	Dia. Length 8 1/4 x 14	2	42 42	42	43	+0.10		590	+22	+2.57	-0.47	-182								
	WATER IN TANK 0	3	42 42	43	46	+0.30		590	+20	+2.52	+2.22	-204								
	WATER TABLE 114	4	42 42	46	52	+0.60		614	+24	+2.62	-0.02	-206								
	DRAP. TURB. Removable	5	42 42	52	58	+0.60		638	+24	+2.62	-0.02	-208								
	OR permanent	6	42 42	58	73	+0.50		658	+20	+2.52	-0.02	-210								
	HAN. ways	7																		
	VAPOR RECOVERY UNIT	8																		
	Remote fill																			
	SUCTION OR. RAM																			
	MANIFOLD IN TANKS		SENSOR only																	
	VALVE IN MANIFOLD LINE																			
	VENT PIPES 2'		SENSOR only																	
	BLEED SUP. PUMP																			
	Cap. AIR LINE IN																			
	SUCTION PUMPS																			
	LEAK DETECTOR'S		Low Level																	
	MONITOR WAYS	1	12 12	2	3	+0.10		691	+5	+0.13	-0.03	-0.03								
	REMOVE CHECK VALVE	2	12 12	3	5	+0.20		698	+7	+0.18	+0.02	-0.01								
	FROM OVER FILL TANK	3	12 12	5	7	+0.20		705	+7	+0.19	+0.02	+0.01								
	CHECK FOR SPILLAGE	4	12 12	7	9	+0.20		713	+8	+0.21	-0.02	+0.00								
	CHECK INSIDE AND	5	12 12	9	11	+0.20		721	+8	+0.21	-0.02	-0.01								
	PUMPS & DISPENSER	6	12 12	11	13	+0.20		727	+6	+0.16	+0.04	+0.03								
	FOR LEAKS.	7	12 12	13	15	+0.20		736	+9	+0.23	-0.03	+0.00								
		8	12 12	15	17	+0.20		744	+8	+0.21	-0.01	-0.01								
		9	12 12	17	19	+0.20		752	+8	+0.21	-0.01	-0.02								

TANK AND SYSTEM
 Tight
 -0.001 = 1 HOUR
 -0.002 = 2 HOURS

		10	12 12	19	21	+0.20		760	+8	+0.21	-0.01	-0.03								
		11	12 12	21	23	+0.20		767	+7	+0.18	+0.02	-0.01								
		12	12 12	23	25	+0.20		774	+7	+0.18	+0.02	+0.01								
		13	12 12	25	27	+0.20		783	+9	+0.23	-0.03	-0.02								
		14	12 12	27	29	+0.20		792	+9	+0.23	-0.03	-0.02								
		15	12 12	29	31	+0.20		799	+7	+0.19	+0.02	-0.03								
		16	12 12	31	32	+0.10		807	+8	+0.21	-0.02	-0.04								
		17	12 12	32	35	+0.30		815	+8	+0.21	-0.01	-0.05								
		18	12 12	35	37	+0.20		822	+7	+0.18	+0.02	-0.03								
		19	12 12	37	39	+0.20		829	+7	+0.18	+0.02	-0.01								
		20	12 12	39	41	+0.20		836	+7	+0.18	+0.02	+0.01								
		21	12 12	41	43	+0.20		843	+7	+0.18	+0.02	+0.03								
		22	12 12	43	45	+0.20		852	+9	+0.23	-0.03	+0.00								
		23	12 12	45	47	+0.20		860	+8	+0.21	-0.02	-0.01								
		24	12 12	47	49	+0.20		868	+8	+0.21	-0.02	-0.02								

P-T Tank Test Data Chart
 Additional Info

-0.001

Statement
 Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.P.A. Publication 329. This is not intended to indicate permission of a test.

It is the responsibility of the owner and/or operator of the system to immediately advise state and local authorities of any implied hazard and the possibility of any recoverable pollution to the environment as a result of the indicated failure of the system. Health Consultants Incorporated does not assume any responsibility or liability for any loss of product to the environment.

3, WALKER'S SERVICE CORPORATION, 1101 UNION BLVD, PARKER, ILL., 60130, A FULLY

15. TANK TO TEST
Name of Supplier, Owner or Dealer: WALKER'S SERVICE CORPORATION
Address No. and Street(s): 1101 UNION BLVD
City: PARKER State: ILL. Date of Test: 7/19/17

16. CAPACITY
Nominal Capacity: 2000 Gallons
By most accurate capacity chart available: 2006 Gallons

17. FILL-UP FOR TEST
Stick Water Bottom before fill-up: 0 in. to 0 in. Gallons
Inventory: 2006 Gallons
Total Gallons as Filling: _____

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK
See manual sections applicable. Check below and record procedure in log (27).
Use maximum allowable test pressure for all tests. Four pound rule does not apply to double-walled tanks.
Complete section below:
1. Is four pound rule required? Yes No
2. Height to 12" mark from bottom of tank: _____ in.
3. Pressure at bottom of tank: _____ P.S.I.
4. Pressure at top of tank: _____ P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY
Bottom of tank to grade: 98 in.
Add 30" for T probe assembly: 30 in.
Total tubing to assemble - approximate: 128 in.

20. EXTENSION HOSE SETTING
Tank top to grade: 3' Fill in.
Extend hose on suction tube 6" or more below tank top: _____ in.

22. Thermal Sensor reading after circulation: 67.537 digits
68.170 digits between

23. Digits per °F in range of suspected change: _____ digits
COEFFICIENT OF EXPANSION (Complete after circulation)
24a. Corrected A.P.I. Gravity: 35
Observed A.P.I. Gravity: _____

Hydrometer employed: 4 H
Observed Sample Temperature: 74 °F
Corrected A.P.I. Gravity @ 80°F, from Table A: 34.0

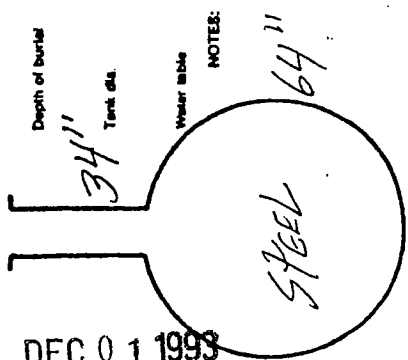
25. (a) 2010 (b) 2186
Total quantity in full tank (16 or 17): _____ gallons
Coefficient of expansion for involved product: _____ per °F
Volume change per °F in tank: 1000 gallons
Range (23): _____

26. (a) 2010 (b) 2186
Total quantity in full tank (16 or 17): _____ gallons
Coefficient of expansion for involved product: _____ per °F
Volume change per °F in tank: 1000 gallons
Range (23): _____

21. VAPOR RECOVERY SYSTEM Stage I Stage II
Transfer total to line 25a: _____

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD
Type of Product: #2 DIESEL
Hydrometer Employed: A H
Temperature in Tank After Circulation: 70 °F
Temperature of Sample: 74 °F
Difference (+/-): 4 °F
Observed A.P.I. Gravity: 35
Reciprocal: 2186 Page # 58
Total quantity in full tank (16 or 17): 2010 Reciprocal: 2186
Volume change in this tank per °F: _____
Transfer to Line 24a: _____

24c. FOR TESTING WITH WATER see Table C & D
Water Temperature after Circulation Table C: _____ °F
Coefficient of Water, Table D: _____
Added Surfactant? Yes No Transfer COE to Line 25b: _____



The above calculations are to be used for dry soil conditions to establish positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

DEC 01 1993
DIV. OF PETROLEUM & CHEMICAL SAFETY

NOV 15 1993
DIV. OF PETROLEUM & CHEMICAL SAFETY

EAST TANK
#2 Diesel
Check List

27. Sensor Calibration S, I		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO 0.1 GAL.		34. TEMPERATURE COMPENSATION USE FACTOR (H)			36. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE		
LOG OF TEST PROCEDURES		Storage Level in inches		Product in Storage		Product Recovered (L)			Temperature Adjustment	Net Low Level Change per Hour (NET) (H)		
DATE	Record details of setting up and running test (Use full length of line if needed.)	Reading No.	Beginning of Reading	Level to which Refilled	Before Reading	After Reading	Product Recovered (L)	Thermal Sensor Reading	Change Higher - Lower - (H)	Compensation (C) + (H) + Expansion - Contraction -	Volume Change (L) or Correction (L) (32°F) - (32°F)	Net Low Level Change per Hour (NET) (H)
	"A" FACTOR 2009							695.7				
	TANK SIZE 2,000	1	418	42	8	6	-0.20	605	+68	+0.01	-0.01	-0.81
	DIA - LENGTH 60" x 12	2	421	42	6	6	+0.00	666	+61	+0.55	-0.55	-1.36
	WATER IN TANK -0-	3	424	42	6	6	+0.00	728	+62	+0.56	-0.56	-1.92
	WATER TABLE	4	424	42	6	6	+0.00	800	+72	+0.65	-0.65	-2.57
	DROP. TUBG. Removable OR permanent	5	424	42	6	7	+0.10	860	+60	+0.291	-0.44	-3.01
	MAN-WAYS	6		42								
	VAPOR RECOVERY UNIT Remote fills	7		42								
	SUCTION OR. RAM MANIFOLD Tanks											
	VALVE IN manifold LINE		SENSOR only									
	vent pipes 2"		SENSOR only									
	Bleed SUP. pump											
	Cap. AIR LINE IN Suction pumps											
	LEAK DETECTOR'S monitor works		Low LEVEL									
	Remove check valve from OVER fill tank	1	12+12		2	3	+0.10	702	+14	+0.13	-0.03	-0.03
	check for Spillage	2	12+12		3	4	+0.10	717	+15	+0.14	-0.04	-0.07
	check inside all pumps & dispenser for Leaks	3	12+12		4	5	+0.10	731	+14	+0.13	-0.03	-0.10
		4	12+12		5	6	+0.10	741	+18	+0.09	+0.01	-0.09
		5	12+12		6	7	+0.10	751	+16	+0.09	+0.01	-0.08
		6	12+12		7	8	+0.10	766	+15	+0.14	-0.04	-0.12
		7	12+12		8	9	+0.10	781	+15	+0.14	-0.04	-0.16
		8	12+12		9	10	+0.10	793	+12	+0.11	-0.01	-0.17
		9	12+12		10	11	+0.10	808	+15	+0.14	-0.04	-0.21

TANK AND SYSTEM TIGHT

0.30 = 1 Hour
0.60 = 2 Hours

		10	12+12		11	12	+0.10	824	+16	+0.14	-0.04	-0.25
		11	12+12		12	13	+0.10	841	+17	+0.15	-0.05	-0.30
		12	12+12		13	14	+0.10	854	+13	+0.12	-0.02	-0.32
		13	12+12		14	15	+0.10	867	+13	+0.12	-0.02	-0.34
		14	12+12		15	16	+0.10	881	+14	+0.13	-0.03	-0.37
		15	12+12		16	17	+0.10	893	+12	+0.11	-0.01	-0.38
		16	12+12		17	18	+0.10	908	+15	+0.14	-0.04	-0.42
		17	12+12		18	19	+0.10	920	+12	+0.11	-0.01	-0.43
		18	12+12		19	20	+0.10	936	+16	+0.14	-0.04	-0.47
		19	12+12		20	21	+0.10	951	+15	+0.14	-0.04	-0.51
		20	12+12		21	22	+0.10	963	+12	+0.11	-0.01	-0.52
		21	12+12		22	23	+0.10	977	+14	+0.13	-0.03	-0.55
		22	12+12		23	24	+0.10	990	+13	+0.12	-0.02	-0.57
		23	12+12		24	25	+0.10	000	+10	+0.09	+0.01	-0.56
		24	12+12		25	26	+0.10	015	+15	+0.14	-0.04	-0.60

P-T Tank Test Data Chart
Additional Info

Statement:
Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

It is the responsibility of the owner and/or operator of the system to immediately advise state and local authorities of any implied hazard and the possibility of any reportable pollution to the environment as a result of the indicated failure of the system. Health Consultants Incorporated does not assume any responsibility or liability for any loss of product to the environment.



Office of the State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

Electronic Filing Received Clerk's Office 7/19/2017

Facility # 4-014755
 Enforcement # _____
 Order Date 5/20/93
 Today's Date 8/11/93

PROGRESS REPORT

OWNER LOCATION

FACILITY LOCATION

Name: Bill Maxwell
 Address: RR #1
 City: FARMER CITY
 State: IL
 Zip: 61842

Name: WALKER SERVICE
 Address: RT 54 WEST
 City: FARMER CITY
 County: DEWITT

	Compliance	Non-Compliance		Compliance	Non-Compliance
1.	_____	<u>X</u>	6.	_____	_____
2.	_____	_____	7.	_____	_____
3.	_____	_____	8.	_____	_____
4.	_____	_____	9.	_____	_____
5.	_____	_____	10.	_____	_____

Remarks: #1 LEAK DETECTION

MR MAXWELL WAS AWAY FROM THE STORE THIS DATE AND WAS UNABLE TO RECEIVE A STATUS REPORT

Will Make Recheck: Yes ✓ No _____

Refer to Legal: Yes _____ No ✓

Person Interviewed: _____

S.T.S.S.'s Signature: [Signature]

DEC 01 1993
 DIV. OF PETROLEUM & CHEMICAL SAFETY



Office of the Illinois
State Fire Marshal

General Office

217-785-0969

Divisions

ARSON INVESTIGATION
217-782-6855

BOILER and PRESSURE
VESSEL SAFETY
217-782-2696

FIRE PREVENTION
217-785-4714

MANAGEMENT SERVICES
217-782-9889

INFIRS
217-785-1016

PERSONNEL
217-785-1009

PERSONNEL STANDARDS
and EDUCATION
217-782-4542

PETROLEUM and
CHEMICAL SAFETY
217-785-5878

PUBLIC INFORMATION
217-785-1021

CERTIFIED MAIL - RECEIPT REQUESTED # P 435 158 619

ADMINISTRATIVE ORDER

May 20, 1993

Bill Maxwell
R.R. #1
Farmer City, IL 61842

In re:

Facility No. 4-014755
Walker Service
West on Rt. 54
Farmer City, DEWITT CO., IL

Dear Mr. Maxwell:

An inspection of the above-captioned premises on 05/10/93 by the Office of the State Fire Marshal disclosed the violation(s) as hereinafter set forth, prohibited by Ill. Rev. Stat. 1989, ch. 127½, par. 153 et seq., "Gasoline Storage Act", and as prohibited by 41 Ill. Adm. Code 170, "Storage, Transportation, Sale and Use of Petroleum and Other Regulated Substances", promulgated pursuant to said Act by the Office of the State Fire Marshal.

This inspection cited the following violation(s) of law:

1. A method, or combination of methods, of release detection is not being provided for new or existing UST systems. 170.500(a)

You are hereby ordered to correct said violation(s) forthwith, and this Office will make investigations as to compliance within a reasonable period. If you are ordered to remove an underground storage tank, you are required to obtain a permit from the Springfield Office prior to removal, and you are required to perform a site assessment.

When the violation(s) has been corrected, please notify the Springfield Office and an inspection will then be scheduled.

Failure to comply with this Order will result in a request to the State's Attorney of Dewitt County or Office of the Attorney General to prosecute such refusal and impose any fines or penalties allowed by law.

Bill Maxwell
May 20, 1993
Page 2

Should you elect to appeal this Order, your request must be made within 10 days, not including the date of receipt. The appeal should be requested in writing and addressed to Shelly Martin, Administrative Hearing Secretary, 1035 Stevenson Drive, Springfield, Illinois 62703-4259.

Sincerely,



Keith H. Immke
Legal Counsel
Division of Petroleum and Chemical Safety

KHI/jrt

cc: Farmer City Fire Prot. Dist.
S.T.S.S., OSFM
Facility File



1035 STEVENSON DRIVE
SPRINGFIELD, ILLINOIS 62703-4259

PERMIT # N/A

MAY 19 1993 DATE 5/10/93

INSPECTION LOG

DIV. OF PETROLEUM & CHEMICAL SAFETY

OWNER

LOCATION

Name: BILL MAXWELL
Address: RR #1
City: FARMER CITY State: IL
Zip: 61842 Phone: (309) 928-2321
Atten: BILL MAXWELL

Name: WALKER SERVICE
Operator: DAUG MAXWELL
Address: W. ON RT 54
City: FARMER CITY Zip: 61842
County: DEWITT
Phone: (309) 928-2321

Fire Department: FARMER CITY FPD
Address: RR #1 BOX 38
City: FARMER CITY Zip: 61842
Fire Chief: RALPH KING

Total number of deficiencies ONE

- The owner of any underground storage tank used to store a regulated substance since January 1, 1974 shall register any such tank on forms prescribed by the OSFM. 170.71 Total number of tanks _____
- Any changes to the original notification form shall be amended and submitted to the Office of the State Fire Marshal, within 30 days, commencing from the date of change. 170.440(f)
- Underground storage tank(s) abandoned one year shall be removed from the site within the immediate subsequent year. Underground storage tanks out of use two years must be removed immediately. 170.670(a)
Number of tanks _____ Estimated date last used _____
- Any person who is an installer, repairer or remover of underground storage tanks is to register with the OSFM and pay an annual registration fee. 170.107
- A permit per site to install, repair, remove or abandon in place an underground storage tank(s) has not been properly obtained. 170.106(b)
- A method, or combination of methods, of release detection is not being provided for new or existing UST systems. 170.500(a)
- Removal of liquids and residues from the UST did not meet proper requirements as per API 1604(3.2.4.), API 1604 (4.1.3.), 170.670(a)(2)
- Vent all vapors from the tank at a minimum height of 12 feet above grade and three feet above any adjacent roof lines until the UST is purged of all flammable vapors. API 1604 (4.2.2.), 170.670(a)(2)

Flammable vapors shall be removed from the UST by one of the methods described in 4.2.2. - 4.2.7. of API 1604. API 1604(4.2.1), 170.670(a)(2)

Before initiating any work in the excavation zone or on a UST, a combustible gas indicator shall be used to assess vapor concentrations in the UST and work area. API 1604 (4.2.1.), 170.670(a)(2)

Before removal is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations and measure methods, owners and operators must consider the method of removal, the nature of the stored substance, the type of backfill, the presence of a release. Soil samples shall be taken, and the analysis is to be sent to our Office. It is advisable that a Professional Engineer take the samples. If contamination is determined to be present, Illinois Emergency Management Agency shall be contacted (800/782-7860) by the owner within 24 hours. 170.640(a)

Release investigation and confirmation steps:

Systems test. Owners and operators must conduct test according to the requirements for tightness testing in Sections 170.530(c) and 170.540(b) that determine whether a leak exists in that portion of the tank that routinely contains product, or the attached delivery piping, or both. If the test results do not indicate that a leak exists but environmental contamination is the basis for suspecting a release, a site check must be conducted. In a site check, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. 170.580(a)(b)

Off site contamination is present in the form of free product or vapors in soils, basements, sewers, utility lines, or nearby surface or drinking water. Soil samples shall be taken, and the analysis is to be sent to our Office. It is advisable that a Professional Engineer take the samples. If contamination is determined to be present, Illinois Emergency Management Agency shall be contacted (800/782-7860) by the owner within 24 hours. 170.570

OSFM Note: AS per FACILITY Print out All Four
Active UST(S) AT THIS FACILITY ARE 21 YEARS OLD.
AS per interview with operator Doug Maxwell
they stick the tank ABOUT every two or three
DAYS BUT HAVE NOT YET DONE ANYTHING TO
COMPLY WITH THE LEAK DETECTION REQUIREMENTS


STORAGE TANK SAFETY SPECIALIST



Electronic Filing: Received, Clerk's Office 7/19/2017
 Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

Facility # 4-014755
 Enforcement # _____
 Order Date 5/20/93
 Today' Date 6/16/93

PROGRESS REPORT

OWNER LOCATION

FACILITY LOCATION

Name: Bill Maxwell
 Address: RR #1
 City: FARMER CITY
 State: ILLINOIS
 Zip: 61842

Name: WALKER'S SERVICE
 Address: WEST ON RT 54
 City: FARMER CITY
 County: DEWITT

	Compliance	Non-Compliance		Compliance	Non-Compliance
1.	_____	<u>X</u>	6.	_____	_____
2.	_____	_____	7.	_____	_____
3.	_____	_____	8.	_____	_____
4.	_____	_____	9.	_____	_____
5.	_____	_____	10.	_____	_____

Remarks: (#1 PROVIDE LEAK DETECTION FOR UST(S)). A PER
TOM MAXWELL THEY ARE CURRENTLY GOING OUT FOR
BIDS TO HAVE LEAK DETECTION DONE OR INSTALLED

Will Make Recheck: Yes X No _____
 Refer to Legal: Yes _____ No X

JUN 23 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

Person Interviewed: Tom Maxwell
 S.T.S.S.'s Signature: [Signature]



Electronic Filing: Received Clerk's Office 7/19/2017
 Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

Facility # 4-014755
 Enforcement # _____
 Order Date 5/20/93
 Today' Date 8/11/92

PROGRESS REPORT

OWNER LOCATION

FACILITY LOCATION

Name: Bill Maxwell
 Address: RR #1
 City: FARMER CITY
 State: IL
 Zip: 61842

Name: WALKER SERVICE
 Address: RT 54 WEST
 City: FARMER CITY
 County: DEWITT

	Compliance	Non-Compliance		Compliance	Non-Compliance
1.	_____	<u>X</u>	6.	_____	_____
2.	_____	_____	7.	_____	_____
3.	_____	_____	8.	_____	_____
4.	_____	_____	9.	_____	_____
5.	_____	_____	10.	_____	_____

Remarks: #1 LEAK DETECTED

MR MAXWELL WAS AWAY FROM THE STORE THIS DATE AND WAS UNABLE TO RECEIVE A STATUS REPORT

Will Make Recheck: Yes ✓ No _____

Refer to Legal: Yes _____ No ✓

AUG 19 1993

Person Interviewed: _____
 S.T.S.S.'s Signature: [Signature]

DIV. OF PETROLEUM...

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT G

Notification of Underground Storage Tanks

Maxwell Deposition Exhibit 7

Notification for Underground Storage Tanks

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

FOR TANKS IN ILL

RETURN COMPLETED FORM TO

UST Coordinator, Division of Fire Prevention
Office of State Fire Marshal

Springfield, IL 62703-4599

P.O. Box 3803
Springfield, IL 62708-3803

STATE USE ONLY
I.D. Number 37-1166748 014755
Date Received 4-18-86

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

(u) 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)

B. H. Maxwell

Street Address

K.R. #1

County

DeWitt

City

Farmer City

State

ILL

ZIP Code

61842

Area Code

309

Phone Number

928-2321

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

Walker's Service

Street Address or State Road, as applicable

West on Rt 54

County

DeWitt

City (nearest)

Farmer City

State

ILL

ZIP Code

61842

Indicate number of tanks at this location

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

OWNER

Area Code

309

Phone Number

928-9291

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

OWNER

Signature

B. H. Maxwell

Date Signed

4-18-86

CONTINUE ON REVERSE SIDE

EXHIBIT

tabbies

7

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. 3	Tank No. 4	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 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 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"/>
2. Estimated Age (Years)	15	15	15	15	
3. Estimated Total Capacity (Gallons)	10,000	4,000	2000	250	
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 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"/> _____
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 type="checkbox"/> <input 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 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"/> _____
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 type="checkbox"/> <input checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> <input checked="" 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 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 checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> <input checked="" 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 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 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 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 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 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"/>
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"/>

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT H

AFFIDAVIT OF SHELLY BRADLEY IN SUPPORT OF
MOTION FOR SUMMARY JUDGMENT

ENCLOSING UST REGISTRATION FORMS FOR FACILITY ID NO.: 4-029427

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
corporation, WILLIAM MAXWELL, and)	
MARILYN MAXWELL,)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

AFFIDAVIT OF SHELLY BRADLEY IN SUPPORT OF COMPLAINANT’S RESPONSE TO MOTION FOR SUMMARY JUDGMENT

Upon penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies that she verily believes the same to be true:

1. I am employed by the Illinois Office of the State Fire Marshal (“OSFM”) as a Public Service Administrator (Option I), in the capacity of Assistant Division Manager, and am located in Springfield, Illinois. I have been employed by the OSFM since April 1989.

2. As an Assistant Division Manager with the OSFM, my duties include but are not limited to overseeing enhancements to the Underground Storage Tank database managed by the OSFM and overseeing the recordkeeping of both electronic and paper copies of documents maintained by the OSFM in its official files for use by the Division of Petroleum and Chemical Safety, which administers the underground storage tank program in Illinois. In this role, I am

familiar with the recordkeeping, field inspections and enforcement practices and procedures of the OSFM related to underground storage tanks (“USTs”) in Illinois, including the enforcement of the Illinois Gasoline Storage Act (“Act”), 430 ILCS 15/1 et seq. (2010), and related OSFM regulations, as they pertain to underground storage tank systems.

3. Attached are true and correct copies of the UST registration forms on record with OSFM for Facility I.D. No. 4-029427, Walker Service/Walker Tire Service as they were maintained in the OSFM’s file in the ordinary course of OSFM’s regular practices and regularly conducted business activity and is attached hereto as Attachment 1.

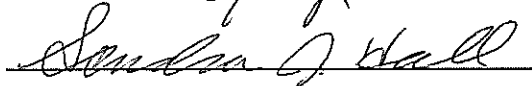
FURTHER AFFIANT SAYETH NOT.



SHELLY BRADLEY

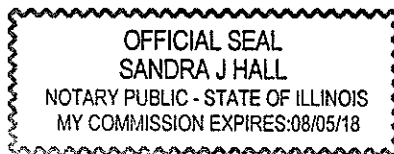
Subscribed and sworn to before me this

19th day of July, 2017.



Sandra J. Hall

NOTARY PUBLIC



Notification for Underground Storage Tanks

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

DIVISION PETROLEUM/CHEMICAL SAFETY
ILLINOIS STATE FIRE MARSHAL
1035 STEVENSON DRIVE
SPRINGFIELD, IL

62703-4259

STATE USE ONLY
I.D. Number
4-0229427
Date Received
MAR 13 1992

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.

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.
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 and 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)
Six M Corp.

Street Address (mailing address)
430 W CLINTON

County
DEWITT

City State ZIP Code
FARMER City I 61842

Area Code Phone Number
309 928-9291

Type of Owner (Mark all that apply)

Current State or Local Gov't Private or Corporate Ownership uncertain

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

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here)

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable (exact street address)

County

City (nearest) State ZIP Code

Indicate number of tanks at this location

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

(# of tanks remaining in ground not filled)

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here) Job Title Area Code Phone Number
Doug Maxwell OWNER 309-928-9291

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 (must be original) Date Signed
Doug Maxwell Doug Maxwell 3-11-92

CONTINUE ON REVERSE SIDE

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. ₃	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 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 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"/>
2. Estimated Age (Years)	20	20	5		
3. Estimated Total Capacity (Gallons)	10,000	4,000	2,000		
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 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 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"/>
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 type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/>
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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 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"/>
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 checked="" 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 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"/>
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 If for heating, mark use: () Heating Premises ONLY () Back-Up Generator () Other _____ Other, Please Specify Above Pertains To c. Hazardous Substance Tank NOS. 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 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 / temporarily 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) If filled w/inert material, date filled?	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>

IL	Notification for Underground Storage Tanks	OFFICE USE ONLY
<ul style="list-style-type: none"> • A separate form must be used for each site. • If you have more than five tanks, photocopy pages 1-5 and attach to this notification form. • Please type, or print in ink; the signature under "certification" (section IX) must be signed in ink. 		ID NUMBER <u>14-029427</u>
		DATE RECEIVED MAR 25 1994 DIV. OF PETROLEUM & CHEMICAL SAFETY
Facility I.D. # (if known) <u>8-000191</u> Owner I.D. # (if known) _____		
TYPE OF NOTIFICATION		
<input type="checkbox"/> New Facility <input checked="" type="checkbox"/> Amended (Changes/Corrections/Additional Tanks) Mark all that apply:		
_____ Owner Address Change (this facility only)	<input checked="" type="checkbox"/> Tanks Relined (Permit # <u>668 238/026</u>)	
_____ Owner Address Change (all facilities owned)	_____ Tanks Installed (Permit # _____)	
_____ New Owner	_____ Tanks Upgraded/Repaired (Permit # _____)	
_____ Tank(s) Removed (Permit # _____)	_____ Abandonment Notice (Permit # _____)	
_____ Other _____		
I. Ownership of Tank(s)	II. Location of Tank(s) (if same as Section I, Mark box) <input type="checkbox"/>	
<u>WALKER TIRE SERVICE</u>	<u>WALKER TIRE SERVICE</u>	
Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable	
<u>430 W. CLINTON</u>	<u>430 W CLINTON</u>	
Mailing Address	Street Address or State Road, as applicable (exact address)	
<u>FARMER CITY</u> <u>IL</u> <u>61842</u>	<u>FARMER CITY</u> <u>IL</u> <u>61842</u>	
City State Zip	City State Zip	
<u>DEWITT</u>	<u>DEWITT</u>	
County	County	
Contact Name (Area Code) Phone	Contact Name (Area Code) Phone	
<u>Tom Maxwell</u> <u>(309)928-9291</u>	<u>Tom Maxwell</u> <u>(309)-928-9291</u>	
III. TYPE OF OWNERSHIP (mark all that apply)		
<input checked="" type="checkbox"/> Current Owner of Tanks Date Purchased <u>LINDY NOOD W</u> <input type="checkbox"/> Ownership Uncertain _____		
<input type="checkbox"/> Former Owner <input type="checkbox"/> Other _____		
IV. TYPE OF FACILITY		
Type of Facility: (Circle correct code)		
<input checked="" type="radio"/> A. Service Station <input type="radio"/> B. Bulk Plant <input type="radio"/> C. Petroleum Distributor <input type="radio"/> D. Convenience Store <input type="radio"/> E. Auto Dealer <input type="radio"/> F. Commercial/Retail	<input type="radio"/> G. Industrial/Manufacturing <input type="radio"/> H. Private Institution <input type="radio"/> I. Residence (Non-Farm) <input type="radio"/> J. Farm <input type="radio"/> K. Airport <input type="radio"/> L. Marina	<input type="radio"/> M. City/Town <input type="radio"/> N. County <input type="radio"/> O. State <input type="radio"/> P. Federal (Military) <input type="radio"/> Q. Federal (Non-Military) <input type="radio"/> R. School District <input type="radio"/> S. Port District <input type="radio"/> T. Utility District <input type="radio"/> U. Fire Dept. <input type="radio"/> V. Other Special Service Districts <input type="radio"/> W. Other _____ (Please Specify)

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>1</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </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>
5. Age of Tank					
Date tank installed	<u>UNKNOW</u>	<u>UNKNOW</u>	<u>UNKNOW</u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	<u>10,000</u>	<u>4000</u>	<u>2000</u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
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>
Hazardous Substance:					
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>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
3. Piping Type (mark all that apply)					
European suction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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> / </u>		Tank No. <u> </u>		Tank No. <u> </u>		Tank No. <u> </u>		Tank No. <u> </u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
4. Release Detection (Mark all that apply)										
Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>
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"/>
Interstitial monitoring double-walled 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"/>
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"/>
Tank tightness testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)										
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
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"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. 1 Permit No. 668 INS/UPG
 Contractor: Scott Justice Name Scott Justice Signature (must be original) [Signature] Date 3-21-94
Superintendent Position Armon Shield of IL Company

VIII. Financial Responsibility

Mark all that apply:

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

(please specify) LUST

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.

Tom Marshall Name and official title of owner or owner's authorized representative (print)
Tom Marshall Signature (must be original)
3-24-94 Date Signed

IL Notification for Underground Storage Tanks **OFFICE USE ONLY**

- A separate form must be used for each site.
- If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
- Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER 4-029427
 DATE RECEIVED
RECEIVED
MAY 22 1996

Facility I.D. # (if known) 8-000191 Owner I.D. # (if known) _____

TYPE OF NOTIFICATION

- New Facility Amended (Changes/Corrections/Additional Tanks) Mark all that apply:
- _____ Owner Address Change (this facility only) _____ Tanks Relined (Permit # _____)
- _____ Owner Address Change (all facilities owned) _____ Tanks Installed (Permit # _____)
- _____ New Owner _____ Tanks Upgraded/Repaired (Permit # _____)
- _____ Tank(s) Removed (Permit # _____) _____ Abandonment Notice (Permit # _____)
- X Other TANK REGISTRATION FOR REMOVAL

I. Ownership of Tank(s)

II. Location of Tank(s)

(if same as Section I, Mark box)

WALKER TIRE SERVICE
 Owner Name (Corp., Individual., Public Agency or other Entity)

430 W CLINTON
 Mailing Address

FARMER CITY IL 61842
 City State Zip

DE WITT
 County

TOM / DAVY 309-928-9291
 Contact Name (Area Code) Phone

WALKER TIRE SERVICE
 Facility Name or Company Site Identifier, as applicable

430 W CLINTON
 Street Address or State Road, as applicable (exact address)

FARMER CITY IL 61842
 City State Zip

DE WITT
 County

TOM / DAVY 309-928-9291
 Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

- Current Owner of Tanks Date Purchased / / Ownership Uncertain _____
- Former Owner Other _____

IV. TYPE OF FACILITY

Type of Facility: (Circle correct code)

- | | | | |
|---|-----------------------------|---------------------------|---------------------|
| <input checked="" type="radio"/> A. Service Station | G. Industrial/Manufacturing | M. City/Town | S. Port District |
| B. Bulk Plant | H. Private Institution | N. County | T. Utility District |
| C. Petroleum Distributor | I. Residence (Non-Farm) | O. State | U. Fire Dept. |
| D. Convenience Store | J. Farm | P. Federal (Military) | V. Other Special |
| E. Auto Dealer | K. Airport | Q. Federal (Non-Military) | Service Districts |
| F. Commercial/Retail | L. Marina | R. School District | W. Other _____ |
- (Please Specify)

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>4</u>	Tank No. <u>5</u>	Tank No. <u>6</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u>5/13/96</u>	<u>1/85</u>	<u>1/85</u>	<u>1/1</u>	<u>1/1</u>
3. Tanks Removed					
Date tank(s) removed	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
Estimated date last used	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
4. Abandoned in Place					
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>
5. Age of Tank					
Date tank installed	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	<u>1/1</u>	<u>1/1</u>
Date product placed in tank	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	<u>1/1</u>	<u>1/1</u>
6. Estimated Total Capacity (gallons)	<u>1000</u>	<u>560</u>	<u>560</u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input checked="" 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>
Petroleum Use (if applicable):					
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>
Hazardous Substance:					
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>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>4</u>	Tank No. <u>5</u>	Tank No. <u>6</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
3. Piping Type (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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity feed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____

Tank Identification Number	Tank No. <u>4</u>		Tank No. <u>5</u>		Tank No. <u>6</u>		Tank No. <u> </u>		Tank No. <u> </u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
4. Release Detection (Mark all that apply)										
Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>
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"/>
Interstitial monitoring double-walled 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"/>
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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)										
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<input type="checkbox"/>	<input type="checkbox"/>	<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. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- 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.

Seth Justice For Walker Tire [Signature] For Walker Tire 5-20-96
 Name and official title of owner or owner's authorized representative (print) Signature (must be original) Date Signed

IL	Notification for Underground Storage Tanks	OFFICE USE ONLY
<ul style="list-style-type: none"> • A separate form must be used for each site. • If you have more than five tanks, photocopy pages 1-5 and attach to this notification form. • Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink. 		ID NUMBER <u>4-02 9427</u>
		DATE RECEIVED RECEIVED
		SEP 17 1996
DIV. OF PETROLEUM & CHEMICAL SAFETY		

Facility I.D. # (if known) 4-029427 Owner I.D. # (if known) _____

TYPE OF NOTIFICATION

New Facility
 Amended (Changes/Corrections/Additional Tanks)
 Mark all that apply:

_____ Owner Address Change (this facility only)
 _____ Tanks Relined (Permit # _____)

_____ Owner Address Change (all facilities owned)
 _____ Tanks Installed (Permit # _____)

New Owner
 _____ Tanks Upgraded/Repaired (Permit # _____)

Tank(s) Removed (Permit # 0945-96)
 _____ Abandonment Notice (Permit # _____)

_____ Other _____

I. Ownership of Tank(s)	II. Location of Tank(s) (if same as Section I, Mark box <input type="checkbox"/>)
<u>WALKER TIRE SERVICE</u>	<u>WALKER TIRE SERVICE</u>
Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable
<u>430 W CLINTON</u>	<u>430 W CLINTON</u>
Mailing Address	Street Address or State Road, as applicable (exact address)
<u>FARMER CITY</u> <u>IL</u> <u>61842</u>	<u>FARMER CITY</u> <u>IL</u> <u>61842</u>
City State Zip	City State Zip
<u>DEWITT</u>	<u>DEWITT</u>
County	County
<u>Tom / Davey</u> <u>309-928-9291</u>	<u>Tom / Davey</u> <u>309-928-9291</u>
Contact Name (Area Code) Phone	Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

Current Owner of Tanks
 Ownership Uncertain _____

Date Purchased / /

Former Owner
 Other _____

IV. TYPE OF FACILITY

Type of Facility: (Circle correct code)

<input checked="" type="radio"/> A. Service Station	G. Industrial/Manufacturing	M. City/Town	S. Port District
B. Bulk Plant	H. Private Institution	N. County	T. Utility District
C. Petroleum Distributor	I. Residence (Non-Farm)	O. State	U. Fire Dept.
D. Convenience Store	J. Farm	P. Federal (Military)	V. Other Special
E. Auto Dealer	K. Airport	Q. Federal (Non-Military)	Service Districts
F. Commercial/Retail	L. Marina	R. School District	W. Other _____

(Please Specify)

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

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> </u>
1. Status of Tanks	<u>6</u>	<u>5</u>	<u>4</u>	<u>7</u>	
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 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u>1 /</u>	<u>1 /</u>	<u>1 /</u>	<u>1 /</u>	<u>1 /</u>
3. Tanks Removed					
Date tank(s) removed	<u>6/5/96</u>	<u>6/5/96</u>	<u>6/5/96</u>	<u>6/5/96</u>	<u>1 /</u>
Estimated date last used	<u>1 /85</u>	<u>1 /85</u>	<u>5/13/96</u>	<u>PAE-174</u>	<u>1 /</u>
4. Abandoned in Place					
Date tanks filled	<u>1 /</u>	<u>1 /</u>	<u>1 /</u>	<u>1 /</u>	<u>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)					
5. Age of Tank					
Date tank installed	<u>1 /58</u>	<u>1 /58</u>	<u>1 /58</u>	<u>1 /58</u>	<u>1 /</u>
Date product placed in tank	<u>1 /58</u>	<u>1 /58</u>	<u>1 /58</u>	<u>1 /58</u>	<u>1 /</u>
6. Estimated Total Capacity (gallons)	<u>200</u>	<u>500</u>	<u>1000</u>	<u>300</u>	
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input checked="" 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"/>
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)					
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)					
Hazardous Substance:					
Name of principal CERCLA substance					
Chemical Abstract Service (CAS No)					

VI. Description of Underground Storage Tanks (Complete entire column for each tank)					
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> </u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
3. Piping Type (mark all that apply)					
European suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American suction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input 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>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u> </u>					
4. Release Detection (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>
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"/>
Interstitial monitoring double-walled 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"/>
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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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. 1,2,3,4 Permit No. 0945-96 REM
 Contractor: SWH LSRUC Signature (must be original) [Signature] Date 9-9-96
 Name Position Superintendent Company Amur Shield of IL

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) L.O.S.T. Fund

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.

SWH LSRUC Superint Signature [Signature] Date Signed 9-9-96
 Name and official title of owner or owner's authorized representative (print) (must be original)

IL	Notification for Underground Storage Tanks	OFFICE USE ONLY
<ul style="list-style-type: none"> • A separate form must be used for each site. • If you have more than five tanks, photocopy pages 1-5 and attach to this notification form. • Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink. 		ID NUMBER <u>4-029427</u>
		DATE RECEIVED RECEIVED
		DEC 02 1998
Facility I.D. # (if known) <u>4-029427</u> Owner I.D. # (if known) _____ CHEMICAL SAFETY		
TYPE OF NOTIFICATION		
<input type="checkbox"/> New Facility <input checked="" type="checkbox"/> Amended (Changes/Corrections/Additional Tanks) Mark all that apply:		
_____ Owner Address Change (this facility only)		_____ <input checked="" type="checkbox"/> Tanks Relined (Permit # <u>2998-98 1267</u>)
_____ Owner Address Change (all facilities owned)		_____ Tanks Installed (Permit # _____)
_____ New Owner		_____ <input checked="" type="checkbox"/> Tanks Upgraded/Repaired (Permit # <u>5042-98 vps</u>)
_____ Tank(s) Removed (Permit # _____)		_____ Abandonment Notice (Permit # _____)
_____ Other _____		
I. Ownership of Tank(s)	II. Location of Tank(s) (if same as Section I, Mark box) <input checked="" type="checkbox"/>	
<u>WALKER TIRE SERVICE</u>		
Owner Name (Corp., Individual., Public Agency or other Entity)		Facility Name or Company Site Identifier, as applicable
<u>430 W CLINTON</u>		
Mailing Address		Street Address or State Road, as applicable (exact address)
<u>FARMER CITY</u>	<u>IL</u>	<u>61042</u>
City	State	Zip
<u>DEWITT</u>		City
County		State
<u>Tom Maxwell</u>		Zip
Contact Name		County
<u>309-928-9291</u>		Contact Name
(Area Code) Phone		(Area Code) Phone
III. TYPE OF OWNERSHIP (mark all that apply)		
<input checked="" type="checkbox"/> Current Owner of Tanks <input type="checkbox"/> Ownership Uncertain _____ Date Purchased _____		
<input type="checkbox"/> Former Owner <input type="checkbox"/> Other _____		
IV. TYPE OF FACILITY		
Type of Facility: (Circle correct code)		
(A) Service Station B. Bulk Plant C. Petroleum Distributor D. Convenience Store E. Auto Dealer F. Commercial/Retail	G. Industrial/Manufacturing H. Private Institution I. Residence (Non-Farm) J. Farm K. Airport L. Marina	M. City/Town N. County O. State P. Federal (Military) Q. Federal (Non-Military) R. School District S. Port District T. Utility District U. Fire Dept. V. Other Special Service Districts W. Other _____ (Please Specify)

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </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>
5. Age of Tank					
Date tank installed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	<u>2,000</u>	<u>4,000</u>	<u>10,000</u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input checked="" 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"/>
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
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>
Hazardous Substance:					
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>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<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"/>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
3. Piping Type (mark all that apply)					
European suction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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>1</u>		Tank No. <u>2</u>		Tank No. <u>3</u>		Tank No. <u> </u>		Tank No. <u> </u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
4. Release Detection (Mark all that apply)										
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>
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"/>
Interstitial monitoring double-walled 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"/>
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"/>
Tank tightness testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)										
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Double-walled	<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"/>
Interior lining	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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. 1, 2, 3 Permit No. 5042-98 ups / 2998-981782
 Contractor: Scott Justice Signature (must be original) [Signature] Date 11-26-98
 Name Position Superintendent Company ARMON SHIELD OF FL

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) L.U.S.-T. Fund

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.

SCOTT JUSTICE AGENT FOR OWNER Signature [Signature] Date Signed 11-26-98
 Name and official title of owner or owner's authorized representative (print) (must be original)

IL Notification for Underground Storage Tanks	OFFICE USE ONLY
<ul style="list-style-type: none"> • A separate form must be used for each site. • If you have more than five tanks, photocopy pages 1-5 and attach to this notification form. • Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink. 	ID NUMBER <u>4029427</u> DATE RECEIVED _____

Facility I.D. # (if known) 4029427 Owner I.D. # (if known) _____

TYPE OF NOTIFICATION

New Facility Amended (Changes/Corrections/Additional Tanks) -- Mark all that apply:

<input type="checkbox"/> Owner Address Change (this facility only)	<input type="checkbox"/> Tanks Relined (Permit # _____)
<input type="checkbox"/> Owner Address Change (all facilities owned)	<input type="checkbox"/> Tanks Installed (Permit # _____)
<input type="checkbox"/> New Owner	<input type="checkbox"/> Tanks Upgraded/Repaired (Permit # _____)
<input type="checkbox"/> Tank(s) Removed (Permit # _____)	<input type="checkbox"/> Abandonment Notice (Permit # _____)

Other CONTACT CHANGE ID#S, 43

I. Ownership of Tank(s)	II. Location of Tank(s) (if same as Section I; Mark box) <input checked="" type="checkbox"/>
<u>WALKER TIRE SERVICE</u> Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable
<u>430 W. CLINTON</u> Mailing Address	Street Address or State Road, as applicable (exact address)
<u>FARMER CITY IL 61842</u> City State Zip	City State Zip
<u>DEWITT</u> County	County
<u>TOM MAXWELL 309-922-9291</u> Contact Name (Area Code) Phone	Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

<input checked="" type="checkbox"/> Current Owner of Tanks Date Purchased _____	<input type="checkbox"/> Ownership Uncertain
<input type="checkbox"/> Former Owner	<input type="checkbox"/> Other _____

RECEIVED
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 DIV. OF PETROLEUM
 CHEMICAL SAFETY

IV. TYPE OF FACILITY

Type of Facility: (Circle correct code)

<input checked="" type="radio"/> A. Service Station	<input type="radio"/> G. Industrial/Manufacturing	<input type="radio"/> M. City/Town	<input type="radio"/> S. Port District
<input type="radio"/> B. Bulk Plant	<input type="radio"/> H. Private Institution	<input type="radio"/> N. County	<input type="radio"/> T. Utility District
<input type="radio"/> C. Petroleum Distributor	<input type="radio"/> I. Residence (Non-Farm)	<input type="radio"/> O. State	<input type="radio"/> U. Fire Dept.
<input type="radio"/> D. Convenience Store	<input type="radio"/> J. Farm	<input type="radio"/> P. Federal (Military)	<input type="radio"/> V. Other Special
<input type="radio"/> E. Auto Dealer	<input type="radio"/> K. Airport	<input type="radio"/> Q. Federal (Non-Military)	Service Districts
<input type="radio"/> F. Commercial/Retail	<input type="radio"/> L. Marina	<input type="radio"/> R. School District	<input type="radio"/> W. Other _____

(Please Specify)

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </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>
5. Age of Tank					
Date tank installed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	<u> 4000 </u>	<u> 2000 </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input checked="" 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"/>
Gasoline	<input type="checkbox"/>	<input checked="" 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"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
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>
Hazardous Substance:					
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>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
1. 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"/>
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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<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"/>
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)	_____	_____	_____	_____	_____
3. Piping Type (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 type="checkbox"/>	<input 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)	_____	_____	_____	_____	_____

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Tank Identification Number	Tank No. ___		Tank No. ___		Tank No. ___		Tank No. ___		Tank No. ___	
4. Release Detection (Mark all that apply) Manual tank gauging Inventory controls Automatic tank gauging Vapor monitoring Groundwater monitoring Interstitial monitoring double-walled tank/piping Interstitial monitoring /secondary containment Tank tightness testing Automatic line leak detector Line tightness testing Automatic shut-off device Continuous alarm system No requirements (european suction) Other (please specify)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
5. Corrosion Protection (mark all that apply) Cathodic protection Impressed current Secondary containment Exterior coating Fiberglass reinforced plastic Double-walled Interior lining Other (please specify)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
6. Spill & Overfill Prevention (Mark all that apply) Overfill device Automatic shut-off Overfill Alarm Ball float valve Spill containment device 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- Other Method Allowed

(please specify) _____

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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.

Tom Maxwell II
 Name and official title of owner or owner's authorized representative (print)

Tom Maxwell
 Signature (must be original)

8-4-05
 Date Signed

IL Notification for Underground Storage Tanks **OFFICE USE ONLY**

• A separate form must be used for each site.
 • If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
 • Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER 4-029427
 DATE RECEIVED
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Facility I.D. # (if known) 4-029427 Owner I.D. # (if known) CHEMICAL SAFETY

TYPE OF NOTIFICATION

New Facility Amended (Changes/Corrections/Additional Tanks) Mark all that apply:
 _____ Owner Address Change (this facility only) _____ Tanks Relined (Permit # _____)
 _____ Owner Address Change (all facilities owned) _____ Tanks Installed (Permit # _____)
 _____ New Owner _____ Tanks Upgraded/Repaired (Permit # _____)
 Tank(s) Removed (Permit # 004342006REM) _____ Abandonment Notice (Permit # _____)
 _____ Other _____

I. Ownership of Tank(s) **II. Location of Tank(s)**
 (if same as Section I, Mark box)

<u>WALKER TIRE SERVICE</u>	
Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable
<u>430 W. CLINTON</u>	
Mailing Address	Street Address or State Road, as applicable (exact address)
<u>FARMER CITY IL 61842</u>	
City State Zip	City State Zip
<u>DEWITT</u>	
County	County
<u>TOM MAXWELL 309-928-9291</u>	
Contact Name (Area Code) Phone	Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

Current Owner of Tanks Date Purchased 1/13/06 Ownership Uncertain _____
 Former Owner Other _____

IV. TYPE OF FACILITY

Type of Facility: (Circle correct code)

<u>A. Service Station</u>	G. Industrial/Manufacturing	M. City/Town	S. Port District
B. Bulk Plant	H. Private Institution	N. County	T. Utility District
C. Petroleum Distributor	I. Residence (Non-Farm)	O. State	U. Fire Dept.
D. Convenience Store	J. Farm	P. Federal (Military)	V. Other Special Service Districts
E. Auto Dealer	K. Airport	Q. Federal (Non-Military)	W. Other _____
F. Commercial/Retail	L. Marina	R. School District	(Please Specify)

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

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
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 type="checkbox"/>	<input 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"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u>7/13/06</u>	<u>7/12/06</u>	<u>7/13/06</u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u>7/10/06</u>	<u>7/10/06</u>	<u>7/10/06</u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </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>
5. Age of Tank					
Date tank installed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	<u>10,000</u>	<u>4,000</u>	<u>2,000</u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input checked="" 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"/>
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
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>
Hazardous Substance:					
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>

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

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u> </u>	Tank No. <u> </u>
1. 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"/>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<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"/>
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)	<u>flexible</u>	<u>flexible</u>	_____	_____	_____
3. Piping Type (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 type="checkbox"/>	<input 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)	_____	_____	_____	_____	_____

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Tank Identification Number	Tank No. ___		Tank No. ___		Tank No. ___		Tank No. ___		Tank No. ___	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
4. Release Detection (Mark all that apply)										
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>
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"/>
Interstitial monitoring double-walled 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"/>
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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)										
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<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"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

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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
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- 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.

Todd M. Hogan, Project Manager
 Name and official title of owner or owner's authorized representative (print)

Todd M. Hogan
 Signature (must be original)

7-26-06
 Date Signed

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT I

ILLINOIS SECRETARY OF STATE CERTIFIED CORPORATE RECORDS
FOR SIX M CORPORATION



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

CDIN22 INQUIRY ON 53647839 NEXT PAGE .
 DOMESTIC ORG
 NAME SIX M. CORPORATION INC.
 WILLIAM FRANCIS MAXWELL 05/20/87 DATE INC 11/14/1984
 430 W CLINTON AVE DURATION PERPETUAL
 FARMER CITY 61842-1306 DE WITT STATE INC IL
 PRES WILLIAM MAXWELL RT 54 W FARMER CITY 61842
 SECY THOMAS MAXWELL SAME

T-C-DATE	TOTAL CAP	ILL CAP	TAX CAP					
02/17/1989	20,000		20,000					
YR	R-DATE	FILED	BATC	DEL-DT	TAX AMOUNT	FACTOR	NEW ILL CAP	AR CAP
15	091115	092915	9996		25.00	1.000000		
16	090916	092716	9996		25.00	1.000000		

INTENT 032

LEV STOCK INFORMATION
 01) CLASS COMMON AUTH 1000 PAR VAL .00000
 SERIES ISSUED 500.000 VOTING RIGHTS Y

-SFC REIN 01/10/03 1245

JUL 17 2017
 SECRETARY OF STATE



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

CDIN22

A AND O NAME FOR
53647839

NEXT PAGE .

TYPE NAME	ASE OR OLD NAME	ADOPT DATE	STATUS DATE	RENEW YR
--------------	-----------------	---------------	----------------	-------------

JUL 17 2017

SECRETARY OF STATE

File Number ~~5364 783 9~~



To all to whom these Presents Shall Come, Greeting:

Whereas, ARTICLES OF INCORPORATION OF SIX M. CORPORATION INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, Jim Edgar, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand, and cause to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 14TH

day of NOVEMBER AD. 1984 and

of the Independence of the United States

the two hundred, and 9TH.

(SEAL)

Jim Edgar
SECRETARY OF STATE

543410420

FORM BCA-47

ARTICLES OF INCORPORATION

Filing Requirements - Present 2 originally signed and fully executed copies in exact duplicate

For inserts - Use White Paper - Size 8 1/2 x 11

(Do not write in this space)
Date Paid 11-14-84
Initial License Fee \$ 25.00
Franchise Tax \$ 25.00
Filing Fee \$ 25.00

Clerk 100.50

TO: JIM EDGAR, Secretary of State

I/We, the incorporator(s), being one or more natural persons of the age of twenty-one years or more or a corporation for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, do hereby adopt the following Articles of Incorporation:

ARTICLE ONE The name of the corporation is: SYX M, CORPORATION INC.

ARTICLE TWO The name and address of the initial registered agent and registered office are:

Registered Agent WILLIAM MAXWELL
First Name Middle Name Last Name
Registered Office 430 E. Clinton Ave.
Number Street (Do not use P. O. Box) Suite
Farmer City 61842 De Witt
City Zip Code County

ARTICLE THREE The duration of the corporation is [X] perpetual OR 32 years.

ARTICLE FOUR The purposes for which the corporation is organized are:

1. To carry on the business of Tire Sales and Service Station and to operate an agency or agencies for the conduct of such business.

2. To acquire, own, use, convey and otherwise dispose of and deal in real property or any interest therein.

3. In general to do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FIVE Paragraph 1: The class, number of shares, the par value, if any, of each class which the corporation is authorized to issue, the number the corporation proposes to issue without further report to the Secretary of State, and the consideration (expressed in dollars) to be received by the corporation therefor, are:

Table with 7 columns: Class, Series, Par Value per share, Number of shares authorized, Number of shares to be issued, Total consideration to be received therefor. Row 1: Common, none, NPV, 1000, 500, \$ 1,000.

(Use NPV if no Par Value) Total \$ 1,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:

None

ARTICLE SIX

The corporation will not commence business until at least one thousand dollars has been received as consideration for the issuance of shares.

042015454

ARTICLE SEVEN The number of directors to be elected at the first meeting of the shareholders is 3

ARTICLE EIGHT (Complete EITHER A or B)

A. All the property of the corporation is to be located in this State and all of its business is to be transacted at or from places of business in this State, or the incorporator(s) elect to pay the initial franchise tax on the basis of the entire consideration to be received for the issuance of shares.

B. Paragraph 1: It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be \$ _____

Paragraph 2: It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____

Paragraph 3: It is estimated that the gross amount of business which will be transacted by the corporation during the following year will be \$ _____

Paragraph 4: It is estimated that the gross amount of business which will be transacted at or from places of business in the State of Illinois during the following year will be: \$ _____

I/WE the incorporator(s) declare that I/we have examined the foregoing Articles of Incorporation and that the statements contained therein are, to the best of my/our knowledge and belief, true, correct and complete. Executed this 19th day of November, 1984.

(Signatures must be in ink. Carbon copy, xerox or rubber stamp signatures are not acceptable.)

NOTE: If a corporation acts as incorporator the name of the corporation and the state of incorporation shall be shown and the execution must be by its President or Vice-President and verified by him, and the corporate seal shall be affixed and attested by its Secretary or an Assistant Secretary.

042014543

1.	Signature and Names	Signature	Post Office Address
		<u>William Maxwell</u>	<u>430 W. Clinton Avenue</u>
	Name (please print)	<u>William Maxwell</u>	<u>Peoria City Illinois 61642</u>
2.	Signature	_____	Street
	Name (please print)	_____	City/Town State Zip
3.	Signature	_____	Street
	Name (please print)	_____	City/Town State Zip

2.	Signature	_____	Street
	Name (please print)	_____	City/Town State Zip
3.	Signature	_____	Street
	Name (please print)	_____	City/Town State Zip

FORM BCA-47

ARTICLES OF INCORPORATION under the BUSINESS CORPORATION ACT

For determination of proper fees please consult The Business Corporation Act.

PAID NOV 15 1984 FILED NOV 14 1984 JIM EDGAR Secretary of State

RETURN TO: Corporation Department Secretary of State Springfield, Illinois 62756 Telephone (217) 782-6961

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS:

5367-783.9

RETURN TO: 863

Corporation Department
Secretary of State
Springfield, IL 62760
Telephone (217) 762-7860

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO

F. I. E. L. D. I - 783.9

YEAR OF 1986

MAY 18 1987

1.)

CORPORATE NAME Six M, Corporation Inc.
REGISTERED AGENT William Maxwell
REGISTERED OFFICE 430 W. CLINTON AVE
CITY, IL, ZIP CODE FARMER CITY, IL 61842

SECRETARY OF STATE

2.) AGENT/OFFICE CHANGES ONLY (509 11h)

3.) Date Incorporated

Give complete address of principal office, if other than above

Corporation Name
WILLIAM FRANCIS MAXWELL
Registered Agent
430 W. CLINTON AVENUE
Registered Office Street Address
FARMER CITY, IL 61842
City, County, IL Zip Code
DEWITT
EM.

Federal Employer Identification Number
(FEIN)

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
<u>William F. Maxwell</u>	<u>President</u>	<u>Rt. 54 W.</u>	<u>Farmers City</u>	<u>IL</u>	<u>61842</u>
<u>Marilyn Maxwell</u>	<u>Secretary</u>	<u>Rt. 54 W.</u>	<u>Farmers City</u>	<u>IL</u>	<u>61842</u>
	<u>Treasurer</u>				
	<u>Director</u>				
	<u>Director</u>				
	<u>Director</u>				

5.) The type of business actually conducted in Illinois is:

6.) Number of shares authorized and issued (as of

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
<u>Common</u>	<u>N.P.V.</u>	<u>—</u>	<u>1000</u>	<u>100</u>

7a.) The amount of paid-in capital as of (is:

*PAID-IN CAPITAL \$ 20,000

*"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital as of on record with the Secretary of State is:

TOTAL \$ 20,000

(The figure in Item 7b may not be altered.)

ITEM 8 MUST BE SIGNED

8.) By

Bill Maxwell Pres. 1-28-87
(Any Authorized Officer's Signature) (Title) (Date)

Attest

(Secretary or ass't Secretary's Signature) (Title) (Date)
required only if changes listed in 2)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete

181710235

YEAR OF 1996
File Prior to: 11/01/96

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO.
D 5364-783-9

1.) NOTE: A change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6. or 7a. the enclosed BCA-14.30 must be completed and submitted in the same envelope.

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

SIX M. CORPORATION INC.
X WILLIAM FRANCIS MAXWELL 052087
430 W CLINTON AVE DE WITT
FARMER CITY, IL. 61842-1306 COUNTY

3.) Date Incorporated

IL

11/14/1984

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	William Maxwell	RT 54 W.	Farmer City	IL	61842
Secretary	Marilyn Maxwell	RT 54 W	Farmer City	IL	61842
Treasurer					
Director					
Director					
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box.

Minority Owned

Female Owned

6.) Number of shares authorized and issued (as of 08/31/96): 500

CLASS	SERIES	PAR VALUE	NUMBERED AUTHORIZED	NUMBER ISSUED
COMMON			1000	500,000

IMPORTANT: Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of 08/31/96 is: \$ 20,000

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 20,000

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

8.) By William F Maxwell 10-31-96
(Any Authorized Officer's Signature) (Title) (Date)

RETURN TO:

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT WILLIAM F MAXWELL RT 54 W FARMER CITY 61842

SECRETARY MARILYN MAXWELL SAME

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

D 5364-783-9
File No.

PRESIDENT	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

CITY 37116674 STATE ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED =

(Item 9, OR 10.(a) OR 10.(b.) whichever is applicable, MUST be completed)

9.) The amounts stated in parts (a) through (e) below are given for the twelve month period ending _____, 19_____.

The value of the property (gross assets)

(a) owned by the corporation, wherever located, was (a) \$ _____

(b) of the corporation located within the state of Illinois was (b) \$ _____

The gross amount of business transacted by the corporation

(c) everywhere for the above period was (c) \$ _____

(d) at or from places of business in Illinois for the above period was (d) \$ _____

Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period. (If necessary attach a second sheet.)

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = _____ (6 decimal places)

(Write this figure on line 11b below.)

10.) (a) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois.

(b) the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing to Item 11.

11.) ANNUAL FRANCHISE TAX AND FEES

(a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.)

(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)

(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))

(d1.) Multiply line (c.) by .001 (Round to nearest cent)

(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)

(e1.) If Annual Report is late, multiply line (d2.) by .10

(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)

(e3.) INTEREST & PENALTIES (Add line (e1.) and (e2.)

(f.) ANNUAL REPORT FILING FEE (\$15)

(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.)

a.	20,000.-	
b.	X 1,000	
c.	20,000.-	
d1.	20.-	
d2.		25.00
e1.		
e2.		
e3.		
f.		+15.00
g.		40.00

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
(PLACE CORPORATE FILE NUMBER ON CHECK.)

IMPORTANT!

If there have been changes in Items 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

Electronic Filing: Received, Clerk's Office 7/19/2007

1) Corporate Name SIX M. CORPORATION INC.	2) State / Country Illinois	3) Office D 5364-783-9	4) Inc / Qual Date 11/14/1984
--	--------------------------------	---------------------------	----------------------------------

5) President Name & Address WILLIAM FRANCIS MAXWELL 430 W. CLINTON AVE FARMER CITY, IL 61842

Secretary Name & Address MARILYN MAXWELL 430 W. CLINTON AVE FARMER CITY, IL 61842
--

Officer / Director Name & Address

Officer / Director Name & Address 101 18302006 303208273 0051 53647839 111506 0000010000 CH

Officer / Director Name & Address

6) Share Information	Class	Series	Par Value	Number Authorized	Number Issued as of	08/31/2006
----------------------	-------	--------	-----------	-------------------	---------------------	------------

	COMMON		.00000	1,000	500.000	
--	--------	--	--------	-------	---------	--

7) Registered Agent	YEAR	2006
---------------------	------	------

WILLIAM FRANCIS MAXWELL 430 W CLINTON AVE FARMER CITY IL 61842-1306 De Witt County

7a) Principal Address of Corporation:

430 W. CLINTON AVE FARMER CITY, IL 61842
Street City State Zip Code

7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete

<i>William Francis Maxwell</i>	10/18/06
SIGNATURE	DATE

Electronic Filing Received, Clerk's Office 7/19/2017

File # D 5364-783-9	8) FEIN 371166748	1) Filing Period 08/31/2006	20,000
9) Prepared by	12) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	12) FYE (See Note)
Address	12a) Total Gross Assets \$	Franchise Tax & Fees	
Phone #	12b) Gross Assets in Illinois \$	12g) Franchise tax (Minimum of \$25) 25.00	
E-mail Address	12c) Total Gross Business \$	13) Penalty / Interest	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$	14) Filing fee \$75.00	
Annual Report Year 2006	12e) Allocation Factor 1.0000	15) Total Due (Minimum of \$100.00) \$100.00	
	12f) Illinois Capital \$ 20,000.		

Jesse White Secretary of State
 Department of Business Services
 501 S 2nd Street
 Springfield IL 62756-5510

53647839111506000000200009

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

1) Corporate Name SIX M. CORPORATION INC.		2) Identification Number D 5364-783-9		3) State / Country Illinois		4) Inc / Qual Date 11/14/1984	
5) President Name & Address WILLIAM MAXWELL RT54 W FARMER CITY, IL 61842							
Secretary Name & Address THOMAS MAXWELL RT 54 W FARMER CITY, IL 61842							
Officer / Director Name & Address							
Officer / Director Name & Address							
Officer / Director Name & Address 77-31-88-0073-02292015-0001 11515 0000010000 CH							
6) Share Information		Class	Series	Par Value	Number Authorized	Number Issued as of	08/31/2015
		COMMON		.00000	1,000	500.000	
7) Registered Agent		YEAR	2015				
WILLIAM FRANCIS MAXWELL 430 W CLINTON AVE FARMER CITY IL 61842-1306 De Witt County		7a) Principal Address of Corporation. RT54 W. FARMER CITY, IL 61842 <small>Street City State Zip Code</small>					
		7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. <i>John Maxwell</i> <i>Pres</i> 9-21-15 <small>SIGNATURE Title Date</small>					

File # D 5364-783-9	8) RESERVED	9) Current Page in Copies 08/31/2015	10) Total Assets 20,000	11) Total Due (Minimum of \$100.00) 20,000
9) Prepared by		12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	12) FYE (See Note)
Address	12a) Total Gross Assets \$		Franchise Tax & Fees	
Phone #	12b) Gross Assets in Illinois \$		12g) Franchise tax (Minimum of \$25) 25.00	
E-mail Address	12c) Total Gross Business \$		13) Penalty / Interest	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$		14) Filing fee \$75.00	
Annual Report Year 2015	11/01/2015	12e) Allocation Factor	15) Total Due (Minimum of \$100.00) \$ 100.00	
		12f) Illinois Capital \$ 20,000		

Jesse White Secretary of State
 Department of Business Services
 501 S 2nd Street
 Springfield IL 62756-5510

536478391115150000000200009

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

1) Corporate Name SIX M. CORPORATION INC.		2) File Number D 5364-783-9	3) State / Country Illinois	4) Inc / Qual Date 11/14/1984
5) President Name & Address WILLIAM MAXWELL RT54 W. FARMER CITY, IL 61842				
Secretary Name & Address THOMAS MAXWELL RT54 W. FARMER CITY, IL 61842				
Officer / Director Name & Address 77 01 29 0192 00275016 0071				
Officer / Director Address 11516 0000010000 CH				
Officer / Director Name & Address				
6) Share Information				
Class	Series	Par Value	Number Authorized	Number Issued as of 08/31/2016
COMMON		.00000	1,000	500.000
7) Registered Agent		YEAR	2016	
WILLIAM FRANCIS MAXWELL 430 W CLINTON AVE FARMER CITY IL 61842-1306 De Witt County				
		7a) Principal Address of Corporation: 430 W. CLINTON AVE FARMER CITY, IL 61842 <small>Street City State Zip Code</small>		
		7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete Tom Maxwell Pres 9/21/16 <small>SIGNATURE Title Date</small>		

File # D 5364-783-9	8) RESERVED	11) Date Filed in Capital 08/31/2016	12) 20,000
B) Prepared by	12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	12) FYE (See Note)
Address	12a) Total Gross Assets \$	Franchise Tax & Fees	
Phone #	12b) Gross Assets in Illinois \$	12g) Franchise tax (Minimum of \$25)	25.00
E-mail Address	12c) Total Gross Business \$	13) Penalty / Interest	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$	14) Filing fee	\$75.00
Annual Report Year 2016	11/01/2016	12e) Allocation Factor	15) Total Due (Minimum of \$100.00)
		12f) Illinois Capital \$	1.000000 20,000. \$ 100.00

Jesse White Secretary of State
 Department of Business Services
 501 S 2nd Street
 Springfield IL 62756-5510

536478391115160000000200008

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

1) Corporate Name SIX M. CORPORATION INC.		2) File Number D 5364-783-9	3) State / Country Illinois	4) Inc / Dual Date 11/14/1984
5) President Name & Address WILLIAM MAXWELL RT54W. FARMER CITY, IL 61842				
Secretary Name & Address THOMAS MAXWELL RT54W. FARMER CITY, IL 61842				
Officer / Director Name & Address 77 01 20 0102 00075015 0071				
Officer / Director Address 11516 0000010000 CH				
Officer / Director Name & Address				
6) Share Information				
Class	Series	Par Value	Number Authorized	Number Issued as of 08/31/2016
COMMON		.00000	1,000	500.000
7) Registered Agent		YEAR	2016	
WILLIAM FRANCIS MAXWELL 430 W CLINTON AVE FARMER CITY IL 61842-1306 De Witt County				
		7a) Principal Address of Corporation: 430 W. CLINTON AVE FARMER CITY, IL 61842 <small>Street City State Zip Code</small>		
		7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete Tom Maxwell Pres 9/21/16 <small>SIGNATURE Title Date</small>		

Electronic Filing Received, Clerk's Office 7/19/2017

File # D 5364-783-9	8) RESERVED	11) Current Period in Capital 08/31/2016	12) 20,000
B) Prepared by	12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	12) FYE (See Note)
Address	12a) Total Gross Assets \$		Franchise Tax & Fees
Phone #	12b) Gross Assets in Illinois \$		12g) Franchise tax (Minimum of \$25) 25.00
E-mail Address	12c) Total Gross Business \$		13) Penalty / Interest
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$		14) Filing fee \$75.00
Annual Report Year 2016	12e) Allocation Factor 1.000000		15) Total Due (Minimum of \$100.00)
	12f) Illinois Capital \$ 20,000.		\$ 100.00

Jesse White Secretary of State
 Department of Business Services
 501 S 2nd Street
 Springfield IL 62756-5510

536478391115160000000200008

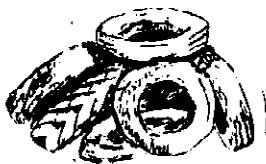
BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT J

WALKER TIRE REGISTRATION FORMS



PLEASE PRINT

USED AND/OR WASTE TIRE ACTIVITY NOTIFICATION FORM

On or before January 1, 1990, any person who operates a tire storage site or a tire disposal site which contains more than fifty (50) used or waste tires shall give notice of such activity to the Agency. Any person engaging in such activity for the first time after January 1, 1990 shall give notice to the Agency within 30 days after the date of commencement of the activity.

Facility Name: WALKER TIRE
 Site #: 0390150003 (Assigned by EPA)
 Street Address: 430 W. CLINTON AVE.
 City, State & Zip: FARMER CITY IL 61842
 Phone #: 309-928-9291

WHAT IS THE NUMBER OF USED AND/OR WASTE TIRES AT THIS LOCATION:

#

Owner's Name: <u>Bill Maxwell</u>	Operator's Name: <u>Tom Maxwell</u>
Street Address: <u>RR#2</u>	Street Address: <u>415 S Washington</u>
City, State & Zip: <u>FARMER CITY IL 61842</u>	City, State, Zip: <u>FARMER CITY IL 61842</u>
Phone #: <u>309-928-3121 3121</u>	Phone #: <u>309-928-3126</u>

TYPE OF OPERATIONS

Storage Disposal Conversion Processing Other

Please Explain:
Retail tire store

DEFINITIONS

USED TIRE	CONVERSION	PROCESSING	TIRE STORAGE SITE
"Used tire" means a worn, damaged or defective tire which is not mounted on a vehicle wheel rim.	"Conversion" or "converting" means action which produces a converted tire. Usable products manufactured from tires, which products are themselves capable of holding accumulations of water shall be deemed to be "converted" if they are stacked, packaged, boxed, containerized or enclosed in such a manner as to preclude exposure to precipitation prior to sale or conveyance.	"Processing" means the altering, converting, or reprocessing of used or waste tires.	"Tire storage site" means a site where used tires are stored or processed, other than (1) the site at which the tires were separated from the vehicle wheel rim, (2) the site where the used tires were accepted in trade as part of a sale of new tires, or (3) a site at which both new and used tires are sold at retail in the regular course of business, and at which not more than 250 used tires are kept at any time.
WASTE TIRE		TIRE DISPOSAL SITE	
"Waste tire" means a used tire that has been disposed of.		"Tire disposal site" means a site where used tires have been disposed of other than a sanitary landfill permitted by the Agency.	

Signature: Douglas J. Maxwell

Date: 1-4-91

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(e), Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55(c) of the Environmental Protection Act, any person who operates a tire storage site or a tire disposal site which contains more than fifty (50) used or waste tires must give notice of such activity to the Agency. Any person who begins engaging in such activity must give notice to the Agency within 30 days after the date of commencement of the activity.

PLEASE PRINT

Facility Name: WALKER TIRE
Site Number: 0390150003 (Assigned by IEPA)
Street Address: 430 W CLINTON AVE.
City, State & Zip: FARMER CITY IL 61892
Phone #: 309-928-9291

1800 ^{per month}
 100-150 or more
How many used and or waste tires are generated or located at this site annually including altered, converted and reprocessed tires?

 75-100
How many used and or waste tires are located at this site on the date this form is completed?

Owner's Name: Bill Maxwell Operator's Name: Tom Maxwell
Street Address: RR # 2 Street Address: 905 Washington
City, State & Zip: FARMER CITY IL 61892 City, State & Zip: FARMER CITY IL 61892
Phone #: 309-928-2321 Phone #: 309-928-3126
DOUG MAXWELL RR# Farmer city IL
309-928-3639

TYPE OF OPERATION: [Mark appropriate box(es)]
Note: If you mark storage, then complete part B

Storage Disposal Conversion Processing Reprocessed Other
Please explain: Retail < 250/month

If you have a Tire Disposal Site and if you treat your site with pesticides then:

What type of pesticide is/was used? Mark appropriate box(es).

Abate Bti Commercial Spraying Company (specify) Other (specify)

Are records of pesticide use being maintained for each application including: Date of application; Type of pesticide used; Amount of pesticide used; Number of tires treated. Yes No

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JUN 30 1992
IEPA/DLPC

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PART B

In addition, pursuant to Section 55(d) of the Environmental Protection Act, any person who operates a tire storage site which contains fifty (50) or more tires shall: 1) report to the Agency the status of vector controls; 2) report to the Agency the actions taken to handle and process the tires; 3) pay to the Agency an annual fee as required by subsection (b) of Section 55.6; 4) certify to the Agency that the site complies with any applicable standards adopted by the Board pursuant to Section 55.2. Site registration and annual fees must be submitted to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

NOTE: Sites where tires are: a) separated from their rims; b) accepted in trade as part of the sale of new tires; and c) sold at retail are **NOT "TIRE STORAGE SITES" UNLESS** more than 250 used or waste tires are on site at any given time. The owner or operator of each **Tire Storage Site** must complete the following:

1) How are vectors controlled at this site (mark appropriate boxes):

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2) Explain in the space provided below the steps taken to handle and process the tires at this site; _____

a) Where are the tires that are removed from your site sent? (attach sheet if more space is needed)

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

b) What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name _____ Company Name _____ Company Name _____

Registration # _____ Registration # _____ Registration # _____

c) How often are the tires removed from your site? (i.e. weekly, monthly, etc.) _____

3) Pay to the Agency an annual fee of \$100.00. Make the check payable to: The Treasurer to the State of Illinois.

Amount Enclosed: \$ _____ Check #: _____

4) I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____ Date: _____

Printed Name: _____

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
P.O. Box 19276
Springfield, Illinois 62794-9276



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55(c) of the Environmental Protection Act, any person who operates a **tire storage site** or a **tire disposal site** which contains more than fifty (50) used or waste tires must give notice of such activity to the Agency. Any person who begins engaging in such activity must give notice to the Agency within 30 days after the date of commencement of the activity.

PLEASE PRINT

Facility Name: WALKER TIRE

2000

How many used and or waste tires are generated or located at this site annually including altered, converted and reprocessed tires?

Site Number: 0390150003 (Assigned by IEPA)

Street Address: 430 W CLINTON AVE

2000

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY IL 61842

Phone #: (309) 928-9291 County: DEWITT

Owner's Name: TOM MAXWELL

Operator's Name: SAME

Street Address: 405 S WASHINGTON

Street Address: _____

City, State & Zip: FARMER CITY IL 61842

City, State & Zip: _____

Phone #: (309) 928-3126

Phone #: _____

TYPE OF OPERATION: [Mark appropriate box(es)]

Note: If you mark storage, then complete part B

- Storage
- Disposal
- Conversion
- Processing
- Reprocessed
- Other

Please explain: TIRE RETAIL

If you have a **Tire Disposal Site** and if you treat your site with pesticides then:

What type of pesticide is/was used? Mark appropriate box(es).

- Abate
- Bti
- Commercial Spraying Company (specify)
- Other (specify)

Are records of pesticide use being maintained for each application including: Date of application; Type of pesticide used; Amount of pesticide used; Number of tires treated.

- Yes
- No

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JUN 03 1993

IEPA/DLPC

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PART B

In addition, pursuant to Section 55(d) of the Environmental Protection Act, any person who operates a tire storage site which contains fifty (50) or more tires shall: 1) report to the Agency the status of vector controls; 2) report to the Agency the actions taken to handle and process the tires; 3) pay to the Agency an annual fee as required by subsection (b) of Section 55.6; 4) certify to the Agency that the site complies with any applicable standards adopted by the Board pursuant to Section 55.2. Site registration and annual fees must be submitted to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

NOTE: Sites where tires are: a) separated from their rims; b) accepted in trade as part of the sale of new tires; and c) sold at retail are NOT "TIRE STORAGE SITES" UNLESS more than 250 used or waste tires are on site at any given time. The owner or operator of each Tire Storage Site must complete the following:

1) How are vectors controlled at this site (mark appropriate boxes):

- Drained of water on day of generation or receipt and stored inside or under cover.
- Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2) Explain in the space provided below the steps taken to handle and process the tires at this site: KEEP IN NEAT ORDER TREAT WITH PESTICIDE DISPOSAL IN A TIMELY MANNER

a) Where are the tires that are removed from your site sent? (attach sheet if more space is needed)

Name JD Hauling Name _____ Name _____ Name _____
 Address 312 N. Linden Address _____ Address _____ Address _____
Clinton IL 61727
 Phone (217) 935-2514 Phone _____ Phone _____ Phone _____

b) What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name JD Hauling Company Name _____ Company Name _____
 Registration # T8244 ✓ Registration # _____ Registration # _____

c) How often are the tires removed from your site? (i.e. weekly, monthly, etc.) 2 WEEKS

3) Pay to the Agency an annual fee of \$100.00. Make the check payable to: The Treasurer of the State of Illinois.

Amount Enclosed: \$ 100.00 Check #: 23230 ^{AA} _{6/17/93}

4) I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 6-2-93
 Printed Name: TOM MAXWELL

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Return this completed form along with payment (if applicable) to: Illinois Environmental Protection Agency
 Used Tire Unit
 2200 Churchill Road
 P.O. Box 19276
 Springfield, Illinois 62794-9276

Electronic Filing: Received, Clerk's Office 7/19/2017

4



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

Facility Name: WALKER TIRE

5052

How many used or waste tires are generated or located at this site annually?

Site Number: 0390150003 (Assigned by IEPA)

Street Address: 430 W. CLINTON AVENUE

939

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY IL 61842

Phone #: 309/928-9291 County: DEWITT

Owner's Name: IOM MAXWELL

Operator's Name: SAME

Street Address: 405 Washington St.

Street Address: _____

City, State & Zip: Farmer City IL 61842

City, State & Zip: _____

Phone #: 309-928-3126

Phone #: _____

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail, mark "Generator" and complete Part B. If you mark "Storage", then complete Part C.

Storage

Disposal

Processing

Generator

Please explain: _____

PART B

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name JD'S TIRE HAULING Company Name _____ Company Name _____

Registration # EPA T 8244 Registration # _____ Registration # _____

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(c), Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

SCREENED
AUG 31 1995
DJH

RECEIVED
FEB 07 1994
IEPA/DLPC
SCREENED ds

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PART C

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

NOTE: Sites where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail are NOT "TIRE STORAGE SITES" UNLESS more than 250 used or waste tires are located on-site at any given time.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site:

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name ADM ✓ Name _____ Name _____ Name _____

Address 4666 Jarvis Address _____ Address _____ Address _____

Phony elevators etc. _____

Phone 217-424-5200 Phone _____ Phone _____ Phone _____

b. What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name JD'S Tire Hauling Company Name _____ Company Name _____

Registration # EPA T 8244 ✓ Registration # _____ Registration # _____

exp. 6/30/94

c. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? twice monthly

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ 100.00

Check #: 23934 ^{AM} 2/10/94

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 2-3-94

Printed Name: Tom Maxwell

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Electronic Filing: Received, Clerk's Office 7/19/2017

4



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

Facility Name: WALKER TIRE

5052

How many used or waste tires are generated or located at this site annually?

Site Number: 0390150003 (Assigned by IEPA)

Street Address: 430 W. CLINTON AVENUE

939

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY IL 61842

Phone #: 309/928-9291 County: DEWITT

Owner's Name: IOM MAXWELL

Operator's Name: SAME

Street Address: 405 Washington St.

Street Address: _____

City, State & Zip: Farmer City IL 61842

City, State & Zip: _____

Phone #: 309-928-3126

Phone #: _____

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail, mark "Generator" and complete Part B. If you mark "Storage", then complete Part C.

Storage

Disposal

Processing

Generator

Please explain: _____

PART B

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name JD'S TIRE HAULING Company Name _____ Company Name _____

Registration # EPA T 8244 Registration # _____ Registration # _____

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(c), Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

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AUG 31 1995
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RECEIVED
FEB 07 1994
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SCREENED ds

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PART C

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

NOTE: Sites where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail are NOT "TIRE STORAGE SITES" UNLESS more than 250 used or waste tires are located on-site at any given time.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: _____

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name ADM ✓ Name _____ Name _____ Name _____

Address 4666 Jarvis Address _____ Address _____ Address _____

Phony elevators etc. _____

Phone 217-424-5200 Phone _____ Phone _____ Phone _____

b. What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name JD'S Tire Hauling Company Name _____ Company Name _____

Registration # EPA T 8244 ✓ Registration # _____ Registration # _____

exp. 6/30/94

c. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? twice monthly

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ 100.00

Check #: 23934 ^{AM} 2/10/94

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 2-3-94

Printed Name: Tom Maxwell

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Electronic Filing: Received, Clerk's Office 7/19/2017



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

Facility Name: Walker Tire

How many used or waste tires are generated or located at this site annually?

Site Number: 039 015 0003 (Assigned by IEPA)

Street Address: 430 W. Clinton Ave.

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: Farmer City, IL 61842

Phone #: 309/928-9291 County: Dewitt

Owner's Name: Tom Maxwell Operator's Name: Tom Maxwell

Street Address: 405 S. Washington Street Address: SAME

City, State & Zip: FARMER CITY IL 61842 City, State & Zip: SAME

Phone #: 309-928-3126 Phone #: SAME

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail, mark "Generator" and complete Part B. If you mark "Storage", then complete Part C.

Storage

Disposal

Processing

Generator

Please explain: tire retail outlet

PART B

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name J Distre Hauling Company Name Bob's Tire Ser. Company Name _____

Registration # EPA T 8244 Registration # 84-TX-58 Registration # _____

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(c). Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

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PART C

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

NOTE: Sites where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail are NOT "TIRE STORAGE SITES" UNLESS more than 250 used or waste tires are located on-site at any given time.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: tires are drained of water & are 25' from ignition source & treated for insects.

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name ADM ✓ Name _____ Name _____ Name _____
Address _____ Address _____ Address _____ Address _____
DeCATUR IL
Phone _____ Phone _____ Phone _____ Phone _____

b. What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name Bob's Tire Scr. Company Name JD'S Tire Haul Company Name _____
Registration # 84-#2-578 Registration # EPA T8244 ✓ Registration # _____
T8314 ✓ Exp 9/30/96 Exp 6/30/96

c. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? Bi-weekly

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ 100.00 Check #: 25319 ^{POA} 6/29/95

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 6-27-95

Printed Name: Tom Maxwell

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

Facility Name: ~~XXXXXXXXXX~~ / WALKER TIRE

10,000

How many used or waste tires are generated or located at this site annually?

Site Number: 0390150003 (Assigned by IEPA)

Street Address: 430 W CLINTON AVE

430

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY, IL 61842

Phone #: 309/928/9291 County: DEWITT

Owner's Name: Willis Mannel

Operator's Name: Tom Mannel

Street Address: RR # 2

Street Address: 405 WASHINGTON

City, State & Zip: FARMER CITY IL 61842

City, State & Zip: FARMER CITY IL 61842

Phone #: (309) 928-2321

Phone #: (309) 928-3126

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail; OR sites where tires are sold at retail and not more than 1300 recyclable tires, 1300 tire carcasses, and 1300 used tires are located on-site and such tires are stored inside a building or are prevented from accumulating water; mark "Generator" and complete Part A. If you mark "Storage", then complete Part A & B.

Storage Disposal Processing Generator

Please explain: HAVE STORED MORE THAN 250 USED TIRES OUTSIDE EARLIER THIS YEAR - PRESENTLY AND IN FUTURE HAVE LESS THAN 1300 STORED INSIDE

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name BOB'S TIRE SEV Company Name _____ Company Name _____

Registration # T 8314 Registration # _____ Registration # _____

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(c), Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

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Electronic Filing: Received, Clerk's Office 7/19/2017

PART B

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: USED TIRES FOR RESALE ARE MARKED AND STORED INSIDE. JUNK TIRES ARE STORED ~~OUT~~ INSIDE & PICKED UP WEEKLY

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

b. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? WEEKLY

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ 100.00

Check #: #26769 *46 fees paid 100.00 per*

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____ Date: 10/9/96

Printed Name: TOM MAXWELL

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchhill Road
Post Office Box 19276
Springfield, Illinois 62794-9276



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
USED AND/OR WASTE TIRE ACTIVITY
NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

Facility Name: ~~XXXXXXXXXX~~ / WALKER TIRE

10,000

How many used or waste tires are generated or located at this site annually?

Site Number: 0390150003 (Assigned by IEPA)

Street Address: 430 W CLINTON AVE

430

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY, IL 61842

Phone #: 309/928/9291 County: DEWITT

Owner's Name: Willis Mannel

Operator's Name: Tom Mannel

Street Address: RR # 2

Street Address: 405 WASHINGTON

City, State & Zip: FARMER CITY IL 61842

City, State & Zip: FARMER CITY IL 61842

Phone #: (309) 928-2321

Phone #: (309) 928-3126

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail; OR sites where tires are sold at retail and not more than 1300 recyclable tires, 1300 tire carcasses, and 1300 used tires are located on-site and such tires are stored inside a building or are prevented from accumulating water; mark "Generator" and complete Part A. If you mark "Storage", then complete Part A & B.

Storage Disposal Processing Generator

Please explain: HAVE STORED MORE THAN 250 USED TIRES OUTSIDE EARLIER THIS YEAR - PRESENTLY AND IN FUTURE HAVE LESS THAN 1300 STORED INSIDE

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name BOB'S TIRE SEV Company Name _____ Company Name _____

Registration # T 8314 Registration # _____ Registration # _____

This Agency is authorized to require this information under Illinois Revised Statutes 1987, Chapter III 1/2, Section 1055(c), Adm. Disclosure of this information is required under that Section. This form has been approved by the Form management Center.

SCREENED
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Electronic Filing: Received, Clerk's Office 7/19/2017

PART B

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: USED TIRES FOR RESALE ARE MARKED AND STORED INSIDE. JUNK TIRES ARE STORED ~~OUT~~ INSIDE & PICKED UP WEEKLY

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

b. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? WEEKLY

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ 100.00

Check #: #26769 *46 fees paid 100.00 per*

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____ Date: 10/9/96

Printed Name: TOM MAXWELL

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchhill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Electronic Filing: Received, Clerk's Office 7/19/2017

1997



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY USED AND/OR WASTE TIRE ACTIVITY NOTIFICATION AND REGISTRATION FORM

PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

WALKER TIRE

Facility Name: _____

8500

How many used or waste tires are generated or located at this site annually?

Site Number: 039 015 0003 (Assigned by IEPA)

Street Address: 430 W. CLINTON AVE.

350

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY IL 61842

Phone #: 309/928-9291 County: DEWITT

Owner's Name: Tom Maxwell

Operator's Name: Same

Street Address: 405 S Washington

Street Address: _____

City, State & Zip: Farmer City IL 61842

City, State & Zip: _____

Phone #: 309-928-3126

Phone #: _____

RECEIVED
FEB 24 1997
IEPA-DLPC

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail; OR sites where tires are sold at retail and not more than 1300 recyclable tires, 1300 tire carcasses, and 1300 used tires are located on-site and such tires are stored inside a building or are prevented from accumulating water; mark "Generator" and complete Part A. If you mark "Storage", then complete Part A & B.

Storage

Disposal

Processing

Generator

Please explain: STORE TIRES INSIDE
ALWAYS LESS THAN 1300.

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name: Bak's Tire Ser. Company Name: _____ Company Name: _____

Registration #: 84-7-00058 Registration #: _____ Registration #: _____
T8314 Exp 9/30/98

RECEIVED
JAN 09 1997
IEPA-DLPC

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Electronic Filing: Received, Clerk's Office 7/19/2017

PART B

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: _____

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

b. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? _____

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ _____

Check #: _____

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 1-7-97

Printed Name: Tom Maxwell

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276



State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Date: 2/11/97

Name WALKER TIRE
Attention TOM MAXWELL
Address 430 W CLINTON AVE
 FARMER CITY, IL 61842

Dear Sir or Madam:

Enclosed is your Used and Waste Tire Notification and Registration form. The initial review of the form has been completed and your form is being returned due to one or more of the following deficiencies.

- Incomplete addresses
- Number of waste tires not given
 - annual generation current accumulation
- Type of operation not given, incorrect or not explained.
- Method of vector control for Tire Disposal Site not indicated.
- Method of vector control not given for Tire Storage Site.
- You did not list where the tires that are removed from your site are going.
- Transporter numbers are not given.
- You did not indicate how often the tires are removed from your site.
- You did not pay the \$100.00 fee to the Agency
- The form was not signed.
- Other _____

You may resubmit the form when the above deficiencies have been corrected. If you have any questions or if I can be of any assistance, please contact me at 217/785-8604.

Sincerely,

Angstrom (Tap) Hefley
Used Tire Unit
Bureau of Land

Electronic Filing: Received, Clerk's Office 7/19/2017

1997

4



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY USED AND/OR WASTE TIRE ACTIVITY NOTIFICATION AND REGISTRATION FORM



PART A

Pursuant to Section 55 of the Environmental Protection Act, any person who accumulates more than fifty (50) used or waste tires must give notice of such activity to the Agency.

PLEASE PRINT

WALKER TIRE

Facility Name: _____

8500

How many used or waste tires are generated or located at this site annually?

Site Number: 039 015 0003 (Assigned by IEPA)

Street Address: 430 W. CLINTON AVE.

350

How many used and or waste tires are located at this site on the date this form is completed?

City, State & Zip: FARMER CITY IL 61842

Phone #: 309/928-9291 County: DEWITT

Owner's Name: Tom Maxwell

Operator's Name: Same

Street Address: 405 S Washington

Street Address: _____

City, State & Zip: Farmer City IL 61842

City, State & Zip: _____

Phone #: 309-928-3126

Phone #: _____

RECEIVED
FEB 24 1997
IEPA-DLPC

TYPE OF OPERATION: [Mark appropriate box(es)]

NOTE: Sites where not more than 250 used or waste tires are located on-site at any given time and where tires are: a) separated from their rims; or b) accepted in trade as part of the sale of new tires; or c) sold at retail; OR sites where tires are sold at retail and not more than 1300 recyclable tires, 1300 tire carcasses, and 1300 used tires are located on-site and such tires are stored inside a building or are prevented from accumulating water; mark "Generator" and complete Part A. If you mark "Storage", then complete Part A & B.

Storage

Disposal

Processing

Generator

Please explain: STORE TIRES INSIDE
ALWAYS LESS THAN 1300.

What are the IEPA Registration Numbers of all tire transporters used (attach sheet if more space is needed)?

Company Name: Bak's Tire Ser. Company Name: _____ Company Name: _____

Registration #: 84-7-00058 Registration #: _____ Registration #: _____

T8314 Exp 9/30/98

RECEIVED
JAN 09 1997
IEPA-DLPC



SCREENED
M

Electronic Filing: Received, Clerk's Office 7/19/2017

PART B

In addition, pursuant to Section 55 of the Environmental Protection Act, any person who operates a tire storage site must register and submit an annual fee to the Agency on or before January 1, 1992 (or the January 1 following commencement of operation, whichever is later) and January 1 of each year thereafter.

1. How are vectors controlled at this site [mark appropriate box(es)]:

Drained of water on day of generation or receipt and stored inside or under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: _____

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

b. How often are the tires removed from your site (i.e., weekly, monthly, etc.)? _____

3. Pay to the Agency an annual fee of \$100.00. Make the check payable to: the Treasurer to the State of Illinois.

Amount Enclosed: \$ _____

Check #: _____

4. I certify that the above listed site complies with all applicable requirements of Section 55 of the Environmental Protection Act and Part 848 of the Illinois Pollution Control Board regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: Tom Maxwell Date: 1-7-97

Printed Name: Tom Maxwell

NOTE: If you have used and/or waste tires at other locations, complete a separate report for each location.

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276



State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Date: 2/11/97

Name WALKER TIRE
Attention TOM MAXWELL
Address 430 W CLINTON AVE
 FARMER CITY, IL 61842

Dear Sir or Madam:

Enclosed is your Used and Waste Tire Notification and Registration form. The initial review of the form has been completed and your form is being returned due to one or more of the following deficiencies.

- Incomplete addresses
- Number of waste tires not given
 - annual generation current accumulation
- Type of operation not given, incorrect or not explained.
- Method of vector control for Tire Disposal Site not indicated.
- Method of vector control not given for Tire Storage Site.
- You did not list where the tires that are removed from your site are going.
- Transporter numbers are not given.
- You did not indicate how often the tires are removed from your site.
- You did not pay the \$100.00 fee to the Agency
- The form was not signed.
- Other _____

You may resubmit the form when the above deficiencies have been corrected. If you have any questions or if I can be of any assistance, please contact me at 217/785-8604.

Sincerely,

Angstrom (Tap) Hefley
Used Tire Unit
Bureau of Land



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
Used and/or Waste Tire Activity
Notification & Registration Form



4

Any person who operates a tire storage site or a tire disposal site that contains more than fifty (50) used or waste tires must give notice to the Illinois Environmental Protection Agency (Illinois EPA). The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

NOTE: If you have used and/or waste tires at other locations, complete a separate form for each location.

PART A

PLEASE PRINT

Facility Name: Farmer City / Walker Tire Company #2 Site Number: 0390150003 (Assigned by Illinois EPA)
Street Address: 430 West Clinton Avenue Owner's Name: Tom Maxwell
City, State & Zip: Farmer City IL 61842 Street Address: 430 West Clinton Avenue
Phone #: 309-928-9291 County: DeWitt City, State & Zip: Farmer City, IL 61842
Contact: Tom Maxwell Phone #: 309-928-9291

What is the largest number of used or waste tires present at this location at any one time? 500 1174 *per K. Keight inspection 8/10/04*

Do you sell new and/or used tires at retail at this location? Please place an "X" in the appropriate box.

Yes No

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR YOUR TYPE OF OPERATION:

• Used Tire Storage-Exempt Site

- Used tires are separated from the vehicle wheel rim at this site and not more than 250 used tires are kept at any one time.
- Used tires are accepted in trade as part of a sale of new tires and not more than 250 used tires are kept at any one time.
- This site sells tires at retail in the regular course of business and not more than 250 used tires are kept at any one time.
- This site sells tires at retail and maintains less than 1,300 recyclable tires, 1,300 tire carcasses, and 1,300 used tires on site and those tires are stored in a building or so they are prevented from accumulating water.

RECEIVED

AUG 05 2004

• Used Tire Storage Site

- This site is a tire retailer and exceeds the accumulation limits identified above.
- This site is not a tire retailer and maintains more than 50 used tires at any one time.

EPA DLPC

• Used Tire Processing Site

- Used tires are altered (e.g., shredded), converted (e.g., manufactured into a commodity other than a tire), or reprocessed (e.g., recapped, retreaded, regrooved) at this site.

RELEASABLE

AUG 27 2004

• Used Tire Disposal Site

- This site disposes used tires (except combustion) at this location.

• Used Tire Combustion Site

- This site combusts used tires on site.

REVIEWER MD

List all registered used tire transporters (and corresponding Illinois EPA registration numbers) used by this facility (attach additional sheet if more space is needed).

Transporter Name: Tire Shredders Unlimited Transporter Name: _____
Registration #: T-8195 Registration #: _____

Exp. 4/30/06

This Agency is authorized to require this information under Section 55(c) (415 ILCS 555(c)). Disclosure of this information is required. Failure to do so may result in a civil penalty of not to exceed \$50,000 and an additional civil penalty of not to exceed \$10,000 for each day during which the violation occurs. In addition, it is a Class A misdemeanor to submit false information under Section 44 of the Illinois Environmental Protection Act (415 ILCS 544). This form is approved by the Forms Management Center.

Electronic Filing: Received, Clerk's Office 7/19/2017

person who operates a tire storage site that contains more than 50 used tires must register the site with the Illinois EPA annually by January 1 of each year. The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

PART B

1. How are vectors controlled at this site?

Mark all boxes that apply:

Drained of water on day of generation or receipt and stored inside under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site:

Tires are dismounted from the vehicles and stored in a metal covered building until picked up.

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Tire Shredders Unlimited

Name: Illinois Name: Name:

Address: 1822 N. Lincoln Parkway Address: Address:

Lincoln IL 62456 Phone: Phone: Phone:

Phone: 217-735-4995 Phone: Phone:

b. How often are the tires removed from your site (e.g., weekly, monthly)? 2 times per week (Sometimes 3 times/week)

3. Pay to the Agency an annual fee of \$100. Make the check payable to "IEPA for deposit into UTMF."

Amount Enclosed: \$100⁰⁰

Check #: 34076 \$B 8/10/04

PART C

I certify that the above listed site complies with all applicable requirements of Section 55 of the Illinois Environmental Protection Act (415 ILCS 5/1 et. seq) and 35 Ill. Adm. Code 848 and that the information submitted is, to the best of my knowledge, it is true, correct, and complete.

Signature: Tom Maxwell Date: 08-03-04

Printed Name: Tom Maxwell

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276



State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

Date: 2/11/97

Name WALKER TIRE
Attention TOM MAXWELL
Address 430 W CLINTON AVE
 FARMER CITY, IL 61842

Dear Sir or Madam:

Enclosed is your Used and Waste Tire Notification and Registration form. The initial review of the form has been completed and your form is being returned due to one or more of the following deficiencies.

- Incomplete addresses
- Number of waste tires not given
 - annual generation current accumulation
- Type of operation not given, incorrect or not explained.
- Method of vector control for Tire Disposal Site not indicated.
- Method of vector control not given for Tire Storage Site.
- You did not list where the tires that are removed from your site are going.
- Transporter numbers are not given.
- You did not indicate how often the tires are removed from your site.
- You did not pay the \$100.00 fee to the Agency
- The form was not signed.
- Other _____

You may resubmit the form when the above deficiencies have been corrected. If you have any questions or if I can be of any assistance, please contact me at 217/785-8604.

Sincerely,

Angstrom (Tap) Hefley
Used Tire Unit
Bureau of Land



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
Used and/or Waste Tire Activity
Notification & Registration Form



4

Any person who operates a tire storage site or a tire disposal site that contains more than fifty (50) used or waste tires must give notice to the Illinois Environmental Protection Agency (Illinois EPA). The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

NOTE: If you have used and/or waste tires at other locations, complete a separate form for each location.

PART A

PLEASE PRINT

Facility Name: Farmer City / Walker Tire Company #2 Site Number: 0390150003 (Assigned by Illinois EPA)
Street Address: 430 West Clinton Avenue Owner's Name: Tom Maxwell
City, State & Zip: Farmer City IL 61842 Street Address: 430 West Clinton Avenue
Phone #: 309-928-9291 County: DeWitt City, State & Zip: Farmer City, IL 61842
Contact: Tom Maxwell Phone #: 309-928-9291

What is the largest number of used or waste tires present at this location at any one time?

500 1174 per K. Keight inspection 8/10/04

Do you sell new and/or used tires at retail at this location? Please place an "X" in the appropriate box.

Yes No

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR YOUR TYPE OF OPERATION:

• Used Tire Storage-Exempt Site

- Used tires are separated from the vehicle wheel rim at this site and not more than 250 used tires are kept at any one time.
- Used tires are accepted in trade as part of a sale of new tires and not more than 250 used tires are kept at any one time.
- This site sells tires at retail in the regular course of business and not more than 250 used tires are kept at any one time.
- This site sells tires at retail and maintains less than 1,300 recyclable tires, 1,300 tire carcasses, and 1,300 used tires on site and those tires are stored in a building or so they are prevented from accumulating water.

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• Used Tire Storage Site

- This site is a tire retailer and exceeds the accumulation limits identified above.
- This site is not a tire retailer and maintains more than 50 used tires at any one time.

EPA DLPC

• Used Tire Processing Site

- Used tires are altered (e.g., shredded), converted (e.g., manufactured into a commodity other than a tire), or reprocessed (e.g., recapped, retreaded, regrooved) at this site.

RELEASABLE

AUG 27 2004

• Used Tire Disposal Site

- This site disposes used tires (except combustion) at this location.

• Used Tire Combustion Site

- This site combusts used tires on site.

REVIEWER MD

List all registered used tire transporters (and corresponding Illinois EPA registration numbers) used by this facility (attach additional sheet if more space is needed).

Transporter Name: Tire Shredders Unlimited Transporter Name: _____
Registration #: T-8195 Registration #: _____

Exp. 4/30/06

This Agency is authorized to require this information under Section 55(c) (415 ILCS 555(c)). Disclosure of this information is required. Failure to do so may result in a civil penalty of not to exceed \$50,000 and an additional civil penalty of not to exceed \$10,000 for each day during which the violation occurs. In addition, it is a Class A misdemeanor to submit false information under Section 44 of the Illinois Environmental Protection Act (415 ILCS 544). This form is approved by the Forms Management Center.

Electronic Filing: Received, Clerk's Office 7/19/2017

person who operates a tire storage site that contains more than 50 used tires must register the site with the Illinois EPA annually by January 1 of each year. The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

PART B

1. How are vectors controlled at this site?

Mark all boxes that apply:

Drained of water on day of generation or receipt and stored inside under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site:

Tires are dismounted from the vehicles and stored in a metal covered building until picked up.

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Tire Shredders Unlimited

Name: Illinois Name: Name:

Address: 1822 N. Lincoln Parkway Address: Address:

Lincoln IL 62456 Phone: Phone: Phone:

Phone: 217-735-4995 Phone: Phone:

b. How often are the tires removed from your site (e.g., weekly, monthly)? 2 times per week (Sometimes 3 times/week)

3. Pay to the Agency an annual fee of \$100. Make the check payable to "IEPA for deposit into UTMF."

Amount Enclosed: \$100⁰⁰

Check #: 34076 \$B 8/10/04

PART C

I certify that the above listed site complies with all applicable requirements of Section 55 of the Illinois Environmental Protection Act (415 ILCS 5/1 et. seq) and 35 Ill. Adm. Code 848 and that the information submitted is, to the best of my knowledge, it is true, correct, and complete.

Signature: Tom Maxwell Date: 08-03-04

Printed Name: Tom Maxwell

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
Used and/or Waste Tire Activity
Notification & Registration Form



4

Any person who operates a tire storage site or a tire disposal site that contains more than fifty (50) used or waste tires must give notice to the Illinois Environmental Protection Agency (Illinois EPA). The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

NOTE: If you have used and/or waste tires at other locations, complete a separate form for each location.

PART A

PLEASE PRINT

Facility Name: Farmer City / Walker Tire Company #2 Site Number: 0390150003 (Assigned by Illinois EPA)
Street Address: 430 West Clinton Avenue Owner's Name: Tom Maxwell
City, State & Zip: Farmer City IL 61842 Street Address: 430 West Clinton Avenue
Phone #: 309-928-9291 County: DeWitt City, State & Zip: Farmer City, IL 61842
Contact: Tom Maxwell Phone #: 309-928-9291

What is the largest number of used or waste tires present at this location at any one time? 500 1174 *per K. Keight inspection 8/10/04*

Do you sell new and/or used tires at retail at this location? Please place an "X" in the appropriate box.

Yes No

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR YOUR TYPE OF OPERATION:

• Used Tire Storage-Exempt Site

- Used tires are separated from the vehicle wheel rim at this site and not more than 250 used tires are kept at any one time.
- Used tires are accepted in trade as part of a sale of new tires and not more than 250 used tires are kept at any one time.
- This site sells tires at retail in the regular course of business and not more than 250 used tires are kept at any one time.
- This site sells tires at retail and maintains less than 1,300 recyclable tires, 1,300 tire carcasses, and 1,300 used tires on site and those tires are stored in a building or so they are prevented from accumulating water.

RECEIVED

AUG 05 2004

• Used Tire Storage Site

- This site is a tire retailer and exceeds the accumulation limits identified above.
- This site is not a tire retailer and maintains more than 50 used tires at any one time.

EPA DLPC

• Used Tire Processing Site

- Used tires are altered (e.g., shredded), converted (e.g., manufactured into a commodity other than a tire), or reprocessed (e.g., recapped, retreaded, regrooved) at this site.

RELEASABLE

AUG 27 2004

• Used Tire Disposal Site

- This site disposes used tires (except combustion) at this location.

• Used Tire Combustion Site

- This site combusts used tires on site.

REVIEWER MD

List all registered used tire transporters (and corresponding Illinois EPA registration numbers) used by this facility (attach additional sheet if more space is needed).

Transporter Name: Tire Shredders Unlimited Transporter Name: _____
Registration #: T-8195 Registration #: _____

Exp. 4/30/06

This Agency is authorized to require this information under Section 55(c) (415 ILCS 555(c)). Disclosure of this information is required. Failure to do so may result in a civil penalty of not to exceed \$50,000 and an additional civil penalty of not to exceed \$10,000 for each day during which the violation occurs. In addition, it is a Class A misdemeanor to submit false information under Section 44 of the Illinois Environmental Protection Act (415 ILCS 544). This form is approved by the Forms Management Center.

Electronic Filing: Received, Clerk's Office 7/19/2017

person who operates a tire storage site that contains more than 50 used tires must register the site with the Illinois EPA annually by January 1 of each year. The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

PART B

1. How are vectors controlled at this site?

Mark all boxes that apply:

Drained of water on day of generation or receipt and stored inside under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site:

Tires are dismounted from the vehicles and stored in a metal covered building until picked up.

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Tire Shredders Unlimited

Name: Illinois Name: Name:

Address: 1822 N. Lincoln Parkway Address: Address:

Lincoln IL 62456 Phone: Phone: Phone:

Phone: 217-735-4995 Phone: Phone:

b. How often are the tires removed from your site (e.g., weekly, monthly)? 2 times per week (Sometimes 3 times/week)

3. Pay to the Agency an annual fee of \$100. Make the check payable to "IEPA for deposit into UTMF."

Amount Enclosed: \$100⁰⁰

Check #: 34076 \$B 8/10/04

PART C

I certify that the above listed site complies with all applicable requirements of Section 55 of the Illinois Environmental Protection Act (415 ILCS 5/1 et. seq) and 35 Ill. Adm. Code 848 and that the information submitted is, to the best of my knowledge, it is true, correct, and complete.

Signature: Tom Maxwell Date: 08-03-04

Printed Name: Tom Maxwell

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
Used Tire Unit
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Electronic Filing: Received, Clerk's Office 7/19/2017



2005

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
Used and/or Waste Tire Activity
Notification & Registration Form



Any person who operates a tire storage site or a tire disposal site that contains more than fifty (50) used or waste tires must give notice to the Illinois Environmental Protection Agency (Illinois EPA). The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

NOTE: If you have used and/or waste tires at other locations, complete a separate form for each location.

PART A

PLEASE PRINT

Facility Name: Walker Tire

Site Number: 0390150003 (Assigned by Illinois EPA)

Street Address: 430 W. Clinton Ave.

Owner's Name: Tom Maxwell

City, State & Zip: Farmer City IL 61842

Street Address: 1400 Blue Bell Lane

Phone #: 309/928-9291

County: DeWitt

City, State & Zip: Farmer City IL 61842

Contact:

Phone #: 309 928 3126

What is the largest number of used or waste tires present at this location at any one time?

2501174
[X] Yes [] No
in question

Do you sell new and/or used tires at retail at this location? Please place an "X" in the appropriate box.

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR YOUR TYPE OF OPERATION:

• Used Tire Storage-Exempt Site

- Used tires are separated from the vehicle wheel rim at this site and not more than 250 used tires are kept at any one time.
- Used tires are accepted in trade as part of a sale of new tires and not more than 250 used tires are kept at any one time.
- This site sells tires at retail in the regular course of business and not more than 250 used tires are kept at any one time.
- This site sells tires at retail and maintains less than 1,300 recyclable tires, 1,300 tire carcasses, and 1,300 used tires on site and those tires are stored in a building or so they are prevented from accumulating water.

• Used Tire Storage Site

- This site is a tire retailer and exceeds the accumulation limits identified above.
- This site is not a tire retailer and maintains more than 50 used tires at any one time.

• Used Tire Processing Site

- Used tires are altered (e.g., shredded), converted (e.g., manufactured into a commodity other than a tire), or reprocessed (e.g., recapped, retreaded, regrooved) at this site.

• Used Tire Disposal Site

- This site disposes used tires (except combustion) at this location.

• Used Tire Combustion Site

- This site combusts used tires on site.

RECEIVED

JAN 11 2005

EPA-BOL

RELEASED

SEP 07 2005

REVIEWED

List all registered used tire transporters (and corresponding Illinois EPA registration numbers) used by this facility (attach additional sheet if more space is needed).

Transporter Name: Tire Shredders Unlimited Transporter Name: _____ Transporter Name: _____
 Registration #: T8195 ✓ Exp. 4/30/06 Registration #: _____ Registration #: _____

This Agency is authorized to require this information under Section 55(c) [415 ILCS 5/55(c)]. Disclosure of this information is required. Failure to do so may result in a civil penalty of not to exceed \$50,000 and an additional civil penalty of not to exceed \$10,000 for each day during which the violation occurs. In addition, it is a Class A misdemeanor to submit false information under Section 44 of the Illinois Environmental Protection Act [415 ILCS 5/44]. This form is approved by the Forms Management Center.

IL 532-1844

LPC 337 Rev 12/2002

PRINTED ON RECYCLED PAPER

Electronic Filing: Received, Clerk's Office 7/19/2017

Any person who operates a tire storage site that contains more than 50 used tires must register the site with the Illinois EPA annually by January 1 of each year. The Illinois EPA also maintains an inventory of all tire retailers for compliance assistance purposes.

PART B

1. How are vectors controlled at this site?

Mark all boxes that apply:

Drained of water on day of generation or receipt and stored inside under cover.

Drained of water on day of generation or receipt and processed or altered within 14 days so as not to hold water.

2. Explain in the space provided below the steps taken to handle and process the tires at this site: _____

a. Where are the tires that are removed from your site sent (attach sheet if more space is needed)?

Name: Tire Shredders ^{Unwanted} Name: _____ Name: _____
 Address: 1822 N. Lincoln PKway Address: _____ Address: _____
Lincoln IL 62656
 Phone: (217) 733-4985 Phone: _____ Phone: _____

b. How often are the tires removed from your site (e.g., weekly, monthly)? twice a week

3. Pay to the Agency an annual fee of \$100. Make the check payable to "IEPA for deposit into UTMF."

Amount Enclosed: \$ 100.00 Check #: 34253 ^{5/14/05}

PART C

I certify that the above listed site complies with all applicable requirements of Section 55 of the Illinois Environmental Protection Act (415 ILCS 5/1 et. seq) and 35 Ill. Adm. Code 848 and that the information submitted is, to the best of my knowledge, it is true, correct, and complete.

Signature: Tom Maxwell Date: 1-6-05
 Printed Name: Tom MAXWELL

Use the enclosed, preprinted mailing labels to return this completed form along with payment (if applicable) to:

Illinois Environmental Protection Agency
 Used Tire Unit
 1021 North Grand Avenue East
 P.O. Box 19276
 Springfield, IL 62794-9276

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT K

WALKER SERVICE STATION LUST APPLICATION

Electronic Filing: Received, Clerk's Office 7/19/2017

4-029421
~~73194E~~
9/20/96R



Office of the Illinois State Fire Marshal

Underground Storage Tank Fund Eligibility and Deductibility Application

General Office
217-785-0969

- DIVISIONS
- ARSON INVESTIGATION
217-782-8255
- BOILER and PRESSURE
VESSEL SAFETY
217-782-2596
- FIRE PREVENTION
217-785-0714
- MANAGEMENT SERVICES
217-782-9889
- INFIRS
217-785-1016
- PERSONNEL
217-785-1009
- PERSONNEL STANDARDS
and EDUCATION
217-782-4542
- PETROLEUM and
CHEMICAL SAFETY
217-785-3678
- PUBLIC INFORMATION
217-785-1021

This application must be submitted by all underground storage tank owners or operators planning to seek reimbursement of corrective action costs from the Underground Storage Tank (UST) Fund. Instructions and definitions to aid in completing the application are attached.

The application must be completed in its entirety. All signatures and seals must be originals signed in ink. Incomplete applications will be returned to the applicant. Any revisions to the original application must be dated and initialed by the person entering the new information. This must be the same person who signs the application. If a facility is not in compliance with registration requirements your application will be returned. Do not submit bills with the application.

To ensure proper routing, DO NOT submit the application with reports, with copies of reports or inside reports. A duplicate copy of the application is not required.

Following the review of your application, you will receive a letter stating whether you are eligible and the applicable deductible amount.

OSFM Facility ID #: 4 029421
~~8-000191~~

1. Name of Applicant: Walker Service Station

Tank Owner: Tank Operator: X (Check those that currently apply)

Mailing Address of Applicant: 430 West Clinton Ave

City: Farmer City State: IL Zip: 61842

Contact Person: Tom Maxwell

2. Current Owner: Claude Walker

RECEIVED

a.) Tank: X Property: X Lessee: (Check those that currently apply) **SEP 17 1996**

DIV. OF PETROLEUM & CHEMICAL SAFETY

Mailing Address: 430 W. Clinton Ave.

City: Farmer City State: IL Zip: 61842

Phone: (309) 928-9291

RECEIVED

b.) Date Facility Property Purchased: 1936

JUL 21 1996

c.) Were tanks in the ground on date of purchase? Yes No X

d.) If no, were they installed after your purchase? Yes

e.) Have you ever operated these tanks pumped product in or out during the ordinary course of operation? Yes X No

Electronic Filing: Received, Clerk's Office 7/19/2017

3. Previous owner/operator: Golden Barger
Tank: Property: Lessee: (Check those that currently apply)

Current mailing address: Deceased
City: _____ State: _____ Zip: _____
Phone: () _____

4. Facility Name: Walker Service Station
Facility Address: 430 West Clinton Ave.
City: Farmer City County: Dewitt

5. Occurrence for which you intend to seek reimbursement: Incident # 960810
Other incident numbers reported at the site: N/A
(A separate application must be filed for each occurrence. Please indicate if any of the additional incident numbers are erroneously reported incidents, or a second reporting of the same occurrence for which you intend to seek reimbursement.)

6. Person and official title notifying IEMA (previously ESDA) of the occurrence for which you intend to seek reimbursement: Tom Maxwell Operator
Date IEMA notified of the occurrence for which you intend to seek reimbursement: 5-13-96

7. Number of USTs at the site: 7
(A UST includes USTs presently at the site and USTs that have been removed).

8. Number of USTs at the site that have had a release: 3 J.M. (An UST release includes a leak from an underground tank, a release from underground piping associated with the tank, plus overfills of the UST during filling).

9. Type of release (check all that apply):
 UST leak Overfill of an UST during filling
 Underground piping leak Other (please attach description)

10. Is the UST owner or operator the U.S. government? Yes No

11. Is the UST owner or operator a rail carrier registered pursuant to Section 18c-7201 of the Illinois Vehicle Code? Yes No

Electronic Filing: Received, Clerk's Office 7/19/2017

12. Is the UST located at an airport with over 300,000 operations per year and in a city of more than 1,000,000 inhabitants?

Yes No

13. Has corrective action work begun? Yes No 6-5-96 Date

Was corrective action work completed? Yes No _____ Date

The following certification must be completed by the UST owner/operator:

I Tom Maxwell the Owner, Operator or designated agent, thereof, of Walker Service Station Leaking Underground Storage Tank site, do hereby certify under penalty of law, that this application and the supporting documentation attached hereto were prepared under my direction or supervision in accordance with a system designed to assure that quality personnel properly gathered and evaluated the information submitted therein. I affirm that the information is, to the best of my knowledge and belief, true, accurate and complete. Such affirmation is made under penalty of perjury as defined in Section 32-2 of the Criminal Code, 720 ILCS 5/32-2. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly committing violations. The "Eligibility and Deductibility Determination" decided pursuant to this document is subject to the costs being associated with "Corrective Action" of Title XVI, Petroleum USTs.

Signature (Owner, Operator or designated agent):

~~Tom Maxwell~~ Tom Maxwell

Title: Operator

Date: ~~7-2-96~~ 19 96
9-13 96

RECEIVED
JUL 31 1996

Subscribed and sworn to before me this 13th day of SEPTEMBER, 19 96
29th day of JULY, 19 96
(Application must be notarized when the certificate is signed.)

RECEIVED
SEP 17 1996

[Signature]
Notary Public
[Signature]

OFFICIAL SEAL
GREGORY G GAMMAGE
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. MAR. 29, 1997

OFFICIAL SEAL
GREGORY G GAMMAGE
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. MAR. 29, 1997

Note: Original signatures in ink and seals are required for the certification and notarization. Attach the UST information sheet behind this page. This form may be reproduced on a copier but cannot be altered in any way. DO NOT reproduce on a computer; this will be grounds for rejection.

UST Information Sheet

The information below must be provided for each UST at the site (USTs presently at the site and USTs that have been removed). Please photocopy this page if more space is needed.

All spaces must be completed for each tank. If you have any questions, please refer to the instructions.

USTM Facility ID #: ~~8-000191~~ 4-029427

Electronic Filing: Received, Clerk's Office 7/19/2017

Tank	Product Code	Size (Gallons)	Date Installed	Date Out of Service	Date Removed	Date Registered	ITEMA NUMBER	Date ITEMA Notified	Registration Fees Paid	Has UST Had a Release	Is UST Legally Abandoned-In-Place (Filled)
1	Gasoline	10,000	1965	Still in Use	N/A	1987	960810	5/13/96	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
2	Gasoline	4,000	1965	Still in Use	N/A	1987	960810	5/13/96	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
3	Diesel	2,000	1985	Still in Use	N/A	1987	N/A	N/A	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
4	Diesel	200	1958	1985	6/5/96	5/96	N/A	N/A	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
5	Gasoline	500	1958	1985	6/5/96	5/96	960810	5/13/96	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
6	Waste Oil	1,000	1958	5/13/96	6/5/96	5/96	N/A	N/A	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
7	Heating Oil	300	1958	Pre-1974	6/5/96	N/A	N/A	N/A	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y
8									<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
9									<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y
10									<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y

Product Codes - (Refer to instructions for definitions): G - Gas, D - Diesel, A - Aviation fuels, K - Kerosene or U - Used oil; H - Heating oil; HAZ - Hazardous Substance; N - Any product not included under another code.

Comments: Tank #7 was discovered while removing Tanks 4, 5 & 6. Tank #7 is obviously a Pre-1974 tank since the operator did not know the tank existed.

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT L

AFFIDAVIT OF DAVID R. MYERS

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB NO. 12-35
	)	(Enforcement – Water)
SIX M. CORPORATION INC. and Illinois,)	
Corporation and WILLIAM MAXWELL)	
)	
Respondents)	
)	
and)	
)	
JAMES MCILVAIN,)	
Necessary Party)	

AFFIDAVIT OF DAVID R. MYERS

Upon penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies that he verily believes the same to be true:

1) I am employed by the Illinois Environmental Protection Agency ("Illinois EPA"), Bureau of Land, as a Project Manager within the Leaking Underground Storage Tank Unit.

2) As a Project Manager with the Illinois EPA, my duties include, but are not limited to, the review and approval of plans, budgets, reports and reimbursement claims

in verifying compliance with 35 Ill. Adm. Code 734 and 742 rules.

3) I am familiar with the file regarding the Walker Service State (430 West Clinton, Farmer City, Illinois) facility ("site").

4) I have reviewed the State's Response to Motion for Summary Judgment and also conducted a file review of the site file.

5) The first incident 960810 was reported on 5/13/96 and analytical data submitted to IEPA was in a Site Classification Completion Report dated 4/4/97, received 4/7/97 and prepared by Envirotek. Groundwater results of four monitoring wells in February 1997 showed two samples above Class I Standards. Results of seven soil samples were above Tier I objectives.

6) Additional wells were installed in June 1997. All 16 monitoring wells were sampled and analyzed July 8, 1997, with ten of the sixteen samples above Class I Standards. This information was received by IEPA 7/25/97 in a Lab Report dated 7/15/97 and submitted by Envirotek.

7) A Phase I High Priority Corrective Action Plan submitted 5/22/98 by Armor Shield included soil sample results from samples collected on the following dates: 6/27/96, 1/21/97, 1/22/97, 6/9/97, 6/10/97, 6/11/97, 6/12/97 and 12/8/97 with most

samples above Tier I objectives. The same report included groundwater samples from 2/12/97, 2/14/97, 7/8/97, 12/16/97, 12/20/97 and 4/13/98 that showed most of the well samples exceeded Class I Standards.

8) Groundwater samples were collected in September 1998 and December 1998 and showed BTEX Class I Standard exceedances in seven of the wells sampled. These results were included in a CAP dated 2/9/99 and received 2/16/99 from Armor Shield.

9) A High Priority Corrective Action Report prepared by Armor Shield, dated 9/6/02 and received 9/23/02 included the results of quarterly groundwater monitoring from the following dates: 2/13/99, 6/15/99, 12/28/99, 3/23/00, 6/29/00, 9/12/00, 3/29/01, 6/25/01, 9/24/01, 11/13/01, 3/13/02, 4/9/02, 5/20/02 and 8/1/02. Results showed Class I Standard exceedances in most of the eighteen wells analyzed.

10) Major remediation occurred in August 2004 when 9116 cy of contaminated soil was excavated for disposal. Soil sample results of the floor and walls showed soil contamination above Tier I objectives remained in several locations. This documentation was provided in a Phase III High Priority Corrective Action Report from Armor Shield dated 10/15/04 and received 11/15/04.

11) The second incident, 2006-0291, was reported 3/8/06 following a limited investigation including three soil borings 3/7/06 near the remaining underground storage tanks. Tier I soil objective exceedances were documented in the 45 Day Report dated 3/9/06 and received 4/13/06. The report was prepared by Applied Environmental Solutions.

12) A round of groundwater samples collected 3/16/06 showed BTEX Class I Standard exceedances in four of the fourteen wells sampled.

13) A round of groundwater samples collected 7/27/06 showed BTEX Class I Standard exceedances in 8 of the 19 wells sampled. These last two results were documented in a Phase IV Corrective Action Plan and Budget dated and received 10/16/07. The plan was prepared by CSD Environmental.

14) An addendum to the 45 Day report dated 8/1/06 and received 9/11/06 documented the tank removals and results of soil confirmation samples around the tank pit showing Tier I soil exceedances in most of the samples.

15) A Stage 2 Investigation Plan and Budget, prepared by CWM Co. dated 10/24/14 and received 10/24/14 documented the results of a Stage 1 investigation of the second incident and showed soil objective exceedances to the north and east. Five wells were installed and sampled 6/22/12. Results showed groundwater exceeded


Class I Standards in three of the five wells with the plume to the north and east. Four of the fifteen soil samples collected 6/12/12 analyzed were above Tier I soil objectives.

16) Additional Stage 2 investigation was performed in July 2015 and documented in a Stage 3 Plan and Budget prepared by CWM, dated 12/2/15 and received 12/2/15. On 7/29/15 soil samples analyzed for BTEX/PNAs showed Tier I exceedances in five of twenty-four samples. Groundwater samples collected 8/5/15 and 9/1/15 showed Class I Standards were exceeded in one of the eight samples analyzed.

17) The factual matters above and those set forth within the Response are true in substance and in fact, to the best of my knowledge, information and belief.

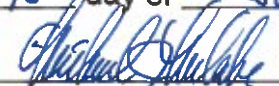
18) If called as a witness here, I could competently testify to all matters here set out.

FURTHER AFFIANT SAYETH NOT.



DAVID R. MYERS
Illinois Environmental Protection Agency
Bureau of Land, LUST SECTION

Subscribed and Sworn to before me
this 18th day of July, 2017.



NOTARY PUBLIC



BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT M

LUST APPLICATION DATED MARCH 14, 2006

Electronic Filing: Received, Clerk's Office 7/19/2017

4-029427
3-17-06

Leaking Underground Storage Tank Fund Eligibility and Deductible Application

RECEIVED
MAR 17 2006

All underground storage tank owners or operators planning to seek reimbursement of corrective action costs from the Leaking Underground Storage Tank (LUST) Fund must submit this application. Instructions and definitions to aid in completing the application are attached.

DIV. OF PETROLEUM
CHEMICAL SAFETY

The application must be completed in its entirety. Answers of unknown are not acceptable and will be grounds for returning your application. All signatures and seals must be originals signed in ink. Incomplete applications will be returned to the applicant. Any revisions to the original application must be dated and initialed by the person entering the new information. This must be the same person who signs the application. If a facility is not in compliance with registration requirements, the application will be returned.

Do not submit IEPA reports or bills with the application. A duplicate copy of the application is not required. Following the review of the application, the applicant will receive a certified letter of eligibility stating the deductible amount.

OSFM Facility ID #: 4-029427 U0015928

1. Name of Applicant: Walker Tire Service

Tank Owner: Tank Operator (check all that currently apply)

Mailing Address of Applicant: 430 W. Clinton

City: Farmer City State: IL Zip: 61842

Contact Person: Tom Maxwell

2. Current Owner: Walker Tire Service

Tank Property: Lessee: (check all that currently apply)

Mailing Address: 430 W. Clinton

City: Farmer City State: IL Zip: 61842

Phone: (309) 928-9291

a) Date Facility Property Purchased: 1936 Leased: _____

b) Were tanks in the ground on date of purchase/lease? Yes _____ No

c) If no, were they installed after your purchase/lease? Yes

d) Have you ever operated these tanks; pumped product in or out during the ordinary course of operation? Yes No _____

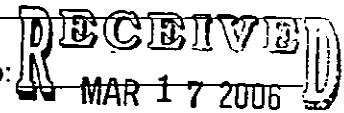
The OSFM is requesting disclosure of information to process your Eligibility and Deductible Application in order to accomplish the statutory purpose as stated in 415 ILCS, Act 5, Environmental Protection Act. This is REQUIRED because failure to provide the requested information will result in this form not being processed, and there will be no eligibility or deductible determination for purposes of the LUST Fund. This form has been approved by the Forms Management Center.

3. Previous owner/operator: Golden Barger

Tank: Property: Lessee: _____ (check all that currently apply)

Current mailing address: Deceased

City: _____ State: _____ Zip: _____



Phone: () _____

DIV. OF PETROLEUM
CHEMICAL SAFETY

4. Facility Name: Walker Tire Service

Facility Address: 430 W. Clinton

City: Farmer City County: DeWitt

5. Occurrence for which you intend to seek reimbursement: Incident # H2006-0291

6. Name and official title of the person who notified IEMA of the occurrence: Todd M. Hogan, Project Manager

Date Reported: 03/08/06

7. Other incident numbers reported at the site: (A separate application must be filed for each occurrence. Please indicate if any of the additional incident numbers are erroneously reported incidents, or a second reporting of the same occurrence for which you intend to seek reimbursement.)

Other Incident Numbers

Date Reported

1) <u>960810</u>	<u>05/13/96</u>
2) _____	_____
3) _____	_____

8. Total number of USTs at the site: 7 (include USTs presently at the site and USTs that have been removed or abandoned in place)

9. Total number of USTs at the site that have had a release: 4 (An UST release includes a leak from an underground tank, a release from underground piping associated with the tank, plus overfills of the UST during filling.)

10. Type of release: (check all that apply) Answers of unknown will not be accepted.

- UST leak
- Overfill of an UST during filling
- Underground piping leak
- Other (detailed description required)

a) How was the release discovered? (check all that apply)

- Inventory Loss
- Subsurface Investigation
- Product in Observation Well
- Significant Event (i.e., overfill, vandalism, etc.)
- Subsurface Work/Repair
- Other (detailed description required)

b) Date release discovered: 03/07/06

Electronic Filing: Received, Clerk's Office 7/19/2017

11. Is the UST owner or operator the U.S. government? Yes _____ No X

12. Is the UST owner or operator a rail carrier registered pursuant to Section 18c-7201 of the Illinois Vehicle Code? Yes _____ No X

RECEIVED
MAR 17 2006

13. Is the UST located at an airport with over 300,000 operations per year, for years prior to 1991, located in a city of more than 1,000,000 inhabitants? Yes _____ No X

ILLINOIS PETROLEUM
CHEMICAL SAFETY

14. Date corrective action work began or scheduled to begin: 03/07/06

15. Date corrective action work completed: N/A

The following certification must be completed by the UST owner/operator:

I, Todd M. Hogan the Owner, Operator or designated agent of, Walker Tire Service leaking underground storage tank site, do hereby certify under penalty of law, that this application and the supporting documentation attached hereto were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted therein. I affirm that the information is, to the best of my knowledge and belief, true, accurate and complete. Such affirmation is made under penalty of perjury as defined in Section 32-2 of the Criminal Code, 720 ILCS 5/32-2. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly committing violations. The "Eligibility and Deductible Determination" decided pursuant to this document is subject to the costs defined in Title 35: Environmental Protection Illinois Administrative Code (IAC) 731, 732, 742 and Public Act 92-0554.

Signature (owner, operator or designated agent)

Todd M. Hogan

Title: Project Manager

Date: March 14, 20 06

Subscribed and sworn to before me this 14th day of March, 2006
(application must be notarized when the certificate is signed)

Carole R. Roper
Notary Public



Seal

Note: Original signatures in ink and seals are required for the certification and notarization. Attach the UST information sheet behind this page. This form may be reproduced on a copier but cannot be altered in any way. DO NOT reproduce on a computer; this will be grounds for rejection.

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.	)	PCB No. 12-035
	)	(Enforcement – Water)
SIX M. CORPORATION Inc., an Illinois,)	
Corporation, and WILLIAM MAXWELL,)	
)	
)	
Respondents.)	
)	
and)	
)	
JAMES MCILVAIN,)	
)	
Necessary Party.)	

COMPLAINT'S RESPONSE TO RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

ATTACHMENT N

DEPOSITION TRANSCRIPT OF JAMES H. MCILVAIN
TAKEN ON JUNE 9, 2017

In the Matter Of:

PEOPLE OF THE STATE OF ILLINOIS vs SIX

12-035

JAMES H. MCILVAIN

June 09, 2017



ESQUIRE
DEPOSITION SOLUTIONS

800.211.DEPO (3376)
EsquireSolutions.com

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE)
 OF ILLINOIS,)
 Complainant,)
 vs.) PCB No. 12-035
 SIX M. CORPORATION, Inc., an)
 Illinois corporation, WILLIAM)
 MAXWELL and MARILYN MAXWELL,)
 Respondents.)
 and)
 JAMES MCILVAIN,)
 Necessary Party.)

DEPOSITION OF JAMES MCILVAIN
 June 9, 2017
 2:00 p.m.

Becky L. Jessup: CSR # 084-004343

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APPEARANCES:

For the Complainant:

Elizabeth Dubats
Christopher Grant
Environmental Bureau
Assistant Attorney General
69 W. Washington Street, #1800
Chicago, Illinois 60602
(312) 814-2069

For the Respondents:

Phillip R. Van Ness
WEBBER & THIES
Attorneys at Law
202 Lincoln Square
Urbana, Illinois 61803-0189

For James McIlvain:

Patrick Shaw
Attorney at Law
80 Bellervie Road
Springfield, Illinois 62704

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1 STIPULATION

2

3 IT IS HEREBY STIPULATED AND AGREED by and
4 between the parties hereto that this deposition is
5 taken for evidentiary purposes and neither of the
6 parties hereto will object to its admission in the
7 trial at the time this matter comes on for hearing.

8

9 IT IS FURTHER STIPULATED that any
10 objections are waived and any objections as to
11 substance shall be determined by the Hearing Official.

1 2:00 p.m.

2 JAMES MCILVAIN,

3 the witness herein, having been first duly sworn to
4 tell the truth, the whole truth and nothing but the
5 truth, was examined and testified as follows:

6
7 EXAMINATION,

8 QUESTIONS BY MS. DUBATS:

9 Q. Mr. McIlvain, can you please state your name
10 and spell it for the record?

11 A. James Howard McIlvain, M-c-I-l-v-a-i-n.

12 Q. Have you ever been deposed before?

13 A. Yes.

14 Q. So you know the rules. You are sworn in.
15 Yes, you know, clear yeses, clear noes to questions.
16 No noises, no gestures.

17 A. Yes.

18 Q. Just as a preliminary question, where do you
19 currently live?

20 A. 407 W. Clinton Avenue, Farmer City.

21 Q. How long have you lived at that address?

22 A. We bought the property in '92.

23 Q. Where is that relative to Walker Service
24 Station?

1 A. We are just east of Walker Station.

2 Q. Now I am going to be showing you what I am
3 marking as Exhibit 1 just for your reference. This is
4 the 1996 IEMA report. Do you recognize this document?

5 A. Yeah. I believe I have seen this.

6 Q. Just reviewing it, are you kind of familiar
7 with the basic details of the document?

8 A. Yeah.

9 Q. So were you -- the date on the document is May
10 13, 1996. When did you first become aware of there
11 might have been something going on with gasoline?

12 A. When we returned from church on May 12,
13 Mother's Day, 1996, and I smelled gasoline when we
14 opened the back door.

15 Q. What did you do?

16 A. I first told my family to go to her mother's.
17 And then I called the police department. And Jerry
18 Beasley showed up. And he said I have got a cold, I
19 don't smell anything.

20 He said I will have the fire department bring
21 down their PID meter. And they went to the basement
22 and checked it.

23 Q. And did the PID reader detect anything?

24 A. It was in the yellow.

1 Q. What does that mean?

2 A. Well, green, yellow and red so I assumed it
3 was, could be bad.

4 Q. Did you tell anyone else about --

5 A. Well, the fire department gave me the state
6 fire marshal's number and I called them and left a
7 recording, I left a message that we had trouble with
8 the gasoline in the basement.

9 And I also called Tom that evening and he
10 said it was probably coming from the gas station on the
11 other side of me.

12 Q. Now I am going to mark for your record Exhibit
13 2. These are site maps that come from the Stage 3
14 Investigation Plan and Budget. I have attached the
15 first page just as a point of reference.

16 There are a couple of the same charts in
17 there that are blank. I am giving you a red pen. I am
18 just using -- they have different monitoring wells
19 marked on them but I just wanted to use kind of a clear
20 map of the property so that I could ask you questions
21 and you could indicate. So to your knowledge are the
22 property boundaries on this map accurate?

23 A. No.

24 Q. Can you draw to me where to your knowledge the

1 property boundaries would be more properly drawn?

2 A. Well, it is pretty much out of proportion.
3 This line is from this point to this point should be
4 straight. It doesn't come down here and then turn. So
5 it goes straight up to there.

6 Q. Okay. I guess -- and this is kind of a
7 question that I had looking at the map because I see in
8 that map that you are looking at like there is one line
9 that seems to follow through straight and then another
10 one that kind of juts at an angle.

11 A. Um-hum.

12 Q. So are you saying that the straight line
13 there --

14 A. No. It is the solid line. It starts back
15 here and is a broken line and it should continue here
16 with this, the solid line. But it should be straight.
17 And it doesn't go up here and make an angle. It goes
18 right straight up.

19 Q. So you are saying -- so I am going to draw it
20 on mine. So if I am understanding you correctly if we
21 are talking about this point and that point, you are
22 saying because here it kind of it is straight and then
23 to a point and then curves so you are saying this is
24 more if I were to draw like a straight line from that

1 point to that point?

2 A. Correct.

3 Q. So it would make kind of a triangle, a very
4 obtuse triangle with what is there?

5 A. Yes.

6 Q. Can you draw that line in?

7 A. Sure. I can do this.

8 Q. That is good. And maybe we make that sheet
9 kind of Exhibit like 2A. And then can you flip to the
10 next one that doesn't have any of your drawings on it?
11 Can you indicate on this next one kind of where you
12 detected odors initially?

13 A. The back door is right here. That would be on
14 the southeast corner of the house.

15 Q. That was in 1996?

16 A. Correct.

17 Q. Now how long a period did you continue to have
18 detectable odors on your property?

19 A. Well, after the state fire marshal showed up,
20 they put a big exhaust fan in the basement window to
21 ventilate the basement. So I don't know.

22 My family spent three days with her mother's
23 because it wasn't safe for them to be there. So I
24 would say maybe a week, two weeks, but then the fan ran

1 for a long time to keep it ventilated.

2 Q. So at what -- so I guess I have to kind of
3 figure out where to begin because we are talking about
4 a long period of time. So when did contractors kind of
5 start requiring access to your property?

6 A. I don't think they actually -- I can't tell
7 you an exact date on this. I think it was after we had
8 got the access agreement of '99.

9 Q. I have a copy of that.

10 A. There was some emergency work that they did
11 but that wasn't by a contractor.

12 Q. I am going to mark this as Exhibit 3. Hand
13 that over to you. Is this the access agreement that
14 you mentioned?

15 A. Yeah. I recognize this. That is my signature
16 and my wife's signature.

17 Q. Is this agreement still in effect?

18 A. It is.

19 Q. Did you ever terminate or revoke this
20 agreement?

21 A. No.

22 Q. Now I am going to turn your attention to
23 another document which I am marking Exhibit 4. This is
24 a letter dated December 5, 2005 from Applied

1 Environmental Solutions Incorporated to Illinois EPA.

2 Drawing your attention to the response after
3 the first paragraph where it says Applied Environmental
4 Solutions on behalf of Walker Service Station has been
5 denied access to property at 407 W. Clinton in order to
6 complete phase 3 corrective action, therefore AES is
7 unable to develop a corrective action plan to address
8 the remaining contamination.

9 Now this is December of 2005. At that point
10 had you denied any access to your property?

11 A. There was one time I denied them because I
12 didn't have certificate of insurance in my hand.

13 Q. Is that something that is required under your
14 access agreement?

15 A. It is. Now whether this is the date, I do not
16 know.

17 Q. And at the time did you inform them that they
18 needed to provide a certificate of insurance?

19 A. Yes, I did.

20 Q. Did they provide that certificate?

21 A. They did.

22 Q. Were they allowed access after that?

23 A. Yes.

24 Q. How long a period did that take? How long

1 were they denied access during that time?

2 A. It was just a few days. I can't remember if
3 they mailed it to me or handed it to me or it could
4 have been faxed, I am not sure.

5 Q. I am marking Exhibit 5. I am handing you, it
6 is an e-mail exchange with Valerie Davis but there is
7 an e-mail with a representative of Applied
8 Environmental Services kind of within that e-mail
9 thread.

10 Can I draw your attention to the portion, I
11 think it is on the second page where it says this
12 e-mail is to inform AES that access to our property
13 will be terminated as of Monday, May 22, 2006. Did you
14 send this e-mail?

15 A. Probably.

16 Q. Can you provide any context to that e-mail?

17 A. Well, we were asked as to the following items
18 that weren't provided.

19 Q. But that is still -- is that still related to
20 terms of the 1999 access agreement?

21 A. I don't know if that is the '99 or the 2006
22 incident. I'm not sure about that.

23 Q. It is I think temporally after the 2006
24 incident that was reported in March of 2006. Do you

1 recall if they provided the documents you requested?

2 A. No.

3 MR. VAN NESS: Can I interject here? I am not
4 sure which document you are looking at. What is the
5 date of that document?

6 MS. DUBATS: The e-mail thread. It is like
7 May 17.

8 MR. VAN NESS: Thank you.

9 BY MS. DUBATS:

10 Q. That is fine. We can move on. I am marking
11 for the record Exhibit 6. This is a November 10, 2006
12 letter to Patrick Shaw from Mr. Van Ness. Do you
13 recognize this document?

14 A. Um-hum. I would have to review it. Yes.

15 Q. Did you -- do you agree with its contents?

16 A. Yes.

17 Q. Now can I call your attention to the second
18 paragraph where it says unfortunately there is now a
19 strong olfactory and visual evidence that petroleum
20 contamination from the latest LUST incident indeed has
21 crossed the boundary to the McIlvain property.

22 Do you recall what olfactory and visual
23 evidence is cited there?

24 A. I think it had to do with a monitoring well

1 that was within approximately 2 and a half feet of our
2 property line. I'm not sure.

3 Q. Okay. So you do not recall at this time?

4 A. Maybe I was assuming that it had cost again.
5 I don't know for sure. Well, when we were doing the
6 digging, you can see stuff in the ground and they
7 already said that the water had, the ground water went
8 to the northeast.

9 Q. Do you recall -- when you say they?

10 A. The remediators.

11 Q. Okay. Where were they digging?

12 A. Just west of us a few feet.

13 Q. Were they on your property? You said west of
14 you?

15 A. Um-hum.

16 Q. So adjacent to your property but not on your
17 property?

18 A. Correct.

19 Q. Now can I direct you to the text in bold at
20 the bottom of the page which says effective immediately
21 no further access to the McIlvain property will be
22 allowed absent approved new access agreement.

23 A. Yes.

24 Q. Is that you officially denying access to your

1 property?

2 A. For the 2006, yes.

3 Q. And is this the first time that you notified
4 Six M. of denial of access?

5 A. For the 2006 probably.

6 Q. Is the denial only related to 2006?

7 A. Yes.

8 Q. Do you believe there is any contamination on
9 your property left over from the 1996 incident?

10 A. Yes.

11 Q. Would it be okay to allow access to your
12 property to address that contamination?

13 A. They have had permission all along to address
14 any contamination from '96.

15 Q. Do you believe it is possible to distinguish
16 the two incidences at this point?

17 A. Should be, yes.

18 Q. Why is it that you are denying access
19 regarding remediation for the 2006 incident?

20 A. Because of the PNAs in diesel.

21 Q. Can you expand on that a little bit?

22 A. We asked for them to test for PNAs in the '96
23 and they refused. Because the diesel, possible diesel
24 leaks.

1 Q. So were PNAs included in any of their
2 corrective action plans?

3 A. Not for the '96 incident.

4 Q. Have you been provided copies of the
5 corrective action plans up until this point?

6 A. Yes.

7 Q. Have you reviewed them?

8 A. Yes.

9 Q. So it is still your position that the 1999
10 access agreement only pertained to the first release,
11 the 1996 release?

12 A. Correct.

13 Q. And why is that? What is the kind of the
14 basis of that distinction?

15 A. It is a total, it is totally different.

16 Q. I am marking for the record Exhibit 7. This
17 is another letter from Mr. Van Ness. This one is
18 addressed to Mrs. Valerie Davis with the Illinois EPA
19 dated October 25, 2007. Do you recognize this
20 document?

21 A. Somewhat. I would have to read it probably
22 entirely to.

23 Q. You can take time to look at it.

24 A. Let me look at it and review a little bit of

1 it.

2 Q. Did you authorize Mr. Van Ness to send this?

3 A. Yes.

4 Q. It says in there that you will not accept any
5 purported remediation of the property as final without
6 remedial objectives for diesel fuel contamination
7 indicators. Why is that?

8 A. We want our property clean.

9 Q. Okay. But you specifically are asking for
10 remedial objectives for diesel fuel. Is that because
11 you believe diesel fuel to be on your, part of the
12 contamination?

13 A. Yes.

14 Q. Now throughout this entire matter have you had
15 any direct communications with the owners and operator
16 of the Walker Service Station?

17 A. I met with him once I think and we discussed
18 the '96 access agreement.

19 Q. So do you recall kind of the timeframe of
20 this?

21 A. No.

22 Q. Do you know who owns Walker Service Station?

23 A. Not technically, no.

24 Q. Just living next door is based on your

1 observations?

2 A. I know history a little bit. It was Claude
3 Walker who owned it and handed down. So as to who
4 actually owned it, no.

5 Q. Do you know who operates Walker Service
6 Station?

7 A. My understanding it was Bill Maxwell was the
8 head of it for a while and his sons ran it.

9 Q. What makes you say that? Do you have a sense
10 of kind of the timeframe based on who you observed
11 there and who --

12 A. Well, the boys were always there. Doug was
13 mainly taking care of the gas station and Tom mainly
14 took care of the tire store. My understanding now
15 which one was the boss, which one wasn't, I don't know.

16 Q. Okay. Was William Maxwell, you know, kind of
17 based on your observations from living there since
18 1992, was he still involved with the service station
19 since, you know, you had been living there?

20 A. He would show up from time to time and make, I
21 assume that he made sure that things were running
22 properly.

23 Q. Now were you present for the implementation of
24 any of the corrective action plans since 1996 in terms

1 of observing work as it was being performed?

2 A. Yeah. I observed the tank removed. I was
3 there a lot. I observed removal of tanks 1, 2 and 3.
4 As well as 4, 5, 6 and 7 of '96. But I also observed
5 soil samples and I observed a lot of water samples that
6 they sent off.

7 Q. Are you at home mostly during the day?

8 A. My business was adjoining it and when there
9 was activity, I was very curious you might say.

10 Q. Now how would you describe the quality of the
11 work that was being performed at the site?

12 A. Terrible.

13 Q. Was it consistent?

14 A. Consistently terrible?

15 Q. I meant more in general in terms of consistent
16 progress or somebody consistently being out there?

17 A. Knowing what I knew and seeing what I saw, I
18 wasn't happy at all.

19 Q. Were there any kind of long breaks in
20 activity?

21 A. Yes.

22 Q. Do you remember kind of when or any notable --

23 A. Well, when they, the main issue I had was when
24 they were digging in front of our house within just

1 about 8, 10 feet in our front yard they opened a hole
2 and came back the next day with a PID meter to do
3 readings.

4 And when they showed up and after they saw me
5 videoing it, they called for a tape measurer to measure
6 off their samples which I found very suspicious.

7 Q. In general did the contractors follow your
8 access agreement?

9 A. Yeah. Pretty much, yeah. We didn't have too
10 many issues. They fenced it off safely.

11 Q. I am going to mark for the record Exhibit 8.
12 This is a letter from Mr. Van Ness dated August 19,
13 2004 to Valerie Davis from the IEPA. Do you recognize
14 this document?

15 A. Um-hum.

16 Q. Did you authorize it?

17 A. I am sure I did.

18 Q. It notes in there observations of areas being
19 backfilled that still had detectable odors.

20 A. Yes.

21 Q. Do you recall kind of the details of that?

22 A. Pretty much, yes. Not only details of odors
23 but you could see sheen on the water when they dug down
24 and backfilled right over it.

1 Q. Where were they digging at that time?

2 A. Well, they were digging west of my house which
3 was on part of this gas station's property. And then
4 they came over to my west wall within 8, 10 feet and
5 dug 13 feet deep.

6 And then they went across the north side of
7 my house about the same depth over to the driveway and
8 then out northeast.

9 Q. So are you saying that you observed the
10 visible sheen because -- this letter is dated 2004.
11 Was it that late in the process?

12 A. That is what the visible sheen is when they
13 removed the first four tanks. And then they backfilled
14 over that.

15 Q. Okay.

16 A. Then when they came back later and dug some
17 more up, you could still see sheen in there and then
18 they put Visqueen between where they stopped digging
19 and where they had digged (sic) in order to, I don't
20 know what. That Visqueen would not stop anything that
21 I know of.

22 Q. So the visible sheen is referring to 1996 when
23 they initially --

24 A. Both. '96 and 2006.

1 Q. Okay. I am going to mark for the record
2 Exhibit 9. This is just a copy of Respondent's Answer
3 and Affirmative Defense filed in this action.

4 Can I draw your attention to Paragraph 29 of
5 the answer where it states Respondents affirmatively
6 state that access to neighboring property has been
7 denied and there is no evidence of unremediated
8 contamination at Walker Service Station.

9 Now regarding this denial of access, is that
10 a fair characterization of your position?

11 A. To deny access?

12 Q. Um-hum.

13 A. Only with a proper access agreement.

14 Q. Okay. Are there any terms under which you
15 would allow access?

16 A. Yeah. And I believe that we have submitted
17 that. We have never received any negotiation or
18 anything on that.

19 Q. When was the last time someone from one of the
20 respondents has contacted you about access?

21 A. Their last remediator sent us an access
22 agreement that gave us no protection whatsoever.

23 Q. So you rejected that agreement?

24 A. I did.

1 Q. Did they make any counteroffers to you?

2 A. No, they did not.

3 Q. Do you recall kind of a timeframe on that?

4 A. No, I don't. It has been a while.

5 Q. I mean, were you anywhere close to coming to
6 an agreement?

7 A. You can't agree to something that is not
8 offered.

9 Q. Okay. What kinds of things would you like to
10 see in an agreement that you would be comfortable with?

11 A. Well, we, the access agreement that they
12 submitted didn't say anything about insurance, didn't
13 say anything about protecting from anybody coming on
14 our property or any indication as to whether or not
15 there would be any heavy equipment used. Just there
16 was nothing there. It was just an open ended agreement
17 to come and do whatever they wanted to.

18 Q. Have you ever at any time required an up front
19 fee for access to your property?

20 A. Up front fee? No. There was a fee included
21 in the access agreement.

22 Q. Your prior one or the current one you are
23 negotiating?

24 A. The current one that nobody is negotiating.

1 Q. How would you describe that fee?

2 A. I would describe that fee as a usage fee.
3 \$100 a month usage fee for using our property to dilute
4 their contamination and a timely fee for getting it
5 done in a timely matter instead of dragging it on for
6 another 10 years.

7 Q. Now is that different from compensating you
8 for expenses that come from damage to your property?

9 A. No. We haven't even discussed any damages.

10 Q. Okay. And is that nonnegotiable?

11 A. Well, it is somewhat negotiable. But I am not
12 going to negotiate against myself.

13 MS. DUBATS: I have no further questions.

14 MR. SHAW: I don't have any questions.

15 MR. VAN NESS: I just have a couple.

16

17 EXAMINATION,

18 QUESTIONS BY MR. VAN NESS:

19 Q. In connection, Mr. McIlvain, to your questions
20 from the assistant attorney general regarding Exhibit 6
21 which I understand to be the letter to Six M. dated
22 November 10, 2006, I believe you read into the record a
23 paragraph that begins effective immediately. Do you
24 recall that, that paragraph? That sentence rather?

1 A. Exhibit 6 was it?

2 Q. It is boldfaced type.

3 A. Okay. Very bottom.

4 Q. Would you read that complete sentence again?

5 A. Effective immediately no further access to the
6 McIlvain property will be allowed absent an approved
7 new access agreement governing access related to the
8 latest LUST incident.

9 Q. When you refer to the latest LUST incident, is
10 it fair to assume given the date of this letter that
11 you are referring to the 2006 incident?

12 A. Correct.

13 Q. Now in response to the questions that were
14 placed before you earlier, you indicated you were asked
15 why you denied access for the 2006 incident. Do you
16 remember that?

17 A. Yes.

18 Q. Would it be fair to say that that denial was
19 not absolute? Let me rephrase the question. I can see
20 you are looking confused. Would it be fair to say that
21 your denial was premised upon a condition upon reaching
22 a new access agreement?

23 A. Yes. Certainly.

24 Q. Why did you want a new access agreement?

1 A. Well, for one reason, my '99 access agreement,
2 experience is the best teacher. Things weren't done in
3 a manner that I thought was professional. It didn't
4 cover the additional PNAs.

5 The time frame is ridiculous. Just on the
6 2000, the '96 incident, it has been 21 years. Back
7 then when we were talking about that, it had only been
8 10 years. So we just wanted something to encourage
9 them to get the work done in an expedient manner.

10 Q. You indicated a moment ago that experience is
11 the best teacher. Does that suggest to me that you had
12 a bad experience with respect to implementation of the
13 1999 access agreement? Is that a fair statement?

14 A. Um-hum. Yes.

15 Q. Can you describe some of the ways in which the
16 '99 agreement was not conformed with in your opinion by
17 the defendant?

18 A. Well, there was some notifications, we weren't
19 notified of a proper time according to the '99
20 agreement. There was some documentation that we didn't
21 receive in a timely manner. Just everything was just
22 haphazardly done.

23 Q. Would that include reports that were sent by
24 the remedial contractor to the EPA?

1 A. Yes. That is part of the paperwork I was
2 talking about.

3 Q. You were not timely provided those documents?

4 A. We didn't get to review some of them before
5 decisions were made as part of the access agreement.
6 They just made decisions and did it.

7 Q. And you indicated a provision in the 1999
8 access agreement specifically required that they
9 provide that kind of notice to you; is that correct?

10 A. Correct.

11 MR. VAN NESS: Okay.

12 MR. SHAW: Okay. We will reserve signature.

13 (The deposition concluded at 2:43 p.m.)
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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

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3	PEOPLE OF THE STATE)	
4	OF ILLINOIS,)	
5	Complainant,)	
6	vs.)	PCB No. 12-035
7	SIX M. CORPORATION, Inc., an)	
8	Illinois corporation, WILLIAM)	
9	MAXWELL and MARILYN MAXWELL,)	
10	Respondents.)	
11	and)	
12	JAMES MCILVAIN,)	
13	Necessary Party.)	

This is to certify that I have read the transcript of my deposition taken in the above-entitled cause, and that the foregoing transcript taken on June 9, 2017 accurately states the questions asked and the answers given by me, with the exception of the corrections noted, if any, on the attached errata sheet(s).

JAMES MCILVAIN

Subscribed and Sworn before
me this ____ day of _____, 2017.

Notary Public

1 STATE OF ILLINOIS)
) SS
2 COUNTY OF VERMILION)

3 I, BECKY L. JESSUP, CSR, do hereby certify that
4 JAMES MCILVAIN, the deponent herein, was by me first
5 duly sworn to tell the truth, the whole truth and
nothing but the truth in the aforementioned cause of
action.

6 That the foregoing deposition was taken on behalf
of the Complainant, on June 9, 2017.

7 That said deposition was taken down in stenograph
8 notes and afterwards reduced to typewriting under my
instruction; and that the typewritten transcript is a
9 true and accurate record of the testimony given by said
deponent; and that it was agreed by and between the
witness and attorneys that said signature on said
deposition would not be waived.

10 I do hereby certify that I am a disinterested
11 person in this cause of action; that I am not a
relative or attorney of any of the parties, or
12 otherwise interested in the event of this cause of
action, and am not in the employ of the attorneys for
either party.

13 IN WITNESS WHEREOF, I have hereunto set my hand and
14 affixed my notarial seal this 28th day of June, 2017.



15
16 Becky L. Jessup, CSR

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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

James H. Mcilvain

NOTARIZATION OF CHANGES
(If Required)

Subscribed and sworn to on the _____ day of _____, 20____ before me,

(Notary Sign)_____

(Print Name) _____ Notary Public,

in and for the State of _____

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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

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James H. Mcilvain



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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

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JAMES H. MCILVAIN
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June 09, 2017
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Reference No.: 591439

Case: PEOPLE OF THE STATE OF ILLINOIS vs SIX

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

James H. Mcilvain

James H. Mcilvain

NOTARIZATION OF CHANGES

(If Required)

Subscribed and sworn to on the _____ day of

_____, 20____ before me,

(Notary Sign) _____

(Print Name) _____ Notary Public,

in and for the State of _____

JAMES H. MCILVAIN
PEOPLE OF THE STATE OF ILLINOIS vs SIX

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Reason for change: _____
SIGNATURE: James H. McIlvain DATE: 7-11-17

James H. Mcilvain

