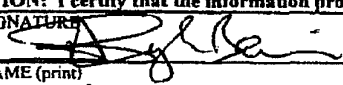


Fresno County, DPH, EHD - Official Copy--FileNET

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION - FACILITY INFORMATION									
(One form per facility)									
TYPE OF ACTION (Check one item only)		<input type="checkbox"/> 1. NEW PERMIT		<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION		<input type="checkbox"/> 7. PERMANENT FACILITY CLOSURE		400.	
		<input type="checkbox"/> 3. RENEWAL PERMIT		<input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE		<input type="checkbox"/> 9. TRANSFER PERMIT			
L. FACILITY INFORMATION									
TOTAL NUMBER OF USTs AT FACILITY THREE				FACILITY ID # (Agency Use Only)		F A - 0 1 6 - 8 9 1 4		1.	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) NSKB Investments / Market									
BUSINESS SITE ADDRESS 3327 W. Ashlan						CITY Fresno		104.	
						93722			
FACILITY TYPE		<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUELING		<input type="checkbox"/> 2. FUEL DISTRIBUTION		Is the facility located on Indian Reservation or Trust lands?		405.	
		<input type="checkbox"/> 3. FARM		<input type="checkbox"/> 4. PROCESSOR		<input type="checkbox"/> 6. OTHER		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
II. PROPERTY OWNER INFORMATION									
PROPERTY OWNER NAME NSKB Investments						PHONE (559) 224-8313		408.	
MAILING ADDRESS 3327 W. Ashlan Ave.,									
CITY Fresno				STATE CA		ZIP CODE 93722			
III. TANK OPERATOR INFORMATION									
TANK OPERATOR NAME NSKB Investments						PHONE (559) 224-8313		422-2.	
MAILING ADDRESS 3327 W. Ashlan Ave.									
CITY Fresno				STATE CA		ZIP CODE 93722			
IV. TANK OWNER INFORMATION									
TANK OWNER NAME NSKB Investments						PHONE (559) 224-8313		415.	
MAILING ADDRESS 3327 W. Ashlan Ave.									
CITY Fresno				STATE CA		ZIP CODE 93722			
OWNER TYPE: <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY									
<input type="checkbox"/> 7. FEDERAL AGENCY <input checked="" type="checkbox"/> 8. NON-GOVERNMENT									
V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER									
TY (TK) HQ 44-								421.	
VI. PERMIT HOLDER INFORMATION									
Issue permit and send legal notifications and mailings to:				<input checked="" type="checkbox"/> 1. FACILITY OWNER		<input type="checkbox"/> 4. TANK OPERATOR		423.	
				<input type="checkbox"/> 3. TANK OWNER		<input type="checkbox"/> 5. FACILITY OPERATOR			
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only)									
VII. APPLICANT SIGNATURE									
CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.									
APPLICANT SIGNATURE 						DATE 4/17/10		424.	
APPLICANT NAME (print) Amrik S. Bains						APPLICANT TITLE President		427.	
						PHONE (925) 518-9639			