

STATE OF MINNESOTA
OFFICE INFORMATION MEMO

SF-00008-04

DATE		5/6	TIME	2:45
TO	Lisa H		LOCATION	
FROM	Larry Benit		LOCATION	
PHONE NO	252-6816		MESSAGE TAKEN BY	
		Marius		

<input checked="" type="checkbox"/> Called	<input type="checkbox"/> Please call	<input type="checkbox"/> Was here to see you
<input type="checkbox"/> Urgent	<input type="checkbox"/> Will call again	<input type="checkbox"/> Returned your call

ACTION			<input type="checkbox"/> Par voice mail
<input type="checkbox"/> As we discussed	<input type="checkbox"/> For your information	<input type="checkbox"/> Take appropriate action	
<input type="checkbox"/> As you requested	<input type="checkbox"/> For your approval	<input type="checkbox"/> Prepare reply for my sig.	
<input type="checkbox"/> Review and see me	<input type="checkbox"/> For signature	<input type="checkbox"/> Reply and send me copy	
<input type="checkbox"/> Review and return	<input type="checkbox"/> Notify staff	<input type="checkbox"/> - <input type="checkbox"/> Dispose	

PHOTOCOPY			<input type="checkbox"/> Collate
<input type="checkbox"/> No of copies	<input type="checkbox"/> One side only	<input type="checkbox"/> Staple	
<input type="checkbox"/> Date needed	<input type="checkbox"/> Head to head	<input type="checkbox"/> Other	
	<input type="checkbox"/> Head to foot		

TYPING			<input type="checkbox"/> Final copy
<input type="checkbox"/> Rough draft	<input type="checkbox"/> Single space		<input type="checkbox"/> Memo
<input type="checkbox"/> Double space	<input type="checkbox"/> Double space		<input type="checkbox"/> Letterhead
<input type="checkbox"/> Date needed	<input type="checkbox"/> Rush	<input type="checkbox"/> Carbons	

REMARKS/MESSAGES

Hasty Truck
Hasty Wright
12032

Over

**ADVANCE NOTICE for UNDERGROUND STORAGE TANK
INSTALLATION or CLOSURE
UPDATE NOTICE**

For Internal Use Only

(7/92)

Caller's Name: Loras Title: _____
 Phone: _____ Date: 5/5/94

PREVIOUS SITE INFORMATION

Site Name: Hasty Truck Terminal Site Number: 12032
 Address: _____ Installation Number: 1 ✓
 City: Cleawater / Hasty Removal Number: _____
 County: Wright

UPDATED/CHANGED INFORMATION

Please check subject which has been updated/changed from the original notice

- Site information provide changed information in comments
- Owner information provide changed information in comments
- Tank information
- Installation date new date: 5-10-94
- Removal date new date: _____
- Contractor information

UPDATED/CHANGED INFORMATION

Please complete applicable sections

TANK INFORMATION

Please check applicable box.

Tank # _____	Tank # _____	Tank # _____	Tank # _____	Tank # _____
<input type="checkbox"/> install tank & pipe	<input type="checkbox"/> install tank & pipe	<input type="checkbox"/> install tank & pipe	<input type="checkbox"/> install tank & pipe	<input type="checkbox"/> install tank & pipe
<input type="checkbox"/> install tank	<input type="checkbox"/> install tank	<input type="checkbox"/> install tank	<input type="checkbox"/> install tank	<input type="checkbox"/> install tank
<input checked="" type="checkbox"/> install pipe	<input type="checkbox"/> install pipe	<input type="checkbox"/> install pipe	<input type="checkbox"/> install pipe	<input type="checkbox"/> install pipe
<input type="checkbox"/> remove tank & pipe	<input type="checkbox"/> remove tank & pipe	<input type="checkbox"/> remove tank & pipe	<input type="checkbox"/> remove tank & pipe	<input type="checkbox"/> remove tank & pipe
<input type="checkbox"/> remove tank	<input type="checkbox"/> remove tank	<input type="checkbox"/> remove tank	<input type="checkbox"/> remove tank	<input type="checkbox"/> remove tank
<input type="checkbox"/> remove pipe	<input type="checkbox"/> remove pipe	<input type="checkbox"/> remove pipe	<input type="checkbox"/> remove pipe	<input type="checkbox"/> remove pipe
<input type="checkbox"/> close tank in place	<input type="checkbox"/> close tank in place	<input type="checkbox"/> close tank in place	<input type="checkbox"/> close tank in place	<input type="checkbox"/> close tank in place
Tank type: _____	Tank type: _____	Tank type: _____	Tank type: _____	Tank type: _____
Capacity: _____	Capacity: _____	Capacity: _____	Capacity: _____	Capacity: _____
Product: _____	Product: _____	Product: _____	Product: _____	Product: _____
Pipe type: _____	Pipe type: _____	Pipe type: _____	Pipe type: _____	Pipe type: _____
Is tank registered? _____	Is tank registered? _____	Is tank registered? _____	Is tank registered? _____	Is tank registered? _____

CONTRACTOR INFORMATION

Contractor #1 Name: B+H Contractor #2 Name: _____
 Certification Number: 92 Certification Number: _____

COMMENTS

MPC Initials
LH