
TULSA COUNTY

PURCHASING
DEPARTMENT

MEMO

DATE: March 26, 2019

FROM: Matney M. Ellis
Purchasing Director



TO: Board of County Commissioners

SUBJECT: Addendum 1 – Environmental Health Database System Software

On March 4th, 2019, the Notice to Proposers was advertised to solicit request for proposals for the Environmental Health Database System Software for the Tulsa City-County Health Department. This proposal is set to open on the 15th day of April, 2019, with proposals to be received by the County Clerk's Office until April 12th, 2019 at 4:00pm CST.

This addendum is to provide additional information, clarifications and answers to vendor's questions as to the specifications as per attached documentation.

This addendum is respectfully submitted for your approval.

MME / skb

ORIGINAL: Michael Willis, County Clerk, for the April 1, 2019 agenda.



Solicitation Addendum

Solicitation Name: **Environmental Health Database System Software**

Addendum Number: **1**

Date of Addendum Issuance: **April 1, 2019**

This document shall serve as official notice that an addendum has been issued for the solicitation identified above. Suppliers submitting bids shall acknowledge receipt of this addendum prior to the bid response due date and time specified in the solicitation notice. Addendum acknowledgement may be submitted with the bid or may be forwarded separately. If forwarded separately, amendment acknowledgement must contain the solicitation name and response due date and time on the front of the envelope (as shown in the Tulsa County Purchasing – General Terms & Conditions, Section B.3.2.). Failure to acknowledge this solicitation addendum may be grounds for rejection.

Note: In the event the supplier has already submitted a response and cannot deliver this acknowledgement via mail or in person before the deadline, this acknowledgement may be submitted separately directly to the Tulsa County Purchasing Director via email (Matney.Ellis@tulsacounty.org). Email must be received prior to the bid response due date and time specified in the solicitation notice.

DESCRIPTION OF ADDENDUM:

A. This is to incorporate the following:

Responses to Vendor-submitted Questions:

1. *There is a reference in the bid forms for the cost proposal. Is there a separate form for the cost proposal or shall vendor insert the cost proposal in the standard format?*

Response: There is no separate form for the costs proposals. Vendor needs to insert their cost proposal into their response.

2. *Is there a preference for the total number of copies of the bid?*

Response: Yes, one original and three copies, all clearly marked.

3. *Does Tulsa County prefer a digital copy of the RFP (such as a USB or email)?*

Response: In addition to the hard copies, vendor shall include a digital copy, via USB drive with proposal submission.

4. *In the specifications section, a requirement to allow real-time input of information based upon forms provided (modules) is stated. Can you provide the forms referenced in this specification?*

Response: See list of forms as referenced in the specifications, in the attachment portion of this addendum, pages 4-47.

5. *Can you clarify that the ordinances (City Ordinance Title 55 & Title 24) specified in the Complaint Module is referring to the City of Tulsa Ordinances?*

Response: Title 55 and Title 24 are in reference to the City of Tulsa ordinances.

6. *Is the ability to mark GPS location of employees needed in order to track an employee's location at any given time while on the job or track where work was completed?*

Response: This is to track where work has been done, an action has been taken, or an observation has been made. This is not used to locate an employee in real time.

7. *Describe your intended purpose for the Custom Report Writer. What need does this meet? Can you clarify whether this is intended to generate ad hoc reports, reports that are based on existing templates, public-facing reports (e.g., letter templates that default with information from the system such as amount owed for a nuisance abatement claim), or something else entirely?*

Response: Regarding the Custom Report Writer, the Tulsa Health Department needs to have the ability of see ad hoc reports on a large scale (e.g., how many complaints on a specific type) to very specific requests (e.g., how many orders have been written that reference City of Tulsa Title 55, chapter 4, section 402.2). The Tulsa Health Department also intends to use the Custom Report Writer to send enforcement letters and reminder letters for code violations (e.g., please fix issue in ten (10) days or last year you had this issue, please fix before the end of this year).

8. *Can you clarify what you expect to see when are you asking for examples to generate reports? Would you like to see screenshots of reports from similar systems?*

Response: The Tulsa Health Department would like to see example reports from similar systems. The Health Department also wants to be able to see the number of complaints, jobs worked, where the work was done, who did the work, the amount of time spent working on a specific job, and general complaints and/or tasks.

9. *Can you clarify that the explanation of benefits module is a specific module that you would like to see built out in the system (similar to the Permit Module)? If not, please explain what you would expect to see in response to this request.*

Response: The Health Department is asking if there are any benefits that may be offered to the County by using the vendor's system. This is not a specific module that needs to be built out in the vendor's system.

10. *Can you clarify the desired functionality in a QuickBooks plugin or a GIS plugin? Are there specific data points you would like to see move in or out of these systems? Could you provide the QuickBooks and GIS versions in which the plugin will target?*

Response: The Environmental Health Services personnel utilizes Quickbooks for processing payments with the water laboratory. The Health Department would like to incorporate the billing function with the permit and license fees with regards to public bathing, lodging, Title 63 abatement, open pit incinerator, asbestos, vapor recovery and septic tanks. For the GIS work, the Health Department would like to have that information plug into Arc Desktop. This information would be used to create heat maps, follow trends and allow for better understanding of our data for everything from predictive modeling of vector control to understanding of where our work may be needed. Also, Heath Department wants the ability to track where work, actions, or observations have taken place. This is not to locate an employee in real time. Quickbooks is 2018 version and ArcGIS ArcMap 10.5 (or later).

11. What functionality you are seeking in the Permitting systems (i.e. Payments, Reporting, Notifications, etc.)? Describe in detail.

Response: For Permitting, the Tulsa Health Department is looking for payment acceptance, preferably through a Quickbooks plugin, an inspection sheet checklist, reporting ability and scheduling notification to the assigned inspector. Permitting is only applicable for public bathing, lodging, open burning, open pit incinerator, vapor recovery, septic tank inspections and asbestos inspections.

12. Under Software Compatibility, describe the functionality you are seeking in the Outlook plug-in.

Response: The Health Department would like for the inspectors to have the ability to log into the Health Department's Outlook email and calendar accounts and have those tied directly into their work queue.

13. Under Software Compatibility, describe the functionality you are seeking in the QuickBooks plug-in.

Response: Please see response to question 10.

14. Under Software Compatibility, describe the functionality you are seeking in the ERSI/GIS plug-in.

Response: Please see response to question 10.

15. Regarding insurance, some of the stated insurance forms are not relevant to a software project. May vendor provide all relevant certificates if they are selected as the successful vendor? Will this suffice?

Response: Insurance certificates were not required for this project. Vendor may provide all relevant insurance certificates if they are the selected vendor.

Attachments:

1. Forms as to question #1- Pages 4-47.

B. All other terms and conditions remain unchanged.

(End of Addendum)

ACKNOWLEDGED BY:

Supplier Company Name (PRINT)

Date

Authorized Representative Name (PRINT)

Title

Authorized Representative Signature



**TULSA HEALTH
DEPARTMENT**

**TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

5051 South 129th East Avenue • Tulsa, Oklahoma 74134-7004

918-595-4200 • Fax 918-595-4359 • ehsd@tulsa-health.org

NOTICE OF VIOLATION

Date : _____

Complaint No. : _____

Dear Occupant and/or Owner:

**THIS IS TO NOTIFY YOU, AS OWNER, AGENT, OR OCCUPANT, THAT I HAVE
INSPECTED YOUR PROPERTY LOCATED AT:**

Address: _____

Legal Description: _____

CITY OF TULSA ORDINANCE

- ☐ Title 24 Chapter 1 Section 101 B2 - All pools of water or vessels holding stagnant water in which mosquitoes can breed.
- ☐ Title 24 Chapter 1 Section 101 B3 - Dead animals.
- ☐ Title 24 Chapter 1 Section 101 B4 - Accumulations of :
☐ Animal manure/feces ☐ Trash/Refuse/Debris ☐ Improperly stacked wood/building materials
- ☐ Title 24 Chapter 1 Section 101 B5 - Leaking sewer line or exposed sewage.
- ☐ Title 24 Chapter 1 Section 101 B6 - High weeds, grass, and other vegetation.

Other violations of Public Health law exist on the premises:

1. _____
2. _____

These violations must be corrected within _____ days, or further legal action will be taken.

If you have any questions or concerns, contact _____ at (918) _____

Print name

Environmental Specialist

WHITE - Occupant/Owner

YELLOW - Env. Specialist

ADDRESS _____ COMPLAINT # ____ / ____
TAKEN BY: _____ DATE: _____ TIME: _____ SQ MILE _____ MAC# _____

ENVIRONMENTAL HEALTH SERVICES

TULSA CITY-COUNTY HEALTH DEPARTMENT • 5051 SOUTH 129TH EAST AVENUE • TULSA, OK 74134-7004 • 918-595-4200

CITIZEN CONCERN []

REQUEST FOR SERVICE []

MADE BY:

NAME: _____

AGAINST:

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____

PHONE: (H) _____ (W) _____

RESPONSE REQUESTED []

CONTACT WITH COMPLAINANT 1. _____ **2.** _____ **3.** _____

ASSIGNED TO:

CITY OF TULSA []

VACANT PROP []

PROGRAM CODE: R

CONCERN AT: _____

DATE RECEIVED _____ INVESTIGATION STARTED _____ SITE INVESTIGATION _____

OBSERVATIONS: See attached survey form

ACTIONS:

REFERRAL: _____

SITE PLAN:

BAITED

☐

REBAITED

☐

DATE _____

REBAITED

☐

DATE _____

REBAITED

☐

DATE _____

ATTACHMENTS [] **MORE INFO ON BACK []** **RECHECK DUE:** _____

CLOSED BY: _____

DATE: _____

ADDRESS _____ COMPLAINT # ____ / ____
TAKEN BY: _____ DATE: _____ TIME: _____ SQ MILE _____ MAC# _____

ENVIRONMENTAL HEALTH SERVICES

TULSA CITY-COUNTY HEALTH DEPARTMENT • 5051 SOUTH 129TH EAST AVENUE • TULSA, OK 74134-7004 • 918-595-4200

CITIZEN CONCERN []

REQUEST FOR SERVICE []

MADE BY:

NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____

RESPONSE REQUESTED []

ASSIGNED TO: CITY OF TULSA [] VACANT PROP [] PROGRAM CODE:

CONCERN AT: _____

DATE RECEIVED _____ INVESTIGATION STARTED _____ SITE INVESTIGATION _____

CONTACT: _____ **DATE & TIME:** _____ **LOCATION:** _____

OBSERVATIONS:

ACTIONS: NOV ☐ LEGAL NOTICE ☐ OTHER: _____ REFERRAL: _____

ATTACHMENTS [] MORE INFO ON BACK [] RECHECK DUE: _____
CLOSED BY: _____ DATE: _____



TULSA HEALTH
DEPARTMENT

TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION

5051 South 129th East Avenue
Tulsa, OK 74134-7004
918-595-4200

RODENT ABATEMENT PROGRAM INFORMATION SHEET

When a problem with rats is brought to our attention, the Health Department will conduct a property survey to look for signs of rats, any possible source of food for rats, and anything that may give them harborage (a place to live). Our surveys will also include adjoining properties to see if rats are spreading out in a neighborhood, or if there are potential food or harborages that might attract them when food or harborages are removed from other areas.

When rats are found, the Health Department can bait **exterior** residential premises. This will only be done with the permission of the property owner or occupant.

If you receive a survey, please note any recommendations. The removal of food and harborage sources may prevent the spread of rats to your property.

Please review the attached rat information pamphlet for specific information. If you have any questions please call 595-4200.

Your help in reducing the rat population will be appreciated!

Exterior Sanitation & Rat Survey

Name: _____

Address: _____ Sq. Mile _____

Findings:

A. Potential Rat Food ☐ Unapproved refuse storage ☐ Exposed garbage ☐ Animal food

B. Potential Rat harborages

☐ Abandoned auto ☐ appliances ☐ lumber/wood on ground ☐ large rubbish
☐ Outbuildings ☐ board fence or walls ☐ weeds & grass

C. **ACTIVE RAT SIGN** Type: _____

D. Potential Rat Entries ☐ Structural ☐ Sewer on premises

E. Recommendations

Environmental Specialist _____ Phone _____ Date _____
Recheck _____ Completed _____ Referral _____



TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH DIVISION
ENVIRONMENTAL SERVICES
5051 South 129th East Avenue
Tulsa, OK 74134-7004
918-595-4200



NOTICE OF VIOLATION

Date: _____

Complaint No: _____

DEAR OCCUPANT AND/OR OWNER;

This is to notify you, as owner, agent, or occupant, that I have inspected your property, located at:

Address: _____

Legal Description: _____

The following violations of the City of Tulsa Public Health nuisance code exist on the premises:

City of Tulsa Title 24, Chapter 1, Section 101B 5: Sewage existing in an unsanitary manner —
leaking sewer lines or septic tanks.

We are requesting these violations be corrected within **48 Hours**.

FAILURE TO COMPLY MAY RESULT IN THE REMOVAL OF YOUR WATER METER.

Registered Professional Environmental Specialist

REFERRAL TO _____

An inspection by representative(s) of the Tulsa City-County Health Department disclosed a serious public health nuisance and menace consisting of surfacing sewage exists at the above location. Please order the water service to be discontinued. Thank you for your assistance.

Environmental Specialist

Date: _____



**TULSA HEALTH
DEPARTMENT**

**TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

5051 South 129th East Avenue • Tulsa, Oklahoma 74134-7004

918-595-4200 • Fax 918-595-4359 • ehsd@tulsa-health.org

NOTICE OF VIOLATION

Date: _____

Complaint No. : _____

Dear Occupant and/or Owner:

**THIS IS TO NOTIFY YOU, AS OWNER, AGENT, OR OCCUPANT, THAT I HAVE
INSPECTED YOUR PROPERTY LOCATED AT:**

Address: _____

Legal Description: _____

TULSA COUNTY RULES AND REGULATIONS

(PURSUANT TO TITLE 63, O. S. 1971, SECTION 1-213)

- ☐ Section A - High grass and weeds and/or noxious growth.
- ☐ Section C-1 - All pools of water or vessels holding stagnant water in which mosquitoes can breed.
- ☐ Section C-2 - Dead animals.
- ☐ Section C-3 - Accumulations of animal manure/feces, rubbish, junk, trash and debris.
- ☐ Section C-4 - Leaking sewer line or exposed sewage.

Other violations of County Rules & Regulations effecting Public Health on the premises:

1. Section C- _____

2. Section C- _____

These violations must be corrected within _____ days, or further legal action will be taken.

If you have any questions or concerns contact _____ at (918) _____

(Print Name)

Registered Professional Environmental Specialist

WHITE - Occupant/Owner

YELLOW - Env. Specialist



CONSENT FOR PROPERTY TREATMENT

I am the renter/tenant or homeowner at the property address listed below. I consent to have this property treated by the Environmental Health Services division of the Tulsa Health Department. The property will be treated with poison bait to control rodents, as needed, for a period of up to one year.

I understand that the bait used is toxic and poisonous. I understand that it is my responsibility to keep children and pets away from the treated area. I understand that the Tulsa Health Department will not be liable for any issues that may result from this treatment. I have received information about the bait that is used and I read and understand this consent form and agree to these terms.

Check one: ☐ Owner ☐ Renter/Tenant

Print Name: _____

Property Address: _____

Date: _____ Phone number: _____

X

Signature of Resident or Homeowner

Witnessed by: _____

Print Name: _____

**Tulsa Health Department
Environmental Health Services Division
5051 South 129th East Avenue
Tulsa, OK 74134-7004
918-595-4200**

ADDRESS _____ COMPLAINT # ____ / ____
TAKEN BY: _____ DATE: _____ TIME: _____ SQ MILE _____ MAC# _____

ENVIRONMENTAL HEALTH SERVICES

TULSA CITY-COUNTY HEALTH DEPARTMENT • 5051 SOUTH 129TH EAST AVENUE • TULSA, OK 74134-7004 • 918-595-4200

CITIZEN CONCERN []

REQUEST FOR SERVICE []

MADE BY:

NAME: _____

AGAINST:

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____

PHONE: (H) _____ (W) _____

RESPONSE REQUESTED []

CONTACT WITH COMPLAINANT 1. _____ **2.** _____ **3.** _____

ASSIGNED TO:

CITY OF TULSA []

VACANT PROP []

PROGRAM CODE: **L**

CONCERN AT: _____

DATE RECEIVED _____ INVESTIGATION STARTED _____ SITE INVESTIGATION _____

Mosquito Larviciding Report

APPLICATOR: _____ **DATE:** _____

| LARVACIDE USTED | | | AMOUNT APPLIED | QUARTER MILE | | | |
|-----------------------|-------------|--|----------------|-----------------------|--|----|--|
| CHECK APPROPRIATE BOX | | | | CHECK APPROPRIATE BOX | | | |
| Altosid Pellets | (30 days) | | | NW | | NE | |
| Altosid Brisquets | (30 days) | | | SW | | SE | |
| Altosid XR | (150 days) | | | | | | |
| B.t.i. Briquets | (30 days) | | | | | | |
| Vectolex CG | (1-4 weeks) | | | | | | |

DESCRIPTION OF AREA: _____

CLOSED BY: _____

DATE: _____

Tulsa Health Department
Asbestos Permit Section
5051 S 129th E Ave
Tulsa, OK 74134-7004
Telephone (918) 595-4200

Permit Number _____
Fee \$250.00 Paid Yes__ **No**__
Payments are Non-Refundable
Fee Waived Yes _____ **No** _____
Check Number _____
Receipt Number _____
Date Received _____

PERMIT APPLICATION TO OPERATE AN ASBESTOS DEMOLITION/RENOVATION PROJECT

_____ Proposes an asbestos demolition/renovation project at the
following facility: _____ located at: _____
and, as required by the referenced regulations, hereby applies for a **Permit to Operate** this project.
The work will be performed in accordance with 40 CFR 61 Subpart M (NESHAP) and/or as
specified in the enclosed attachments. The asbestos demolition/renovation will be performed by _____
_____ under **Oklahoma State License Number**
_____(Copy filed). The projected **start date** for the asbestos removal is _____
with completion expected by _____.

This application shall be signed at (1) by the **owner** of the facility or his designated legally responsible Representative (not the Contractor), and at (2) by the licensed **Contractor/Firm/Company** responsible for the demolition/renovation project which involves the asbestos.

| | |
|----------------------|-----------|
| Signature: (1) _____ | (2) _____ |
| Name: _____ | _____ |
| Title: _____ | _____ |
| Company: _____ | _____ |
| Address: _____ | _____ |
| _____ | _____ |
| Telephone: _____ | _____ |

References: City of Tulsa Clean Air Code, Title 17, Chapter 7, Section 712. County of Tulsa Clean Air Code, Section 712 (Under Authority of Title 63, Oklahoma Statutes).

**TULSA CITY-COUNTY HEALTH DEPARTMENT
PERMIT TO OPERATE AN ASBESTOS DEMOLITION/RENOVATION PROJECT**

This information must be submitted along with the "Permit Application to Operate an Asbestos Demolition/Renovation Project". You must **provide, in detail, all requested information** before the Permit will be issued. Failure to comply will result in a Notice of Deficiency (NOD). You may not start your project until you have a Permit as issued by this office. Failure to comply will result in a Notice of Violation (NOV) and possibly further legal action.

1. Indicate **Type of Project:** Demolition [☐] Renovation [☐] Planned Reno/O&M [☐]
2. **Location** (Facility/Building) where project will occur:

Name of Facility/Building: _____

Street Address: _____

City and Zip Code: _____

3. Name of **Facility/Building Owner:** _____

Street Address (if different from 2) _____

City, Zip Code and Phone: _____

4. **Contractor/Firm/Company performing asbestos demolition/renovation project:**

Name: _____ Contact: _____

Street Address: _____

City, Zip Code and Phone: _____

Oklahoma Department of Labor **License Number:** _____

A copy of this license must be filed with Tulsa City-County Health Department and updated yearly.

5. **Date project is to start:** _____ **Date to be completed:** _____

This is the date of the actual asbestos demolition/renovation. The removal may not start on any other date unless a written update is submitted no later than the original start date.

6. **Description of Facility/Building/Structure** where project will occur (include dimensions, number of floors, age, current, and last use).

7. Describe, **in detail, the method(s) to be used for the asbestos removal/demolition** Project (e.g. gross removal, scraping, etc.).

8. List the **types(s) and amount(s) of asbestos** containing material(s) (ACM) present and Describe how this (these) measurement(s) was (were) made:

9. Describe the **procedures which will be used to comply with the NESHAP** requirements (e.g. adequate wetting, containment, etc.).

10. Describe **how the ACM will be collected and transported** (e.g. placed in bags, containers, boxes, wrapped, closed truck, etc.).

11. Name, address, and phone of **licensed ACM waste hauler** (if other than contractor listed previously).

12. Name, address, and phone of authorized and **licensed waste disposal site**.



TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES DIVISION

5051 S. 129th E. Ave • Tulsa, Oklahoma 74134-7004

(918) 595-4200 • Fax (918) 595-4359 • ehsd@tulsa-health.org

TULSA HEALTH
DEPARTMENT

EMERGENCY ORDER TO VACATE

THE TULSA CITY-COUNTY HEALTH DEPARTMENT TO:

Date:

Pursuant to Title 55 – Property Maintenance Code of the City of Tulsa, Oklahoma, specifically Section 109 EMERGENCY MEASURES 109.1, you are hereby ordered to vacate immediately the premises located at:

ADDRESS:

LEGAL DESCRIPTION:

PARCEL:

This order is issued because there exist an emergency situation consisting of: _____

and such condition requires immediate action to protect the public's health and safety or that of the occupants thereof.

Questions regarding an appeal should be directed to Bernard Dindy, Manager, Environmental Services, Tulsa City-County Health Department at 595-4347.

City Ordinances provide that anyone who feels he has been treated unfairly or aggrieved by a decision or action of the Health Officer has the right to appeal to the Tulsa City Council, 175 E. 2nd St., Tulsa, Oklahoma 74103. The appeal must be made within ten (10) days after the receipt of this notice.

This emergency order to vacate must be complied with immediately and if, after hearing, the Tulsa City Council finds that this emergency order shall continue or be modified or revoked, it will issue its order accordingly.

Bruce Dart, PhD, Director

By _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing notice was served on _____ the ____ day of _____, _____, by _____ and by posting on the premises.

CERTIFIED #

COMPLAINT #



TULSA HEALTH
DEPARTMENT

TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

5051 S 129th E Ave. Tulsa, Oklahoma 74134
(918) 595-4200 • Fax (918) 595-4359 • ehsd@tulsa-health.org

April 6, 2016

ORDER TO REPAIR AND/OR TAKE OTHER CORRECTIVE ACTION

Name _____
Address _____
City, States, Zip _____

Re: Complaint # _____

Dear Owner:

An inspection of your property, described as located at: _____

LEGAL: _____

PARCEL: _____

City of Tulsa, Tulsa County, Oklahoma, discloses unlawful violations of Title 55 – Property Maintenance Code. The attachment is a list of those violations, together with a statement of the necessary corrective actions you must take to bring the property into compliance with the Code. These corrective actions must be completed within **(10)** days from receipt of this letter. **Application of other codes: Any repairs or alterations to a structure, or changes of use therein, which are caused directly or indirectly by the enforcement of this code shall be done in accordance with the procedures and provisions of the building, plumbing, electrical, and mechanical codes under the jurisdiction of the city of Tulsa, Oklahoma.**

The Code further provides that:

- 1) **Section 107.6 Transfer of Ownership:** It shall be unlawful for the owner of any dwelling unit or structure who has received a compliance order or upon whom a notice of violation has been served to sell, transfer, mortgage, lease, or otherwise dispose of such dwelling unit or structure to another until the provisions of the compliance order or notice of violation have been complied with, or until such owner or the owner's authorized agent shall first furnish the grantee, transferee, mortgagee, or lessee a true copy of any compliance order or notice of violation issued by the Code official and shall furnish to the Code official a signed and notarized statement from the grantee, transferee, mortgagee, or lessee, acknowledging the receipt of such compliance order or notice of violation and fully accepting the responsibility without condition for making the corrections or repairs required by such compliance order or notice of violation.

2) Section 110.1 Right to Appeal: An appeal to the Hearing Officer may be taken by any person aggrieved (hereinafter "Appellant") where it is alleged there is error in any order, requirement, decision or determination made by the enforcement official.

You or your agent may appeal to the Council and notice within ten (10) days of such notice by filing with the Tulsa City-County Health Department and with the City Clerk a written notice of appeal specifying the grounds thereof.

The Code provides that anyone who feels he/she has been treated unfairly or aggrieved by the decision or action of the Health Officer has the right to appeal to the Tulsa City Council. The appeal must be made within ten (10) days after the receipt of this notice.

Questions regarding an appeal or requesting an informal hearing should be directed to Bernard Dindy, Manager, Environmental Health Services Division, Tulsa City-County Health Department at 918-595-4347.

For all other questions regarding code violations, please call:

Dr. Bruce Dart, PhD, Director

By _____

Environmental Specialist

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing notice was served on _____ the ____ day of _____, 2016 by _____ and by posting on the premises.

Or

I hereby certify that a copy of the foregoing notice was hand delivered on _____ the ____ day of _____,

Received by: Print name: _____.

Signature: _____.

Attachment(s)

Certified #

Tulsa City-County Health Department
Air Quality Control Programs
Attention: Air Permits
5051 South 129th East Ave
Tulsa, Oklahoma 74134-7004
(918) 595-4200

FOR TCCHD USE ONLY
Permit Number _____
Fee Attached Yes _____ No _____
Amount of Fee _____ \$100 _____
Payments are non-refundable
Check Number _____
Receipt Number _____
Received _____

APPLICATION FOR PERMIT TO OPERATE
(Submit in Duplicate)

The _____
proposes the operation of _____

_____ to be located at _____

and, as required by the referenced Regulations, hereby makes application to the Tulsa City-County Health Department for approval of a Permit to Operate.

Date of Actual Operation Start-Up _____

Proposed Date(s) For Compliance Test(s) (Stack Tests, Visible Emissions) _____

Remarks: _____

Application shall be signed by (1) OWNER of facility or his designated legally responsible representative, (not the contractor), and (2) THE ENGINEER OR CONTRACTOR responsible for completion of the application, plans, specifications and engineering data.

(1) OWNER

Signature

Name

Title

Company

Address & Zip

Telephone

2) ENGINEER and/or CONTRACTOR

Signature

Name

Title

Company

Address & Zip

Telephone

REFERENCES: City of Tulsa Clean Air Ordinance, Title 17, Chapter 7, Tulsa Revised Ordinances; County of Tulsa Clean Air Rules

Tulsa Health Department
OPI Construct Application
5051 S 129th E Ave
Tulsa, OK 74134-7004
Telephone (918) 595-4200

FOR TCCHD USE ONLY
Permit Number _____
Fee \$200.00 Paid Yes__ No__
Payments are Non-Refundable
Fee Waived Yes _____No ____
Check Number _____
Receipt Number _____
Date Received _____

APPLICATION FOR PERMIT TO CONSTRUCT
(Submit in Duplicate)

The _____
proposes the: construction (___) modification (___) of (describe source) _____

to be located at _____

and, as required by the referenced Regulations, hereby makes application to the Tulsa City-County Health Department for approval of a Permit to Construct. Plans, specifications, description and engineering calculations and data accompany the application.

Estimated Date(s) of Construction start _____ Completion _____

Application shall be signed by (1) OWNER of facility or his designated legally responsible representative, (not the contractor), and (2) THE ENGINEER OR CONTRACTOR responsible for completion of the application, plans, specifications and engineering data.

(1) OWNER

Signature

Name

Title

Company

Address & Zip

Telephone

2) ENGINEER and/or CONTRACTOR

Signature

Name

Title

Company

Address & Zip

Telephone

CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT TO CONSTRUCT IS RECEIVED!

REFERENCES: City of Tulsa Clean Air Ordinance, Title 17, Chapter 7, Tulsa Revised Ordinances; County of Tulsa Clean Air Rules

Tulsa City-County Health Department
Air Quality Control Programs
Attention: Air Permits
5051 S. 129th E. Ave.
Tulsa, Oklahoma 74134-7004
(918) 595-4200

FOR TCCHD USE ONLY
Permit Number _____
Fee Attached Yes _____ No _____
Amount of Fee _____ \$50 _____
Payments are non-refundable
Check Number _____
Receipt Number _____
Received _____

APPLICATION FOR PERMIT TO OPERATE (RELOCATE)
(Submit in Duplicate)

The _____
proposes to change the location of their _____
portable plant, model number and type _____
presently located at _____
(Geographical Location)
to the new location at _____
(Geographical Location)
and operate at that location from _____ to _____
(Date) (Date)
and as required by appropriate regulations, hereby makes application to Tulsa City-County
Health Department for approval to change location.

This is to certify that the plant was permitted per Permit to Construct Number _____
_____ issued by _____
(Agency Issuing Permit)

and that the plant is operational and meets all applicable regulations. This also is to certify
that the proposed site has all necessary utilities such that the control equipment shall be
operated so that all emission limitations, including visible emissions, are met.

Signature _____ Title _____
Name (Typed/Printed) _____ Phone _____
Company Street Address _____
City, State, Zip _____

REFERENCES: City of Tulsa Clean Air Ordinance, Title 17, Chapter 7, Tulsa
Revised Ordinances; County of Tulsa Clean Air Rules



TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
5051 S. 129th E. Ave. • Tulsa, Oklahoma 74134-7004
(918) 595-4200 • Fax (918) 595-4359 • ehsd@tulsa-health.org

ORDER TO VACATE

DATE

THE TULSA CITY-COUNTY HEALTH DEPARTMENT TO:

NAME & ADDRESS

Pursuant to City of Tulsa Title 55- Property Maintenance Code Section 108.1.3, you are hereby ordered to vacate on or before: _____ premises located at:

ADDRESS: _____

LEGAL: _____

PARCEL: _____

This order is issued because there exists a situation consisting of:

(SEE ATTACHED)

and/or defective equipment consisting of SEE ATTACHED and such condition requires action to protect the public's health and safety or that of the occupants thereof.

Should you have any questions regarding this order to vacate, please call me at (918) _____.

City Ordinances provide that anyone who feels he has been treated unfairly or aggrieved by a decision or action of the Health Officer has the right to appeal to the Tulsa City Council, 175 E. 2nd St., Tulsa, Oklahoma 74103. The appeal must be made within ten (10) days after the receipt of this notice.

This order to vacate must be complied with and if, after hearing, the Tulsa City Council finds that this order shall continue or be modified or revoked, it will issue its order accordingly.

Dr. Bruce Dart, PhD, Director

By _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing notice was served on _____ the ____ day of _____, 2018 by _____ and by posting on the premises.

TCCHD#

INTERNATIONAL PROPERTY MAINTENANCE CODE/2003
CITY OF TULSA TITLE 55

CODE COMPLIANCE STANDARDS
Chapter 3 : General Requirements

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|--|--|
| 301.2 | Premises and structures unsanitary. | Owner and/or occupant shall provide and maintain premises in a sanitary condition. |
| 301.3 | Vacant property is unsanitary with accumulation of trash and debris. | Owner shall provide and maintain premises in a sanitary condition. |
| 302.1 | Premises unsanitary – occupant reasonable. | Premises need to be kept clean and sanitary by occupant. |
| 302.2 | Premises have accumulation of stagnant water and/or needs erosion control. | Owner shall maintain premises so as to prevent the accumulation of stagnant water thereon or within any structure located thereon and prevent soil erosion. |
| 302.3 | Any sidewalks, walkways, stairs, driveways, parking spaces in poor repair and in hazardous conditions. | Replace or repair as needed sidewalks, steps, driveways, parking spaces or similar paved areas. Remove snow, ice, mud or other debris from sidewalk, steps, driveway, parking spaces and similar paved areas. |

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|--|---|
| 302.4 | Structure with rodent harborage and infestation. | Owner shall exterminate for insects, rodents, vermin or other pest in all exterior areas of the premises and all shared areas or public parts of the premises. Occupant shall exterminate for insects, rodents, vermin, or other pests on the premises of a dwelling and the exterior areas of the premises of a single-family dwelling. |

| | | |
|-------|--|---|
| 302.5 | Pipes, ducts, fans discharging gases and/or smoke directly upon public or private property. | Provide approved means of discharging gases, steam, vapor hot air, grease, smoke, odors, or other gaseous or particulate wastes so as to not discharge directly upon abutting or adjacent property or other tenant. |
| 302.6 | Accessory structure in poor repair. | Remove, replace or repair accessory structures as needed so as to be structurally sound and sanitary. |
| 302.8 | Private or public property with damaged, defaced, graffiti on exterior walls and sidewalks. | Owner shall restore surface to an approved state of maintenance and repair, such as removing graffiti, carving, and damage to surfaces of walls, fencing, and sidewalks. |
| 303.1 | Stagnant swimming pool. | Swimming pool shall be maintained in a clean and sanitary condition, and in good repair. |
| 303.2 | Private swimming pools, hot tubs and spas with no enclosure/barrier, or self closing, self latching gates. | Private swimming pools, hot tubs and spas, shall be completely surrounded by a fence or barrier that is at least 48 inches in height above the finished ground surface with self-closing, and self-latching hardware. |

| | | |
|---------|---|--|
| 304.1 | Exterior of structure unsound and a threat to health and safety of present or future occupants. | The exterior of a structure shall be maintained and in good repair. |
| 304.1.1 | Unsafe conditions | See "Remarks" |
| 304.2 | Any windows, doors, exterior surfaces with broken, cracked, peeling paint, and rotted wood. | Any exterior surfaces, doors, windows, decks, fences, shall be maintained and in good condition. |
| 304.3 | No visible address numbers on building. | Building shall have address numbers not less than 4 inches in height and 0.5 inches in stroke width. |
| 304.4 | Structural members in poor repair. | All structural members shall be in good repair. |

| | | |
|--------|--|--|
| 304.5 | Foundation walls in poor repair. | All foundation walls shall be maintained and in good repair. |
| 304.6 | Exterior walls in poor repair. | All exterior walls shall be free from holes, breaks, and rotting materials. |
| 304.7 | The roof flashing, drains and gutters are in poor repair and not impervious to water. | The roof flashing shall be sound and in good repair and guttering discharge shall not create a public nuisance. |
| 304.8 | Decorative features including cornices, trim, wall facings, etc., in need of repair. | Replace or repair decorative features and maintain in good repair with proper anchorage and in a safe condition. |
| 304.9 | Overhang. Signs, marquees, awnings, canopies, stairways, fire escapes, stand pipes, exhaust ducts and similar overhang extensions in poor repair or improperly anchored. | Remove, replace or repair as needed and keep in safe and sound condition, those signs, marquees, awnings, canopies, stairways, fire escapes, standpipe, exhaust ducts and similar overhang extensions which are in poor repair, unsafe, improperly anchored and paint as needed. |
| 304.10 | Every stair, porch, balcony and all appurtenances attached thereto in poor state of repair or in unsafe condition. | Replace or repair stairs, porch, balcony, or other appurtenance attached thereto to be safe to use and capable of supporting the loads to which subjected and be kept in sound condition and good repair. |
| 304.11 | Chimneys, cooling towers, smoke stacks, and similar appurtenances in poor repair or in unsafe condition. | Remove, replace, or repair as needed. Maintain in safe, sound and good repair. All exposed surfaces of metal or wood shall be protected from the elements and against decay or rust by paint or similar surface treatment as needed. |
| 304.12 | Handrails and/or guardrails missing or in need of repair. | Provide approved handrails and/or guardrails as required and maintain in good condition. |
| 304.13 | Windows, skylights, and doorframes decayed, broken, and/or warped. | Replace or repair windows, skylights, exterior doors or frames as needed to exclude rain and wind from entering the dwelling or structure. |

| | | |
|----------|---|--|
| 304.13.1 | Glass glazing is not maintained and/or in good condition. | All glass/glazing must be maintained without cracks or holes. |
| 304.13.2 | Windows not in good working condition. | Replace or repair openable windows so they are capable of being easily opened and shall be held in place by window hardware. |
| 304.14 | Insect screens missing or in need of repair. | Provide approved screens on every door and window or other outside opening used for utilization purposes. Every swinging screen door shall have a self-closing device in good working condition as required. |
| 304.15 | Door hardware missing or in poor condition. | Every exterior door with door hinges, door latch and door lock is to be in good condition and capable of tightly securing the door. Locks must be in accordance of 702.3 |

| | | |
|----------|---|---|
| 304.16 | Basement hatchway in poor condition. | Repair basement or cellar hatchway and maintain so as to prevent the entrance of rodents, rain and surface drainage water into the structure. |
| 304.17 | Guards for basement windows, broken, missing, rotted wood, screens torn or missing. | Provide adequate rodent-proof shields, or storm windows or other material which will afford protection against the entry of rodents. |
| 304.18 | Building security. Doors, windows or hatchways, broken, cracked, or in poor repair. | Doors, windows, or hatchways shall be provided with hardware and in good repair. |
| 304.18.1 | Doors containing no deadbolts. | Doors shall be equipped with deadbolt locks. |
| 304.18.2 | Windows within 6' of the ground are not secured. | Windows within 6' of the ground must be secured or lockable. |
| 304.18.3 | Basement hatchways in poor repair. | Basement hatchways shall be equipped with lockable devices. |

| | | |
|---------|--|--|
| 304.20 | Lead based paint | Lead based paint greater than .5% must be removed/or encapsulated as approved by the code official |
| 305.1 | The interior of the structure and its equipment is unsanitary, and structurally unsound. | Repair interior of structure and equipment as needed. Clean interior of structure and equipment as needed so as not to pose a threat to the health and safety of the occupant. |
| 305.1.1 | Unsafe conditions | See "Remarks" |
| 305.2 | The structural members in need of repair. | Replace or repair structural members as needed. |

| | | |
|-------|---|---|
| 305.3 | Interior surfaces, windows and doors, walls, or ceilings in need of repair. | All interior surfaces shall be in good repair. |
| 305.4 | Stairs, porches, and railings or other exit facilities inadequate. | Provide approved stairs and other exit facilities which are adequate and safe as provided in the building code. |
| 305.5 | Handrails and guards missing or in need of repair. | Every handrail and guard shall be firmly fastened and capable of supporting normally imposed loads and shall be maintained in good condition. |
| 305.6 | Interior doors in poor repair. | Every interior door shall be in good repair. |
| 305.7 | Lead based paint greater than .5%. | Lead based paint greater than .5% must be removed/or encapsulated as approved by the code official. |
| 306.1 | Components of structure in good repair | Components and equipment of structure must be kept in good repair |

| | | |
|---------|---|--|
| 306.1.1 | Unsafe conditions | See "Remarks" |
| 307.1 | Exterior and/or interior stairs have missing handrails and/or guards. | Flights of stairs which are more than four (4) risers high or porch, landing, or balcony which is more than thirty (30) inches above floor or grade must have handrails and/or guards as needed. |
| 308.1 | Exterior property and premise, and/or interior of every structure have an accumulation of rubbish or garbage. | All exterior property and premises and/or interior of every structure shall be free from accumulation of rubbish or garbage. |
| 308.2 | Improper disposal of rubbish and trash. | Occupant shall dispose of rubbish in a clean and sanitary manner. |
| 308.2.1 | No trash receptors. | The owner is responsible to provide approved covered containers for rubbish. |
| 308.2.2 | Refrigerators | Refrigerators and similar equipment shall not be discarded or stored on premises without first removing doors |
| 308.3 | Disposal of garbage | Every occupant of a structure is responsible for disposing of garbage |
| 308.3.1 | The owner has not provided mechanical garbage disposal or approved outside storage containers. | The owner shall provide approved mechanical garbage disposal or approved outside storage containers. |
| 308.3.2 | Trash containers in poor repair. | Containers shall be tight-fitting and leak proof. |
| 309.1 | Structure with insect and rodent infestation. | All structures shall be kept free from insect and rodent infestation. |

| | | |
|-------|---|---|
| 309.2 | Rodent and insect infestation before rental. | The owner is responsible for extermination before renting or leasing property or if defect in structure causes infestation |
| 309.3 | Rodent and insect infestation in occupied structure – single occupant | The occupant is responsible for extermination after renting or leasing property. |
| 309.4 | Rodent and insect infestation in common areas – multiple occupancy | The owners of public or shared areas in multiunit residential and nonresidential buildings must exterminate rodents and insects from the public or shared areas of the structure and exterior property. |
| 309.5 | Rodent and insect infestation problem. | The occupant is to continue to maintain rodent and pest-free conditions of unit. |

CODE COMPLAINT STANDARDS
Chapter 4: Light, Ventilation and Occupancy Limitations

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|---|---|
| 401.1 | Insufficient light, ventilation and space for occupying a space. | Provide sufficient lighting, ventilation or space so as not to endanger health or safety in all occupied areas. |
| 401.2 | Owner is responsible for maintaining. | The owner of the structure shall provide and maintain light, ventilation and space conditions as defined by the International Property Maintenance Code. |
| 401.3 | Insufficient light and ventilation in habitable spaces. | Artificial light or mechanical ventilation can be substituted as defined in the International Property Maintenance Code. |
| 402.1 | Insufficient light and inadequate window size in habitable space. | Every habitable space shall have at least one window of approved size. |
| 402.2 | Insufficient light in common hall and stairway. | Light shall be provided in any common hall and stairway. |
| 402.3 | Insufficient lighting in habitable spaces. | Any spaces must have enough artificial or natural light to maintain their cleanliness and safe use of their appliances. |
| 403.1 | Window not sufficient for ventilation/or no mechanical ventilation. | Any habitable space shall have at least one openable window. Mechanical ventilation is an acceptable alternative to the natural ventilation preventing the accumulation of gases to exterior air. |

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|---|---|
| 403.2 | Bathroom does not have adequate ventilation. | Any bathroom and/or toilet room shall comply with the ventilation requirements for habitable spaces. |
| 403.3 | Cooking in an unauthorized area. | <p>Cooking shall not be permitted in any sleeping/rooming and/or units.</p> <p>The only exception for permitting cooking in any rooming and/or sleeping units shall be granted by a Certificate of Occupancy.</p> |
| 403.4 | Insufficient removal of gases or fumes. | Additional ventilation must be provided where hazardous fumes are located. |
| 403.5 | Dryer vent in poor repair and/or not vented properly. | Clothes dryers exhaust systems shall be independent of all other systems and shall be exhausted in accordance to the manufacturer's instructions |
| 404.1 | Occupied spaces do not provide privacy. | Dwelling and/or rooming units shall be arranged to provide privacy and be separate from other adjoining spaces. |
| 404.2 | Insufficient room width as defined by this code. | Habitable room shall have no less than 7 feet in any plan dimension. Kitchen shall have clear passageway with no less than 3 feet between counterfronts and appliances. |
| 404.3 | Insufficient ceiling heights. | Habitable spaces, hallways, corridors, laundry areas, bathrooms, habitable basements shall have a clear ceiling height of not less than 7 feet. |
| 404.4 | Bedroom does not provide the required space. | Every bedroom shall comply with the requirements of Sections 404.4.1 through 404.4.5. |
| 404.4.1 | Insufficient bedroom floor space. | Any bedroom occupied by one person shall contain at least 70 square feet of floor area, and any bedroom occupied by more than one person shall contain at least 50 square feet. |
| 404.4.2 | Bedroom allows access to other habitable rooms. | Bedrooms shall not constitute the only means of access to other bedrooms or habitable spaces and shall not serve as the only means of egress from other habitable spaces. Except in single bedroom units |

| | | |
|---------|---|---|
| 404.4.3 | Bedroom has no access to bathroom. | Every bedroom shall have access to one water closet and one lavatory without passing through another bedroom. |
| 404.4.4 | Kitchen is used for bedroom. | Kitchen is not to be used for sleeping purposes. |
| 404.4.5 | Insufficient light, ventilation, floor and height space. | Bedroom shall comply with applicable provisions of housing code 404.4.1 through 404.4.5 |
| 404.5 | Inadequate floor space in bedroom. | Overcrowding. Dwelling unit shall not be occupied by more occupants than permitted by the minimum area requirements in Table 404.5 |
| 404.5.1 | Bedroom does not provide the required space as indicated for an efficiency. | All sleeping areas shall comply with Section 404.4, unless this area is of sufficient size to accommodate the proper amount of space for sleeping. |
| 404.5.2 | Combined living room and dining room space does not comply. | Combined living room and dining room spaces shall comply with the requirements of Table 404.5. |
| 404.6 | Efficiency with inadequate floor space. | See "Remarks" |
| 404.7 | Kitchen has inadequate space for preparation use. | All spaces to be occupied for food preparation purposes shall contain suitable space and equipment to store, prepare, and serve foods in a sanitary manner. |

CODE COMPLAINE STANDARDS
Chapter 5: Plumbing Facilities And Fixture Requirements

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|--|--|
| 501.1 | Plumbing facilities in poor operating condition. | Plumbing systems, facilities, and plumbing fixtures must comply with the minimum criteria of the International Property Maintenance Code. |
| 501.2 | Plumbing in need of repair. | The owner must not occupy structure without adequate plumbing systems and conform to the minimum code requirements. |
| 502.1 | Bathroom plumbing facilities inadequate for personal use. | Every unit shall contain its own bathtub or shower, lavatory, water closet, and kitchen sink which shall be maintained in a sanitary and safe working environment. |
| 502.2 | Occupants with inadequate or insufficient bathroom facilities in rooming houses. | Rooming houses shall have at least one water closet, lavatory, and bathtub or shower this shall be supplied for each four rooming units. |
| 502.3 | Occupants with inadequate or insufficient bathroom facilities in hotel. | Hotels. Where private water closets, lavatories and baths are not provided, one water closet, one lavatory and one bathtub or shower having access from a public hallway shall be provided for each ten occupants. |
| 502.4 | Employees' sanitary facilities do not meet minimum requirements as defined by the International Property Maintenance Code. | Employees' facilities. A minimum of one water closet, one lavatory, and one drinking facility shall be available to employees. |
| 502.4.1 | Water fountain located in bathroom. | Drinking facilities. There shall be a drinking fountain, water cooler, bottled water cooler, or disposable cups next to a sink or water dispenser. Drinking facilities shall not be located in bathroom. |
| 502.5 | Public toilet facilities | Public toilet facilities must be kept safe, sanitary and in working condition |
| 503.1 | Toilet and/or bathroom do not provide privacy. | Toilet rooms and bathrooms shall provide privacy and shall not constitute the only passageway to a hall or other space, or to the exterior. |

| | | |
|-------|---|---|
| 503.2 | In hotels, rooming units, or dormitories, toilet rooms and/or bathrooms are not within one flight of stairs or have access from a common hallway or passageway. | Bathrooms in hotels, rooming units, or dormitories shall have access by traversing not more than one flight of stairs and shall have access from a common hall or passageway. |
| 503.3 | Toilet facilities not accessible from employees' working area. | Location of employee toilet facilities. Toilet facilities shall have access from within the employees' working area. |
| 503.4 | Bathroom and toilet room floor surface not impervious to water. | Floors shall be smooth and easily cleanable, hard, non-absorbent, easily kept in a clean and sanitary condition. |
| 504.1 | Plumbing fixtures in poor condition. | All plumbing fixtures shall be sanitary, and properly installed and maintained in working order, free from obstructions, leaks, and defects. |
| 504.2 | Plumbing fixtures unsanitary. | Plumbing fixtures shall have adequate clearances for usage and cleaning. |
| 504.3 | Plumbing in poor repair. | Any plumbing system having a deficiency or condition that is deemed by the code official as hazardous to the occupants or to the structure must be repaired or altered to eliminate the hazard. |
| 505.1 | Plumbing not connected to an approved source. | Any sink, lavatory, bathtub or shower, drinking fountain, water closet or other plumbing fixture shall be properly connected to either a public water system or an approved private water system. |
| 505.2 | Plumbing not maintained to prevent contamination. | The water supply shall be maintained free from contamination. |
| 505.3 | Water supply system improperly installed, not being properly maintained or not capable of performing the function for which it was designed. | The water supply system shall be installed and maintained to provide a supply of water to plumbing fixtures. |
| 505.4 | Water heater in poor repair. | Water heating facilities. Shall be properly installed, maintained, and capable of providing an adequate amount of water to required fixtures. Must sustain temperature of 100 degrees F. |

| | | |
|-------|---|---|
| 506.1 | Plumbing fixtures not properly connected to a public or private source. | All plumbing fixtures shall be properly connected to either a public sewer system or to an approved private sewage disposal system. |
| 506.2 | Plumbing stack, vent, waste, and sewer lines broken or leaking. | All plumbing stack, vent, waste, and sewer line shall function properly and be kept free from obstructions, leaks, and defects. |
| 506.3 | Grease interceptors | Grease interceptors must be maintained in accordance with this Code and the manufacturer's installation instructions. |
| 507.1 | System for storm water disposal inadequate or unapproved. | Drainage of roofs and paved areas, yards and courts, and other opened areas on the premises shall not be discharged in a manner that creates a public nuisance. |

CODE COMPLAINT STANDARDS
Chapter 6 – Mechanical And Electrical Requirements

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|----------------|--|---|
| 601.2 | Owner of structure not providing or maintaining mechanical and/or electrical facilities. | Owner must provide and maintain mechanical and electrical facilities in compliance with the code. |
| 602.1 | Dwelling unit does not have adequate and/or safe heating facilities. | Provide a safe and adequate heating system capable of providing a reasonable temperature for working conditions within the structure. |
| 602.2 | Heating facilities and components not maintaining minimum temperature of 65 degrees in all habitable spaces and/or cooking appliances are being used to provide space heating within the dwelling. | Provide approved heating facilities capable of maintaining a room temperature of sixty-five (65) degrees F. at a point three (3) feet above the center of the floor and two (2) feet inward from the center of each exterior walls. |
| 602.3 | Heat supply must be furnished. | Provide adequate heating (not less than 65 degrees). |
| 602.4 | Indoor occupiable work spaces does not maintain indoor temperature of a minimum of 65 degrees F. | Heat shall be supplied. |
| 602.5 | Occupied space does not maintain the required room temperature as per code requirement. | Room temperatures shall measure 3 feet from the center of the floor and 2 feet inward from the center of each exterior wall. |
| 603.1 | Mechanical appliances and equipment are improperly installed or not maintained. | Any mechanical appliances, fireplaces, solid fuel-burning appliances, cooking appliances and water heating appliances shall be properly installed and maintained in a safe working condition, and shall be capable of performing the intended function. |
| 603.2 | Flue of fuel burning equipment missing or in need of repair. | Any fuel burning equipment and appliances shall be connected to an approved flue or vent. |

| | | |
|-------|--|--|
| 603.3 | Inadequate clearance on combustible materials. | Any required clearances to combustible material shall be maintained. |
| 603.4 | Safety controls for fuel burning equipment missing or in need of repair. | Provide approved safety controls for fuel burning equipment as needed and maintain in effective operation. |
| 603.5 | Inadequate supply of air to fuel burning equipment and improper ventilation. | Provide adequate supply of air for fuel combustion as required by the mechanical inspector's office. |
| 603.6 | Energy conservation devices (ECD) missing or in need of repair. | Devices intended to reduce fuel consumption by attachment to a fuel burning appliance, a fuel supply line, vent outlet or vent height shall be properly installed. |
| 604.1 | Electrical system is not provided, unsafe or in need of repair. | Electrical system must be in compliance with Section 604.1 and Section 605. |
| 604.2 | Wiring and electrical systems in need of repair. | Appliances and equipments must meet ICC Electrical Code. |

| | | |
|---------|--|---|
| 604.3 | Electrical system is defective. | Any electrical systems deficiency that is deemed hazardous must be repaired and maintained. |
| 604.3.1 | Electrical hazards associated with water exposure | All electrical systems shall be repaired and replaced if exposed to water |
| 604.3.2 | Electrical hazards associated with fire | All electrical systems shall be repaired and replaced if exposed to water |
| 605.1 | Electrical equipment, wiring, and/or appliances improperly installed or maintained in unsafe manner. | Any electrical equipment, wiring, and appliances must be properly installed and maintained to provide safe operation. |

| | | |
|-------|---|---|
| 605.2 | Inadequate number of electrical outlets | Any habitable space shall contain at least two separate and remote receptacle outlets. Every laundry area shall contain not less than one grounding type or GFCI receptacle. Every bathroom shall have one receptacle. Any new bathroom receptacle shall be GFCI. |
| 605.3 | Light fixtures in poor repair or inadequate. | Any public hall, interior hallway, bathroom, kitchen, laundry room, boiler room, and furnace room shall contain at least one electric lighting fixture. |
| 605.4 | Wiring | Flexible cords shall not be used for permanent wiring |
| 606.1 | Elevators, dumbwaiters, and escalators inadequate or in unsafe condition. | Elevators, dumbwaiters, and escalators shall be maintained to sustain safely all imposed loads to operate properly and to be free from physical and fire hazards. |
| 606.2 | Elevator in need of repair. | A building shall maintain at all times a working elevator. |
| 607.1 | Ducts in need of repair. | Exhaust ducts shall be maintained and free of obstructions. |

CODE COMPLIANCE STANDARDS
Chapter 7: Fire Safety Requirements

| <u>SECTION</u> | <u>VIOLATION</u> | <u>REMEDIAL ACTION</u> |
|-----------------------|--|---|
| 701.2 | Owner does not provide or maintain fire safety equipment. | Owner shall provide and maintain such fire safety facilities and equipment in compliance with these requirements. |
| 702.1 | Accumulation of materials in stairway, passageway, doors, windows, fire escapes, or other means of egress. | Stairways and hallways are to be unobstructed to allow safe exit from the building. |
| 702.2 | Aisles obstructed. | The required width of aisles in accordance with the International Fire Code shall be unobstructed. |
| 702.3 | Doors cannot be opened from inside with keys. | Any means of egress doors shall be readily openable from the side from which egress is to be made without the need for keys except where the door hardware conforms to that permitted by the International Building Code (IBC). |
| 702.4 | Emergency escape in poor repair. | Emergency escape openings shall be maintained and required to operate from inside the room without the use of keys or tools. |
| 703.1 | Floors, walls, ceilings, or other elements of structure not maintained. | The required fire resistance rating of walls, floors, ceilings, partitions shall be maintained. |
| 703.2 | Fire protection windows and doors are not properly maintained. | Fire protection windows and doors shall be maintained in an operative condition. |
| 704.1 | Fire protection system and/or equipment not maintained. | All systems, devices, and equipment to detect a fire, activate an alarm, suppress or control a fire, shall be maintained in an operable condition at all times in accordance with the International Fire Code. |
| 704.1.1 | Automatic sprinkler system | Inspection, testing and maintenance shall be done in accordance with NFPA 25 |
| 704.2 | Smoke alarm in poor repair or missing. | Smoke alarms and detection systems shall be maintained and be suitable for their respective purposes. |

REMARKS:

INSPECTED BY: _____ DATE: _____

STRUCTURE INSPECTION REPORT

ADDRESS: _____

Chapter 3: General Requirements

- | | | | |
|-----------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> 301.2 | Premises and structure unsanitary | <input type="checkbox"/> 304.17 | Guard for basement windows, broken missing, rotted wood, screens torn or missing |
| <input type="checkbox"/> 301.3 | Vacant property unsanitary | <input type="checkbox"/> 304.18 | Building security |
| <input type="checkbox"/> 302.1 | Premises unsanitary – occupant responsible | <input type="checkbox"/> 304.18.1 | Doors containing no deadbolts |
| <input type="checkbox"/> 302.2 | Premises with stagnant water and/or erosion | <input type="checkbox"/> 304.18.2 | Windows within 6' of ground not secure |
| <input type="checkbox"/> 302.3 | Any sidewalk, walkway, stair, driveway, parking space in poor repair | <input type="checkbox"/> 304.18.3 | Basement hatchway in poor repair |
| <input type="checkbox"/> 302.4 | Structure with rodent harborage and infestation | <input type="checkbox"/> 304.20 | Lead paint greater than .5% |
| <input type="checkbox"/> 302.5 | Discharging fumes upon public or private property | <input type="checkbox"/> 305.1 | Interior of structure and equipment is unsanitary and structurally unsound |
| <input type="checkbox"/> 302.6 | Accessory structure in poor repair | <input type="checkbox"/> 305.1.1 | Unsafe conditions |
| <input type="checkbox"/> 302.8 | Property with damaged, defaced, graffiti on walls and sidewalks | <input type="checkbox"/> 305.2 | Structural members in poor repair |
| <input type="checkbox"/> 303.1 | Stagnant swimming pool | <input type="checkbox"/> 305.3 | Interior surface, windows and doors, walls, or ceilings in need of repair |
| <input type="checkbox"/> 303.2 | Pools with no enclosure/barrier, or self-closing, self-latching gates | <input type="checkbox"/> 305.4 | Stairs, porches and railings or other exit facilities inadequate |
| <input type="checkbox"/> 304.1 | Exterior of structure unsound and a threat to health and safety | <input type="checkbox"/> 305.5 | Handrails and guards missing or in need of repair |
| <input type="checkbox"/> 304.1.1 | Unsafe conditions | <input type="checkbox"/> 305.6 | Interior doors in poor repair |
| <input type="checkbox"/> 304.2 | Any windows, doors, exterior surfaces with broken, cracked, peeling paint and rotted wood | <input type="checkbox"/> 306.1 | Components of structure in good repair |
| <input type="checkbox"/> 304.3 | No visible address numbers | <input type="checkbox"/> 306.1.1 | Unsafe conditions |
| <input type="checkbox"/> 304.4 | Structural members in poor repair | <input type="checkbox"/> 307.1 | Handrails and guardrails missing and/or in need of repair |
| <input type="checkbox"/> 304.5 | Foundation walls in poor repair | <input type="checkbox"/> 308.1 | Premises with accumulation of garbage |
| <input type="checkbox"/> 304.6 | Exterior walls in poor repair | <input type="checkbox"/> 308.2 | Improper disposal of garbage |
| <input type="checkbox"/> 304.7 | Roof flashing, drains and gutters in poor repair and not impervious to water | <input type="checkbox"/> 308.2.1 | No trash receptors |
| <input type="checkbox"/> 304.8 | Decorative features in poor repair | <input type="checkbox"/> 308.2.2 | Refrigerators disposal |
| <input type="checkbox"/> 304.9 | Overhang, signs, marquees, stairways, exhaust ducts in poor repair or improperly anchored | <input type="checkbox"/> 308.3 | Disposal of garbage |
| <input type="checkbox"/> 304.10 | Stair, porch, balcony in poor state pf repair or in unsafe condition | <input type="checkbox"/> 308.3.1 | Owner provide garbage disposal facility |
| <input type="checkbox"/> 304.11 | Chimneys, cooling towers, smoke stacks in poor repair | <input type="checkbox"/> 308.3.2 | Trash containers in poor repair |
| <input type="checkbox"/> 304.12 | Handrails and/or guardrails missing or in poor repair | <input type="checkbox"/> 309.1 | Structure with insect/rodent infestation |
| <input type="checkbox"/> 304.13 | Windows, skylights and doorframes decayed, broken, and/or warped | <input type="checkbox"/> 309.2 | Infestation – owner responsible |
| <input type="checkbox"/> 304.13.1 | Glass glazing not maintained | <input type="checkbox"/> 309.3 | Infestation – Tenant responsible |
| <input type="checkbox"/> 304.13.2 | Windows not in good working condition | <input type="checkbox"/> 309.4 | Infestation – shared areas |
| <input type="checkbox"/> 304.14 | Insect screens missing or in poor repair | <input type="checkbox"/> 309.5 | Occupant maintain pest-free |
| <input type="checkbox"/> 304.15 | Door hardware missing or in poor condition | | |
| <input type="checkbox"/> 304.16 | Basement hatchway in poor condition | | |

Chapter 4: Light, Ventilation and Occupancy Limits

- ☐ 401.1 Insufficient light, ventilation and space
- ☐ 401.2 Owner is responsible
- ☐ 401.3 Insufficient light and ventilation
- ☐ 402.1 Insufficient light and inadequate window size
- ☐ 402.2 Insufficient light in common areas
- ☐ 402.3 Insufficient lighting
- ☐ 403.1 Window not sufficient for ventilation/no mechanical vent
- ☐ 403.2 Bathroom does not have sufficient ventilation
- ☐ 403.3 Cooking in unauthorized area
- ☐ 403.4 Insufficient removal of gases or fumes
- ☐ 403.5 Dryer vent in poor repair
- ☐ 404.1 Privacy in occupied spaces
- ☐ 404.2 Insufficient room width
- ☐ 404.3 Insufficient ceiling heights
- ☐ 404.4 Bedroom does not provide required space
- ☐ 404.4.1 Insufficient bedroom floor space
- ☐ 404.4.2 Bedroom allows access to other habitable rooms
- ☐ 404.4.3 Bedroom has no access to bathroom
- ☐ 404.4.4 Kitchen used as bedroom
- ☐ 404.4.5 Insufficient light, ventilation, floor and height space
- ☐ 404.5 Inadequate floor space in bedroom
- ☐ 404.5.1 Bedroom floor space – efficiency
- ☐ 404.5.2 Combined living/dining does not comply
- ☐ 404.6 Efficiency with inadequate floor space
- ☐ 404.7 Kitchen with inadequate space

Chapter 5: Plumbing Facilities and Fixture Requirements

- ☐ 501.1 Plumbing in poor repair
- ☐ 501.2 Plumbing in need of repair
- ☐ 502.1 Bathroom plumbing facilities inadequate for personal use
- ☐ 502.2 Occupants with inadequate or insufficient bathroom facilities in rooming houses
- ☐ 502.3 Occupants with inadequate or insufficient bathroom facilities in hotel
- ☐ 502.4 Employees sanitary facilities do not meet requirements
- ☐ 502.4.1 Water fountain in bathroom
- ☐ 502.5 Public toilet facilities
- ☐ 503.1 Toilet and/or bathroom do not provide privacy
- ☐ 503.2 Bathrooms not within one flight of stairs
- ☐ 503.3 Toilet not accessible from employees working area
- ☐ 503.4 Bathroom and toilet room floor surface not impervious to water
- ☐ 504.1 Plumbing fixtures in poor repair
- ☐ 504.2 Plumbing fixtures unsanitary
- ☐ 504.3 Plumbing in poor repair
- ☐ 505.1 Plumbing not connected to approved source
- ☐ 505.2 Plumbing not maintained to prevent contamination
- ☐ 505.3 Water supply improperly installed, not maintained or not capable of performing function for which it was designed
- ☐ 505.4 Water heater in poor repair
- ☐ 506.1 Plumbing fixtures not properly connected
- ☐ 506.2 Plumbing stack, vent, waste and sewer line broken or leaking
- ☐ 506.3 Grease interceptors in poor repair
- ☐ 507.1 Storm water disposal inadequate

Chapter 6: Mechanical and Electrical Requirements

- | | | | |
|--------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> 601.2 | Owner required to maintain mechanical and electrical facilities | <input type="checkbox"/> 604.1 | Electrical system not provided, unsafe or in need of repair |
| <input type="checkbox"/> 602.1 | Dwelling does not have safe or adequate heat | <input type="checkbox"/> 604.2 | Wiring and electrical systems in need of repair |
| <input type="checkbox"/> 602.2 | Heating facilities not maintaining 65 degrees in all habitable spaces | <input type="checkbox"/> 604.3 | Electrical system is defective |
| <input type="checkbox"/> 602.3 | Heat supply must be furnished | <input type="checkbox"/> 604.3.1 | Electrical hazard associated with water exposure |
| <input type="checkbox"/> 602.4 | Indoor work areas does not maintain 65 degrees | <input type="checkbox"/> 604.3.2 | Electrical hazard associated with fire |
| <input type="checkbox"/> 602.5 | Occupied space does not maintain required room temperature | <input type="checkbox"/> 605.1 | Electrical equipment, wiring, appliances improperly installed or maintained |
| <input type="checkbox"/> 603.1 | Mechanical appliances improperly installed or not maintained | <input type="checkbox"/> 605.2 | Inadequate number of electrical outlets |
| <input type="checkbox"/> 603.2 | Flue of fuel burning equipment missing or in need of repair | <input type="checkbox"/> 605.3 | Light fixtures in poor repair |
| <input type="checkbox"/> 603.3 | Inadequate clearance on combustible materials | <input type="checkbox"/> 605.4 | Flexible wiring used |
| <input type="checkbox"/> 603.4 | Safety controls for fuel burning equipment missing or in need of repair | <input type="checkbox"/> 606.1 | Elevators, dumbwaiters and escalators unsafe |
| <input type="checkbox"/> 603.5 | Inadequate supply of air to fuel burning equipment and inadequate ventilation | <input type="checkbox"/> 606.2 | Elevator in need of repair |
| <input type="checkbox"/> 603.6 | Energy conservation devices missing or in need of repair | <input type="checkbox"/> 607.1 | Ducts in need of repair |

Chapter 7: Fire Safety Requirements

- | | | | |
|--------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> 701.2 | Owner must provide and maintain fire safety equipment | <input type="checkbox"/> 703.1 | Floors, wall, ceilings, not maintained |
| <input type="checkbox"/> 702.1 | Accumulation of material in stairway, passageway, doors, windows or other means of egress | <input type="checkbox"/> 703.2 | Fire windows and doors not maintained |
| <input type="checkbox"/> 702.2 | Aisles obstructed | <input type="checkbox"/> 704.1 | Fire protection system not maintained |
| <input type="checkbox"/> 702.3 | Doors cannot be opened from inside with keys | <input type="checkbox"/> 704.1.1 | Automatic sprinkler system not maintained |
| <input type="checkbox"/> 702.4 | Emergency escape in poor repair | <input type="checkbox"/> 704.2 | Smoke alarm missing or in poor repair |

Remarks:

Inspection date: _____



**TULSA HEALTH
DEPARTMENT**

**TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

5051 S. 129th E. Ave. • Tulsa, Oklahoma 74134-7004

(918) 595-4200 • Fax (918) 595-4359 • ehsd@tulsa-health.org

VAPOR RECOVERY INSPECTION REPORT

| | | | |
|--------------------------|-------|------------------------|-------|
| *Facility Name | _____ | Owner Name | _____ |
| Address | _____ | Owner Address | _____ |
| City | _____ | Owner City | _____ |
| State | _____ | Owner State | _____ |
| Zip Code | _____ | Owner Zip Code | _____ |
| Business Phone | _____ | Owner Phone | _____ |
| Square Mile | _____ | Contact Person | _____ |
| Name/Owner Change | _____ | Facility Closed | _____ |

*This facility is subject to the requirements of City of Tulsa Clean Air Code, Title 17, Chapter 7, Tulsa Revised Code and the County of Tulsa Clean Air Code Under Authority of Title 63, Oklahoma Statutes, Section 1-120 and 1-123: Section 714(B) (1)(2), CONTROL OF EMISSIONS OF ORGANIC MATERIAL (attached).

VAPOR RECOVERY SYSTEM REQUIREMENTS:

- | | | |
|--|------------------|-----------------|
| 1. SUBMERGED FILL PIPE WITH TIGHT-FILL CONNECTION. | YES _____ | NO _____ |
| 2. CAM LOCK CAPS ON PRODUCT DROP AND VAPOR RETURN. | YES _____ | NO _____ |
| 3. POPPETED CONNECTORS ON VAPOR RETURN LINE. | YES _____ | NO _____ |
| 4. FLOAT VALVE ASSEMBLY INSTALLED ON VAPOR RETURN LINE. | YES _____ | NO _____ |
| 5. PRESSURE/VACUUM VENT VALVE INSTALLED ON EACH VENT LINE 16 OUNCES P.S.I. PRESSURE AND .5 OUNCES P.S.I. VACUUM | YES _____ | NO _____ |
| IN COMPLIANCE _____ **NOTICE OF VIOLATION _____ | | |

REMARKS: _____

Facility Representative: _____ Date: _____

Environmental Specialist: _____

Initial Inspection Date: _____ **RECHECKS:** _____

VIOLATION(S) SHOULD BE CORRECTED WITHIN 10 DAYS FROM THE INSPECTION DATE. A RECHECK INSPECTION WILL BE CONDUCTED WITHIN 10 TO 30 DAYS FROM THE INSPECTION DATE FOR NOTICE OF VIOLATION.

****Whereby, the Air Quality Control Program alleges the above facility is in noncompliance with City of Tulsa Clean Air Code Title 17, Chapter 7/County of Tulsa Clean Air Code Title 63, Section 714 (B) (1) (2) Storage of Volatile Organic Compounds. The Air Quality Control Program requests your immediate attention to be given to correcting the above deficiencies. Failure to comply with the requirements of Section 714 could result in future enforcement action including the assessment of penalties up to \$300.00 per day. This notice is issued pursuant to the authority of the City of Tulsa Clean Air Code and County of Tulsa Clean Air Code Section 718 (A).**

Supervisor: _____

Date: _____

Revised 12/22/11

Tulsa City-County Health Department
Air Quality Control Programs
Attention: Air Permits
5051 S. 129th E. Ave.
Tulsa, Oklahoma 74134-7004
(918) 595-4200

FOR TCCHD USE ONLY
Permit Number _____
Fee Attached Yes _____ No _____
Amount of Fee _____ \$100 _____
Payments are non-refundable
Check Number _____
Receipt Number _____
Received _____

APPLICATION FOR PERMIT TO OPERATE
(Submit in Duplicate)

The _____
proposes the operation of _____

_____ to be located at _____

and, as required by the referenced Regulations, hereby makes application to the Tulsa City-County Health Department for approval of a Permit to Operate.

Date of Actual Operation Start-Up _____

Proposed Date(s) For Compliance Test(s) (Stack Tests, Visible Emissions) _____

Remarks: _____

Application shall be signed by (1) OWNER of facility or his designated legally responsible representative, (not the contractor), and (2) THE ENGINEER OR CONTRACTOR responsible for completion of the application, plans, specifications and engineering data.

(1) OWNER

Signature

Name

Title

Company

Address & Zip

Telephone

2) ENGINEER and/or CONTRACTOR

Signature

Name

Title

Company

Address & Zip

Telephone

REFERENCES: City of Tulsa Clean Air Ordinance, Title 17, Chapter 7, Tulsa Revised Ordinances; County of Tulsa Clean Air Rules

REFERENCES: City of Tulsa Clean Air Ordinance, Title 17, Chapter 7, Tulsa Revised Ordinances; County of Tulsa Clean Air Rules



TULSA HEALTH
DEPARTMENT

TULSA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION

5051 S. 129th E. Ave. • Tulsa, Oklahoma 74134-7004

(918) 595-4200 • Fax (918) 595-4359 • ehsd@tulsa-health.org

VAPOR RECOVERY INSPECTION REPORT

| | | | |
|--------------------------|-------|------------------------|-------|
| *Facility Name | _____ | Owner Name | _____ |
| Address | _____ | Owner Address | _____ |
| City | _____ | Owner City | _____ |
| State | _____ | Owner State | _____ |
| Zip Code | _____ | Owner Zip Code | _____ |
| Business Phone | _____ | Owner Phone | _____ |
| Square Mile | _____ | Contact Person | _____ |
| Name/Owner Change | _____ | Facility Closed | _____ |

*This facility is subject to the requirements of City of Tulsa Clean Air Code, Title 17, Chapter 7, Tulsa Revised Code and the County of Tulsa Clean Air Code Under Authority of Title 63, Oklahoma Statutes, Section 1-120 and 1-123: Section 714(B) (1)(2), CONTROL OF EMISSIONS OF ORGANIC MATERIAL (attached).

VAPOR RECOVERY SYSTEM REQUIREMENTS:

- | | | |
|--|------------------|-----------------|
| 1. SUBMERGED FILL PIPE WITH TIGHT-FILL CONNECTION. | YES _____ | NO _____ |
| 2. CAM LOCK CAPS ON PRODUCT DROP AND VAPOR RETURN. | YES _____ | NO _____ |
| 3. POPPETED CONNECTORS ON VAPOR RETURN LINE. | YES _____ | NO _____ |
| 4. FLOAT VALVE ASSEMBLY INSTALLED ON VAPOR RETURN LINE. | YES _____ | NO _____ |
| 5. PRESSURE/VACUUM VENT VALVE INSTALLED ON EACH VENT LINE | | |
| 16 OUNCES P.S.I. PRESSURE AND .5 OUNCES P.S.I. VACUUM | YES _____ | NO _____ |

IN COMPLIANCE _____ ****NOTICE OF VIOLATION** _____

REMARKS: _____

Facility Representative: _____ Date: _____

Environmental Specialist: _____

Initial Inspection Date: _____ **RECHECKS:** _____

VIOLATION(S) SHOULD BE CORRECTED WITHIN 10 DAYS FROM THE INSPECTION DATE. A RECHECK INSPECTION WILL BE CONDUCTED WITHIN 10 TO 30 DAYS FROM THE INSPECTION DATE FOR NOTICE OF VIOLATION.

**Whereby, the Air Quality Control Program alleges the above facility is in noncompliance with City of Tulsa Clean Air Code Title 17, Chapter 7/County of Tulsa Clean Air Code Title 63, Section 714 (B) (1) (2) Storage of Volatile Organic Compounds. The Air Quality Control Program requests your immediate attention to be given to correcting the above deficiencies. Failure to comply with the requirements of Section 714 could result in future enforcement action including the assessment of penalties up to \$300.00 per day. This notice is issued pursuant to the authority of the City of Tulsa Clean Air Code and County of Tulsa Clean Air Code Section 718 (A).

Supervisor: _____

Date: _____

Revised 12/22/11