

1  
2  
3  
4

**ADDENDUM I  
INSPECTION SCHEDULE**

DRAFT

1  
2  
3

**This page intentionally left blank.**

DRAFT

**ADDENDUM I**  
**INSPECTION SCHEDULE**

**Table I. Inspection Schedule for the Hexone Storage & Treatment Facility**

<i>REQUIREMENT</i>	<i>FREQUENCY</i>	<i>TYPES OF PROBLEMS</i>
Perform surveillance of Hexone Storage & Treatment Facility	Annual <sup>1</sup>	Verify signs are present, legible, and visible at 15.2 meters.  Verify no evidence of land subsidence.

<sup>1</sup>Refer to Permit Condition V.19.H.2.

DRAFT

1  
2  
3

**This page intentionally left blank.**

DRAFT