



INFORMATION SENT VIA FAX
FROM
ENSCI CORPORATION
HIGH POINT, NORTH CAROLINA

FAX (919) 882-7958
PHONE (919) 883-7505

TO: Tom Salley FROM: Bob Collam
DE HNR
FAX: 919/896-7005 DATE: 6/24/91

Number of Pages 3 including this cover sheet

TO RECIPIENT: IF INFORMATION IS UNCLEAR, PLEASE CALL
(919) 883-7505 TO HAVE ANOTHER COPY SENT.

Additional Comments:

1108 Old Thomasville Rd. • High Point, NC 27260 • 919-883-7505 • Fax 919-882-7958

AN ENVIRONMENTAL SERVICE COMPANY
ENGINEERING • ASSESSMENT • SITE REMEDIATION



MEMORANDUM

TO: Mr. Tom Salley
Department of Environment, Health and
Natural Resources
Winston Salem, North Carolina

FROM: Robert Cottam, ENSCI Corporation

DATE: June 24, 1991

SUBJECT: Request to waive 30 day notification, UST Tank Closures -
Burlington Industries plant, see attached UST, Permanent
Closure or Change of Service Forms

Dear Tom:

Per our conversation of June 24, 1991, ENSCI requested a waiver of the 30 day notification period to close a UST system owned by Burlington Industries (see attached form). As per your verbal confirmation of permission and the confirmation of this permission documented with this correspondence, ENSCI will proceed with the immediate closure of this system.

All permits and appropriate closure documents, reports, and procedures will be accomplished.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. Cottam", is written over the typed name.

Robert T. Cottam, III

RTC/few

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Notice of Intent to Permanently Close Underground Storage Tank(s)

**TANKS
IN
NC**

North Carolina - Department of Environment, Health, & Natural Resources
 Division of Environmental Management - Groundwater Section - U.S.T.
 P.O. Box 27687
 Raleigh, NC 27611 (919)733-8303

State Use Only
 I. D. Number _____
 Date Received _____

INSTRUCTIONS

Please complete and return thirty (30) days prior to permanently closing tank(s).

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: Burlington Industries, Inc. Facility Name or Company: B.I.-Burlington Facility
 (Corporation, Individual, Public Agency, or Other Entity)
 Street Address: P.O. Box 21207 Street Address or State Road: Tucker Street Ext.
 County: Guilford County: Alamance County
 City: Greensboro State: NC Zip Code: 27420 City: Burlington State: NC Zip Code: _____
 Telephone Number (Area Code): (919) 379-4688 Telephone Number (Area Code): (919) 228-2250

Contact Person

Name: Mike Antonowicz Job Title: Staff Mech. Eng. Telephone Number: (919) 379-4688

TANK REMOVAL OR CLOSURE IN PLACE

- | | | |
|---------------------------------|--|--|
| 1. Contact Local Fire Marshall. | 4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal". | 5. Provide a sketch Locating Tanks and Soil Tests. |
| 2. Plan the Closure Event. | | 6. Keep Records for 3 Years. |
| 3. Make Site Soil Assessments. | | |

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: ENSCI Corporation
 Address: 1108 Old Thomasville Rd. State NC Zip Code 27260
High Point, NC
 Contact: Henry M. Havener Phone: 919/883-7505

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	_____	10,000	Diesel	Remove <input checked="" type="checkbox"/> Close in Ground <input type="checkbox"/>
Tank 2	_____	10,000	Diesel	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 3	_____	10,000	Motor Oil	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 4	_____	6,000	Gear Oil	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 5	_____	6,000	Rotella Oil	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 6	_____	6,000	Anti Freeze	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 7	_____	6,000	Anti Freeze	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 8	_____	4,000	Waste Oil	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 9	_____	6,000	Waste Oil	<input checked="" type="checkbox"/> <input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

Henry M. Havener

30 days prior waived due to release
 *Scheduled Removal Date: 6-24-91

Signature: _____

Date Submitted: 6-24-91

If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.

GW/UST-3

White Copy - Owner

Blue Copy - Central Office

Yellow Copy - Regional Office

Pink Copy - Central Files