

# UST-2 Site Investigation Report for Permanent Closure or Change-in Service of UST

**FOR TANKS IN NC**

Return completed form to:  
The DWM Regional Office in the area the facility is located. SEE MAP ON THE BACK OF THIS FORM FOR REGIONAL OFFICE ADDRESSES. Return the yellow copy to the Central Office in Raleigh so that the status of the tank may be changed to "PERMANENTLY CLOSED."

STATE USE ONLY:  
I.D. Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**I. Ownership of Tanks**

Owner Name LEE-MOORE OIL COMPANY  
Corporation, Individual, Public Agency, or Other Entity

Street Address 1807 DOWNS DR.

City SANBORN County LEE

State NC Zip Code 27731

Telephone Number: (919) 775-2301  
Area Code

**II. Location of Tanks**

Facility Name FORMER EXON 4-3998  
Or Company

Facility I.D. # (if known) 0-017509

Street Address 4701

City GREENSBORO County GUIN Zip Code 27407

Telephone Number: ( ) \_\_\_\_\_  
Area Code

**III. Contact Personnel**

Name BOB HOOD Job Title DIRECTOR OF OPERATIONS No. 919-775-2301

Closure Contractor JD CONTRACTORS Address 2179 BARRON TOWN RD. GREENSBORO NC 27407 Tel. No. 336-241-2007

Primary Consultant MM&A Address 5900 TRIANGLE DR. RALEIGH, NC 27617 Tel. No. 919-786-1414

Lab PARADIGM Address 627 NORTHERN PKWY WELLSBORO, VA Tel. No. 910-350-1903

**IV. UST Information**

Tank No.	Size in Gallons	Tank Dimensions (ft)	Last Contents
1	12K	8x32	GASOLINE
2	12K	8x32	GASOLINE
3	12K	8x32	GASOLINE

**V. Excavation Condition**

Water in Excavation	Fire Product		Notable Odor or Visible Soil Contamination	
	Yes	No	Yes	No
		X	X	X
		X	X	X
		X	X	X

**VI. Additional Information Required**

See reverse side of pink copy (owner's copy) for additional information required by NC DWM in the written report and sketch.

NOTE: If a release from the tank(s) has occurred, the site assessment portion of the tank closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing the signature and seal of the P.E. or L.G.

**VII. Check List (Check the Activities Completed)**

**PERMANENT CLOSURE (For removing or Abandoning-in-place)**

- Contact local fire marshal.
- Notify DWM Regional Office before abandonment.
- Drain & flush piping into tank.
- Remove all product and residuals from tank.
- Excavate down to tank.
- Clean and inspect tank.
- Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and all other tank fixtures.
- Cap or plug all lines except the vent and fill lines.
- Purge tank of all product & flammable vapors.
- Cut one or more large holes in the tanks.
- Backfill the area.

Date Tank(s) Permanently closed: 6/13 & 14/2001

Date of Change-in-Service: \_\_\_\_\_

**ABANDONMENT IN PLACE**

- Fill tank until material overflows tank opening.
- Plug or cap all openings.
- Disconnect and cap or remove vent line.
- Solid inert material used-specify: \_\_\_\_\_

**REMOVAL**

- Create vent hole.
- Label tank.
- Dispose of tank in approved manner. Final tank destination: City of Greensboro Landfill

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Print name and official title of owner or owner's authorized representative: ANDREW S. PASCHER Signature: [Signature] Date Signed: 8/3/01

UST-2 rev. 10/99 White Copy-Regional Office Yellow Copy-Central Office Pink Copy-Owner

#10001

