

Exxon Company USA #43998-C

UST-3 Notice of Intent: UST Permanent Closure of Change-in-Service

**FOR TANKS IN
NC**

Return completed form to:
The DWM Regional Office located in the area where the facility is located. SEE MAP ON THE BACK
OF THIS FORM FOR REGIONAL OFFICE ADDRESSES.

STATE USE ONLY
I.D. # _____
Date Received _____

INSTRUCTIONS

Complete and return at least five (5) working days prior to closure or change-in-service if a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports. Otherwise, a thirty (30) day notice is required.

I. OWNERSHIP OF TANKS

II. LOCATION

Owner Name (Corporation, Individual, Public Agency, or Other Entity) LEE MOORE OIL COMPANY
Street Address 1807 Douglas Drive
City SANTRO State NC County LEE Zip Code 27331
Area Code (919) Phone Number 775-2301

Facility Name or Company West Market Street Exxon
Facility ID # (If known) 4301 W. Market Street
Street Address 4301 W. Market Street
City Greensboro County Guilford Zip Code 27407
City unknown
Area Code _____ Phone Number _____

III. CONTACT PERSONNEL

Name Mr. Bob Hood Job Title Project Engineer Phone Number (919) 775-2301

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE

- Contact local fire marshal.
- Plan entire closure event.
- Conduct Site Soil Assessment.
- If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks and 1604 Removal and Disposal of Used Underground Petroleum Storage Tanks*.
- Provide a sketch locating piping, tanks and soil sampling locations.
- Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation.
- If a release from the tanks 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. If a release has not occurred, the supervision, signature or seal of a P.E. or L.G. is not required.
- Keep closure records for three (3) years.

V. WORK TO BE PERFORMED BY

Contractor Name JD Contractors, LLC State NC Zip Code 27203
Address 2179 BARRON TOWN RD Ashboro
Contact Person JOE DOWB Phone No. 336-241-2007
Primary Consultant PIEDMONT Industrial Services Phone No. 336-767-7522

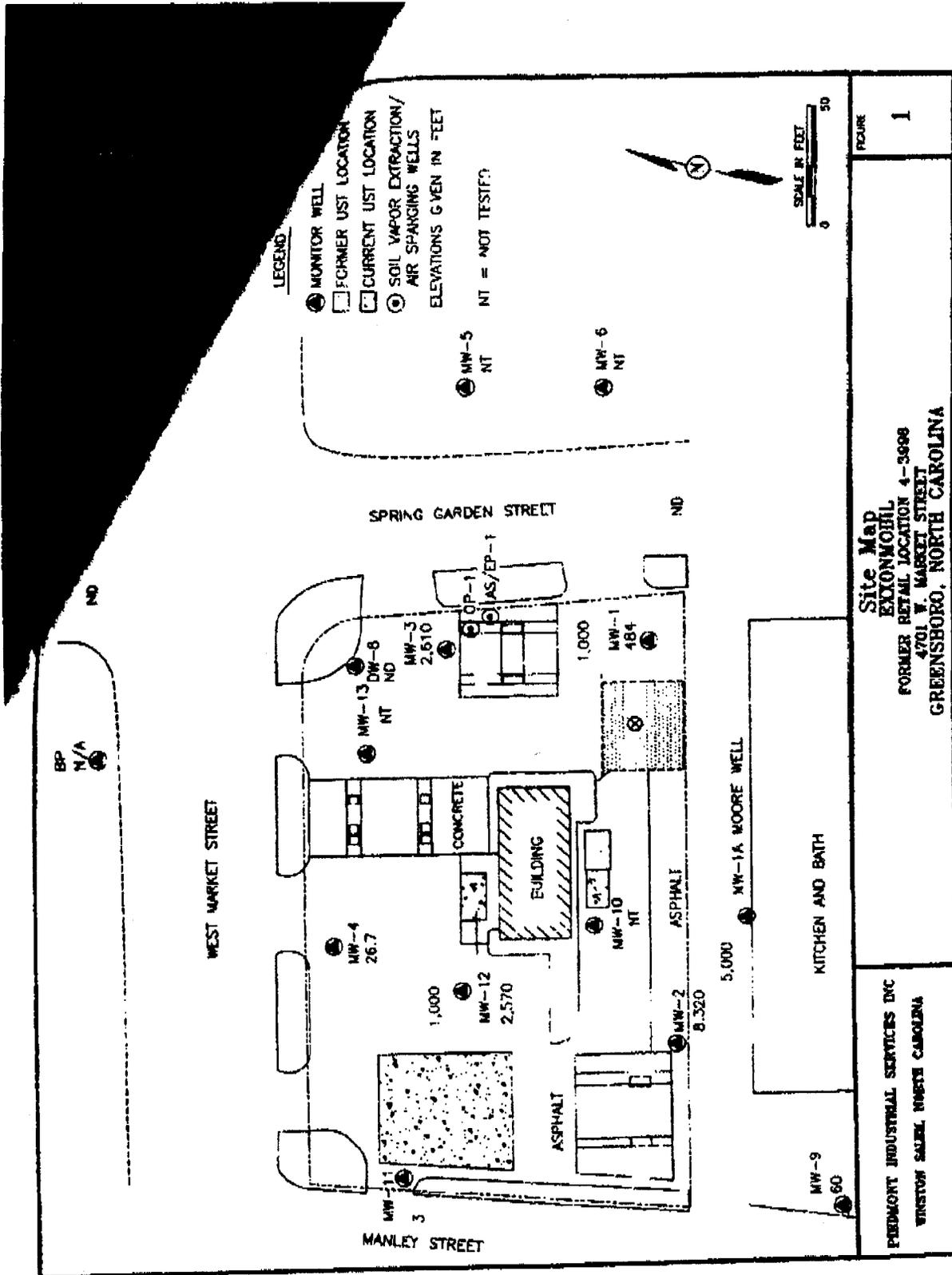
VI. TANKS SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

Tank ID #	Tank Capacity	Last Contents	Proposed Activity		
			Removal	Closure Abandonment In Place	Change-In-Service New Contents Stored
1	12,000	Super UL. GAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	12,000	Prim UL. GAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	12,000	Reg. UL. GAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	1,000	Heating Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs. Read note on the back of this form before signing.

Print name and official title Jacqueline D. Dowb, JD Contractors, LLC on behalf of LEE MOORE OIL
Signature Jacqueline D. Dowb Date Signed 5/23/01 SCHEDULED REMOVAL DATE 06/14/01
Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes



Facility I.D. # 0-017509



Contractors, LLC
License #: 47635

facsimile transmittal

To: UST Division	Fax: 336-771-4632
From: Jackie Doub	Date: 5/24/01
Re: Notice to Remove Tanks	Pages: 5
CC:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

Following are the UST-3 forms for "Notice of Intent – UST Permanent Closure."
Please call with any questions, the hardcopies will follow in the mail.

Thank you!

Jackie Doub

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STATE USE ONLY
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Date Received _____

INSTRUCTIONS

Complete and return at least five (5) working days prior to closure or change-in-service if a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports. Otherwise, a thirty (30) day notice is required.

I. OWNERSHIP OF TANKS

Owner Name (Corporation, Individual, Public Agency, or Other Entity) LEE MARK OIL COMPANY
Street Address 1807 Douglas Drive
City SARTHERD County LEE
State NC Zip Code 27331
Area Code (919) Phone Number 775-2301

II. LOCATION

Facility Name or Company West Market Street Exxon
Facility ID # (If known) 0-017509
Street Address 4701 W. Market Street
City Greensboro County Guilford Zip Code 27407
Area Code unknow Phone Number _____

III. CONTACT PERSONNEL

Name Mr. Bob Hood Job Title Project Engineer Phone Number (919) 775-2301

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE

- Contact local fire marshal.
- Plan entire closure event.
- Conduct Site Soil Assessment.
- If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks* and 1604 *Removal and Disposal of Used Underground Petroleum Storage Tanks*.
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- Keep closure records for three (3) years.

V. WORK TO BE PERFORMED BY

Contractor Name JD Contractors, LLC
Address 2179 HAYDEN TOWN RD ASHEBORO State NC Zip Code 27203
Contact Person JOE DOWB Phone No. 336-241-2607
Primary Consultant PIEDMONT Industrial Svcs Phone No. 336-767-7522

VI. TANKS SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

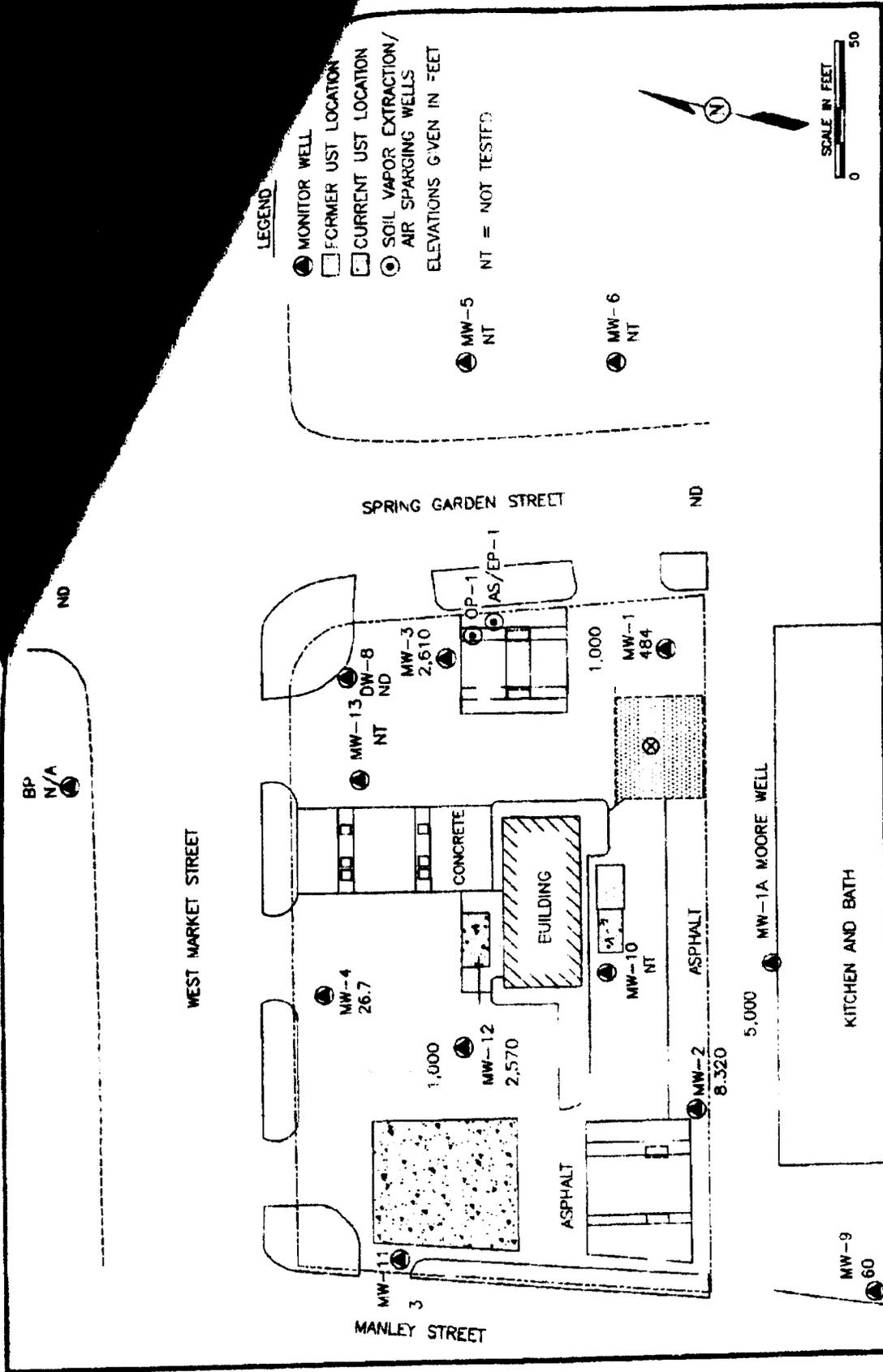
Tank ID #	Tank Capacity	Last Contents	Proposed Activity		
			Removal	Abandonment in Place	Change-In-Service New Contents Stored
1	12,000	Super Vol. GAS	<input checked="" type="checkbox"/> 6/14	<input type="checkbox"/>	
2	12,000	Prem Vol. GAS	<input checked="" type="checkbox"/> 6/14	<input type="checkbox"/>	
3	12,000	Reg. Vol. GAS	<input checked="" type="checkbox"/> 6/14	<input type="checkbox"/>	
4	1,000	Heating Oil	<input checked="" type="checkbox"/> 6/14	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs. Read note on the back of this form before signing.

Print name and official title Jacqueline Dowb, JD Contractors, LLC on behalf of Lee Mark Oil

Signature Jacqueline Dowb Date Signed 5/23/01 SCHEDULED REMOVAL DATE 06/14/01
Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes



Site Map
EXXONMOHIL
 FORMER RETAIL LOCATION 4-3998
 4701 W. MARKET STREET
 GREENSBORO, NORTH CAROLINA

PIEDMONT INDUSTRIAL SERVICES INC
 WINSTON SALEM, NORTH CAROLINA

FIGURE 1

FACILITY I.D. # 0-017509