

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

RECEIVED
N.C. Dept. NRO

FOR TANKS IN NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

I. D. Number _____
Date Received MAY 20 1991

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Exxon Co. U.S.A.
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: P.O. Box 7415 4386
County: HARRIS
City: Houston State: Texas Zip Code: 77210
Tele. No. (Area Code): 713-656- (EXT-5126)

II. LOCATION OF TANK(S)

Facility Name or Company: W. Market St. Exxon
Facility ID # (if available): 4-3998
Street Address or State Road: 4701 W. Market St.
County: Guilford City: Greensboro Zip Code: 27407
Tele. No. (Area Code): 919-292-9663

III. CONTACT PERSON

Name: William C. Summey Job Title: Marketing Engineer Telephone Number: (704) 529-4261

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

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: _____
Address: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>8000</u>	<u>Reg. U/lead</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>6000</u>	<u>Plus U/lead</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>3</u>	<u>8000</u>	<u>Sup U/lead</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>4</u>	<u>1,000</u>	<u>Waste Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>5</u>	<u>1,000</u>	<u>Heating Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: William C. Summey Marketing Engineer
Signature: William C. Summey
*Scheduled Removal Date: 6/15/91
Date Submitted: 5/16/91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.