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

OR 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].

State Use Only
I. D. Number
Date Received

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Shamrock Corporation
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: PO Box 16247
County: Guilford
City: GSO State: NC Zip Code: 27405
Tele. No. (Area Code): 919/574-4200

II. LOCATION OF TANK(S)

Facility Name or Company: North Industries
Facility ID # (if available):
Street Address or State Road: 3416 Sandy Ridge Rd.
County: Guilford City: GSO NC Zip Code: 27235
Tele. No. (Area Code): N/A

III. CONTACT PERSON

Name: Charles Whisenant Job Title: Dir. of Mfg. Telephone Number: (919) 574-4200

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: Piedmont Equipment Co
Address: PO Box 18207 State: GSO NC Zip Code: 27419
Contact: Roger Brewster Phone: 919/299-5220

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: CLOSURE – Removal	CLOSURE – Abandonment In Place	CHANGE-IN-SERVICE – New Contents Stored
1	6K	Iso. P. Acetate	X		
2	4K	E. Acetate	X		
3	2K	E. Acetate	X		
4	2K	E. Alcohol	X		
5	2K	Diacetone Alcohol (DOP)	X		
6	2K	Gasoline	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Roger Brewster - Project Manager
Signature: [signature]
*Scheduled Removal Date: 01/12/92
Date Submitted: 12-10-92

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

GW/UST-3 White Copy - Regional Office Yellow Copy - Central Office Blue Copy - Owner

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

FOR TANKS IN **NC**

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State Use Only
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7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Arnold Equipment Co
Address: PO Box 18207 State: GSO NC Zip Code: 27419
Contact: Roger Brewster Phone: 919/299-5220

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: CLOSURE – Removal	CLOSURE – Abandonment in Place	CHANGE-IN-SERVICE – New Contents Stored
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2	4K	E. Acetate	X		
3	2K	E. Acetate	X		
4	2K	E. Alcohol	X		
5	2K	Dioctyl Phthalate (DOP)	X		
6	2K	Gasoline	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Roger Brewster - Project Manager

*Scheduled Removal Date: 01/12/92

Signature: [signature]

Date Submitted: 12-10-92

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

GW/UST-3 White Copy - Regional Office Yellow Copy - Central Office Blue Copy - Owner

MEMO

DATE: 12/15/92

TO:

SUBJECT:

Regional Office cannot waive 30-day notification requirement. May only be done by the Director of the Division upon request. A specific date needs to be entered on the form.

If you have questions, please call.

12-21-92
FAX
10:04 AM

Per Your Request.

Roger Brewster
Pros. Mgr.

From: Sherri Knight
GW Section
(919) 896-7007

North Carolina Department of Environment, Health, and Natural Resources

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