

**(GW/UST-2) Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.**

FOR  
TANKS  
IN  
NC

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

State Use Only  
I.D. Number N.C. Dept. of EHNF  
Date Received **FEB - 9 1993**

**INSTRUCTIONS**

Complete and return within (30) days following completion of site investigation.

**I. Ownership of Tank(s)**

Shamrock Corporation  
Owner Name (Corporation, Individual, Public Agency, or Other Entity)  
P.O. Box 16247  
Street Address  
Greensboro, NC 27405  
County  
Guilford  
City State Zip Code  
919/574-4200  
Area Code Telephone Number

**II. Location of Tank(s)**

Worth Industries  
Facility Name or Company  
Facility ID # (if available)  
3416 Sandy Ridge Road  
Street Address or State Road  
XXXXXXX Guilford COLFAX NC 27235  
County City Zip Code  
NLA  
Area Code Telephone Number

**III. Contact Person**

Charles Whisonant Dir. of Manufacturing 919/574-4200  
Name Job Title Telephone No. (Area Code)  
Closure Contractor Arnold Equipment Company, Inc. P.O. Box 18207 GSO, NC 27419 919/299-5220  
(Name) (Address) Telephone No. (Area Code)  
Lab Research & Analytical Labs Kernersville, NC 919/996-2841  
(Name) (Address) Telephone No. (Area Code)

**IV. U.S.T. Information**

**V. Excavation Condition**

**VI. Additional Information Required**

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	6K	8'0"x16'0"	Iso.P. Acetate		X		X	X	
2	4K	4'0"x24'0"	Ethyl Acetate		X		X		X
3	2K	5'0"x12'2"	Ethyl Acetate		X		X		X
4	2K	5'0"x12'2"	Ethyl Alcohol		X		X		X
5	2K	5'0"x12'2"	DiOctyl PhTh.		X		X		X
6	4K	4'0"x24'0"	Gasoline		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

**VII. Check List**

Check the activities completed.

- Contact local fire marshal
  - Notify DEM Regional Office before abandonment **REMOVAL**.
  - 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 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. **BY SAFEWAY TANK DISP.**
  - Backfill the area. 01/20/93
- Date Tank(s) Permanently closed: \_\_\_\_\_  
Date of Change-in-Service: \_\_\_\_\_

I certify this to be a true copy.  
*Charles Whisonant*

**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: Safeway Tank Disposal  
Colfax, NC

**VIII. Certification (Read and Sign)**

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  
Mr. Charles Whisonant - Dir. of Mfg.

Signature  
*Charles Whisonant*

Date Signed  
2/3/93