

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

FOR TANKS IN

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].

REC'D DEHNR  
N.C. Dept. of Environment  
SEP 11 1992

REC'D DEHNR  
State Use Only  
N.C. Dept. of Environment  
I. D. Number  
Date Received  
SEP 1 1992

RECEIVED  
SEP 8 1992  
DEHNR-RAI RO

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

Winston-Salem Regional Office

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: Kennedy Oil Company  
(Corporation, Individual, Public Agency, or Other Entity)  
Street Address: P.O. Box 5349  
County: Guilford  
City: High Point State: NC Zip Code: 27602  
Tele. No. (Area Code): (919) 885-5184

Facility Name or Company: MCLAMB'S GROCERY  
Tank Facility ID # (if available): 0-010481  
Street Address or State Road: 2323 E. Green Drive  
County: Guilford City: High Point Zip Code: 27260  
Tele. No. (Area Code): (919) 885-5184

III. CONTACT PERSON

Name: George Fields Job Title: Project Manager Telephone Number: (919) 839-8515

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

- Contact Local Fire Marshall.
- Plan the entire closure event.
- Conduct Site Soil Assessments.
- 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".
- Provide a sketch locating piping, tanks and soil sampling locations.
- Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
- Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: GEOPHEX, Ltd.  
Address: 605 Mercury St. Raleigh State: North Carolina Zip Code: 27603  
Contact: GEORGE R.A. Fields Phone: 919 839-8515

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>T1</u> | <u>4000-gal.</u> | <u>Gasoline</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |
| <u>T2</u> | <u>5000-gal.</u> | <u>"</u>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |
| <u>T3</u> | <u>5000-gal.</u> | <u>"</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"/> |                     |
|           |                  |                 | <input type="checkbox"/>            | <input type="checkbox"/> |                     |
|           |                  |                 | <input type="checkbox"/>            | <input type="checkbox"/> |                     |

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: GEORGE R.A. FIELDS PROJECT Manager \*Scheduled Removal Date: 9-29-92  
Signature: George R.A. Fields Date Submitted: 8-17-92

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