

# Notice of Intent to Permanently Close Underground Storage Tank(s)

**FOR  
TANKS  
IN  
NC**

North Carolina - Department of Environment, Health, & Natural Resources  
 Division of Environmental Management - Groundwater Section - U.S.T.  
 P.O. Box 27687  
 Raleigh, NC 27611 (919)733-8303

RECEIVED  
 N.C. Dept. of EHNR  
 State Use Only  
 I. D. Number \_\_\_\_\_  
 Date Received **FEB 11 1993**

**INSTRUCTIONS**

Please complete and return thirty (30) days prior to permanently closing tank(s).

**Winston-Salem  
Regional Office**

**I. OWNERSHIP OF TANK(S)**

**II. LOCATION OF TANK(S)**

Tank Owner Name: Unicon ~~Concrete~~ Concrete Facility Name or Company: Same  
 (Corporation, Individual, Public Agency, or Other Entry)  
 Street Address: 406 Tomlinson Street Street Address or State Road: \_\_\_\_\_  
 County: Guilford County: \_\_\_\_\_  
 City: High Point State: NC Zip Code: 27260 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number (Area Code): 919 882-3384 Telephone Number (Area Code): \_\_\_\_\_

**Contact Person**

Name: GARY McLAMB Job Title: Area Manager Telephone Number: (919) 882-3384

**TANK REMOVAL OR CLOSURE IN PLACE**

- |                                 |  |  |
|---------------------------------|--|--|
| 1. Contact Local Fire Marshall. | 4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal". | 5. Provide a sketch Locating Tanks and Soil Tests. |
| 2. Plan the Closure Event.      |  | 6. Keep Records for 3 Years.                       |
| 3. Make Site Soil Assessments.  |  |  |

**TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:**

(Contractor) Name: Piedmont Environmental Services  
 Address: P.O. Box 18601 Greensboro State NC Zip Code 27419  
 Contact: Thad Chesson Phone: (919) 855-7295

**TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED**

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD	
				Remove	Close in Ground
Tank 1		<u>1500</u>	<u>GAS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2				<input type="checkbox"/>	<input type="checkbox"/>
Tank 3				<input type="checkbox"/>	<input type="checkbox"/>
Tank 4				<input type="checkbox"/>	<input type="checkbox"/>
Tank 5				<input type="checkbox"/>	<input type="checkbox"/>
Tank 6				<input type="checkbox"/>	<input type="checkbox"/>
Tank 7				<input type="checkbox"/>	<input type="checkbox"/>
Tank 8				<input type="checkbox"/>	<input type="checkbox"/>
Tank 9				<input type="checkbox"/>	<input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

Thad Chesson, VP Piedmont Environmental

\*Scheduled Removal Date: 3-10-93

Signature: [Signature]

Date Submitted: 2-10-93

\*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.