ATTN: MR WATERS

Notice of Intent to Permanent Close or Change-in-Service

RECEIVED
N.C. Dept. of EHNR
MAR 26 1993
Winston-Salem Regional Office

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 (PINK) 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: MID-STATE OIL CO
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 1820 S.MAIN STREET
County: DAVIDSON
City: LEXINGTON State: NC Zip Code: 27293
Tele. No. (Area Code): 704 249-0363

II. LOCATION OF TANK(S)

Facility Name or Company: SUMMIT AVE SUNOCO
Facility ID # (if available)
Street Address or State Road: 1103 SUMMIT AVE
County: GUILFORD City: GREENSBORO Zip Code: 27405
Tele. No. (Area Code): 919 274-5858

III. CONTACT PERSON

Name: WILLIAM SHIPTON Job Title: REPAIR & MAINTENANCE ~~SUPERVISOR~~ Telephone Number: (704) 249-0363

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

1. Contact Local Fire Marshal.
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: JERRY KELLY INC
Address: 111 HUNTERS TRAIL WEST ELIZABETH CITY State: NC Zip Code: 27909
Contact: JERRY KELLY Phone: 919 335-1228

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
	1000	WASTE OIL	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: WILLIAM SHIPTON - REPAIR & MAINTENANCE SUPERVISOR

Scheduled Removal Date: 4/16/93 ASAP

Signature: William Shipton

Date Submitted: 3/16/93

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

GW/UST-3 Rev.7/29/91 White Copy - Regional Office Yellow Copy - Central Office Pink Copy - Owner