

(GW/UST-3)

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

RECEIVED

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 Dept. of EHNH I. D. Number Date Received FEB - 4 1993

INSTRUCTIONS

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: A-1 Rental (Corporation, Individual, Public Agency, or Other Entity) Street Address: 510 N. Elm St. County: Guilford City: Greensboro State: NC Zip Code: 27401 Tele. No. (Area Code): 919-275-9788

Facility Name or Company: A-1 Rentals Facility ID # (if available): Street Address or State Road: 510 N. Elm St. County: Guilford City: Greensboro Zip Code: Tele. No. (Area Code): 919-275-9788

III. CONTACT PERSON

Name: Dwight Wall Job Title: Telephone Number: (919) 273-8663

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: Bobby's Backhoe Service Inc Address: 1324 Wiley Lewis Rd Greensboro State: NC Zip Code: 27406 Contact: Bobby Williams / Teresa Dixon Phone: 919-275-1286

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

Table with columns: TANK ID#, TANK CAPACITY, LAST CONTENTS, PROPOSED ACTIVITY (CLOSURE: Removal, Abandonment In Place; CHANGE-IN-SERVICE: New Contents Stored). Row 1: 1, 2000, GAS, [X] in Removal column.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Teresa Dixon, Office Manager Signature: Teresa Dixon

\*Scheduled Removal Date: 3-19-93 Date Submitted: 2-1-93

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