

# 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

State Use Only  
I. D. Number  
Date Received SEP 14 1992

### INSTRUCTIONS

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

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

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

Tank Owner Name: Guilford County  
(Corporation, Individual, Public Agency, or Other Entry)  
Street Address: P.O. Box 3427  
County: Guilford  
City: Greensboro State: NC Zip Code: \_\_\_\_\_  
Telephone Number (Area Code): 919-373-3219

Facility Name or Company: Prison Farm  
Street Address or State Road: 7315 Howerton Rd  
County: Guilford  
City: Gibsonville State: NC Zip Code: 27249  
Telephone Number (Area Code): 919-373-3219

#### Contact Person

Name: CARL FABIAN Job Title: \_\_\_\_\_ Telephone Number: (919) 373-3219

#### 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: Bobby's Backhoe Ser.  
Address: 1324 Wiley Lewis Rd State NC Zip Code 27406  
Contact: Bobby Williams / Heuse Dixon Phone: 919-275-1286

#### 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>1</u>	<u>2000</u>	<u>gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2	<u>1</u>	<u>2000</u>	<u>desiel</u>	<input checked="" 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

Carl Fabian

\*Scheduled Removal Date: 10-9-92

Signature: Carl Fabian

Date Submitted: 9-9-92

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