DEC-05-94 MON 02:34 PM BOBBYS BACKHOE 910 275 1286 P.01

Attn Kelly Hage

(GW/UST-3) **Notice of Intent: UST Permanent Closure or Change-In-Service**

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: Tucker Investment Prop.
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 2201 Spring Garden St
County: Guilford
City: Greensboro State: NC Zip Code: 27403
Tele. No. (Area Code): 910-632-8900

II. LOCATION OF TANK(S)

Facility Name or Company: Tucker Investment Prop
Facility ID # (if available) _____
Street Address or State Road: 2201 Spring Garden
County: Guilford City: Greensboro Zip Code: 27403
Tele. No. (Area Code): 910-632-8900

III. CONTACT PERSON

Name: Willard Tucker Job Title: Owner Telephone Number: (910) 632-8900

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 Ser. Inc
Address: 1324 Wiley Lewis Rd State: NC Zip Code: 27406
Contact: ~~910~~ Bobby Williams / Teresa Dixon Phone: 910 275-1286 / FAX 621-5759

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
1	10,000	Heating Oil	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Teresa Dixon Office Manager

*Scheduled Removal Date: 12/5/94

Signature: Teresa Dixon

Date Submitted: 12/5/94

*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