

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated. All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [a].

RECEIVED
N.C. Dept. NRCO

NOTIFICATION OF TANK CLOSURE

AUG 27 1990

Winston-Salem
Regional Office

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
Name: <u>Piedmont Triad Airport Authority</u>	<input checked="" type="checkbox"/> Abandoned Gulf Service Station at Site Name: <u>Piedmont Triad International Airport</u>
Address: <u>P. O. Box 35005</u> <u>Greensboro, North Carolina 27425</u>	Address: <u>U.S. Highway 421 at ramp to Regional</u> <u>Road North</u>
Phone Number: <u>(919) 665-5600</u>	County: <u>Guilford</u>

TANKS FOR CLOSURE (See attached site plans)			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1 ("A")	<u>3,000 Gal.</u>	<u>Gasoline</u>	To Be Removed To Be Filled XXXXXXXXXX
Tank 2 ("B")	<u>3,000 Gal.</u>	<u>Gasoline</u>	To Be Removed To Be Filled XXXXXXXXXX
Tank 3 ("C")	<u>3,000 Gal.</u>	<u>Gasoline</u>	To Be Removed To Be Filled XXXXXXXXXX
Tank 4 ("D")	<u>3,000 Gal.</u>	<u>Gasoline</u>	To Be Removed To Be Filled XXXXXXXXXX
Tank 5 ("E")	<u>3,000 Gal.</u>	<u>Gasoline</u>	To Be Removed To Be Filled XXXXXXXXXX

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:	
(Contractor) Name:	<u>Unknown at this time (out for bids)</u>
Address:	State _____ Zip _____
Contact:	Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ? <input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ? <input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?	

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:	
(Contractor) Name:	_____
Address:	State _____ Zip _____
Contact:	Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ? <input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ? <input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?	

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>Piedmont Triad Airport Auth</u> <u>by Edward A. Johnson Dir. of Dev.</u>	Scheduled Removal Date: <u>September or</u> <u>October 1990</u>
Signature: <u>Edward A. Johnson</u>	Date Submitted: <u>August 22, 1990</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 [a]. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346

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NOTIFICATION OF TANK CLOSURE

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
Name: <u>Piedmont Triad Airport Authority</u>	Site Name: <u>Abandoned Gulf Service Sta. at Piedmont Triad International Airport</u>
Address: <u>P. O. Box 35005</u> <u>Greensboro, North Carolina 27425</u>	Address: <u>U.S. Highway 421, at ramp to Regional Road North</u>
Phone Number: <u>(919) 665-5600</u>	County: <u>Guilford</u>

TANKS FOR CLOSURE (See attached site plans)			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1 ("F")	<u>550 or 1,000 Gal.</u>	<u>Believed to be fuel oil</u>	<u>To Be Removed</u> To Be Filled XXXXXXXXXX
Tank 2 ("G")	<u>550 or 1,000 Gal.</u>	<u>Kerosene</u>	<u>To Be Removed</u> To Be Filled XXXXXXXXXX
Tank 3 ("H")	<u>550 or 1,000 Gal.</u>	<u>Waste Motor Oil</u>	<u>To Be Removed</u> To Be Filled XXXXXXXXXX
Tank 4 ("I")	<u>Hydraulic Lift</u>	<u>Hyd. fluid</u>	<u>To Be Removed</u> To Be Filled XXXXXXXXXX
Tank 5			<u>To Be Removed</u> <u>To Be Filled</u>

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:
(Contractor) Name: <u>Unknown at this time (out for bids)</u>
Address: _____ State _____ Zip _____
Contact: _____ Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?
<input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:
(Contractor) Name: _____
Address: _____ State _____ Zip _____
Contact: _____ Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?
<input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

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