

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 _____
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INSTRUCTIONS
Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Tank Owner Name: <u>Piedmont Triad Airport Authority</u> <small>(Corporation, Individual, Public Agency, or Other Entity)</small> Street Address: <u>6415 Airport Pkwy., Ste 1</u> County: <u>Guilford</u> City: <u>Greensboro</u> State: <u>NC</u> Zip Code: <u>27409</u> Tele. No. (Area Code): <u>910-665-5600</u>	Facility Name or Company: <u>Longview Golf Course</u> Facility ID # (if available): _____ Street Address or State Road: <u>6321 Ballinger Rd</u> County: <u>Guilford</u> City: <u>Greensboro</u> Zip Code: <u>27410</u> Tele. No. (Area Code): <u>(910) 294-4018</u>

III. CONTACT PERSON

Name: Bill Shaw Job Title: _____ Telephone Number: 910 665-5600

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

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| 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. The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.
8. Keep closure records for 3 years. |
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V. WORK TO BE PERFORMED BY

(Contractor) Name: A & D Environmental and Industrial Services
 Address: P.O. Box 484, High Point State: NC Zip Code: 27261
 Contact: Jerry Stanley Phone: (910) 434-7750
 Primary Consultant: Sania Werner, ECS, Ltd. Phone: (910) 856-7150

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	1,000	gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Sania V. Werner, Project Geologist *Scheduled Removal Date: 12/97
 Signature: *Sania V. Werner* Date Submitted: 11/21/97

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