(GW/UST-2) **Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.**

FOR TANKS IN **NC**

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I.D. Number
Date Received

RECEIVED AUG 2 1993

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Phillips Management
Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Street Address: P.O. Box 9515
County: Guilford
City: Greensboro State: NC Zip Code: 27429
Area Code: 919 Telephone Number: 274-2481

II. Location of Tank(s)

Phillips Management
Facility Name or Company

Facility ID # (if available)

Street Address or State Road: 6205 Swing Ct.
County: Guilford City: Greensboro Zip Code: 27409
Area Code: 919 Telephone Number: 274-2481

III. Contact Person

Keith Phillips — Owner — 919-274-2481
Name — Job Title — Telephone No. (Area Code)

Closure Contractor: Bobby's Backhoe Ser. — 1324 Diley Lewis Rd GBORO — 919-275-1286
(Name) (Address) Telephone No. (Area Code)

Lab: Research & Analytical — P.O. Box 473 Kernersville — 919-996-2841
(Name) (Address) Telephone No. (Area Code)

IV. U.S.T. Information / V. Excavation Condition

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation Yes	Water In Excavation No	Free Product Yes	Free Product No	Notable Odor or Visible Soil Contamination Yes	Notable Odor or Visible Soil Contamination No
1	3000	18' x 64"	GAS		X		X		X

VI. Additional Information Required

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- [x] Contact local fire marshall
- [x] Notify DEM Regional Office before abandonment
- [x] Drain & flush piping into tank.
- [x] Remove all product and residuals from tank
- [x] Excavate down to tank.
- [x] Clean and inspect tank.
- [x] Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
- [x] Cap or plug all lines except the vent and fill lines.
- [x] Purge tank of all product & flammable vapors.
- [ ] Cut one or more large holes in the tanks.
- [x] Backfill the area.

Date Tank(s) Permanently closed: 6-15-93
Date of Change-in-Service:

ABANDONMENT IN PLACE
- [ ] Fill tank until material c[illegible]ows tank opening;
- [ ] Plug or cap all openings
- [ ] Disconnect and cap or [illegible]ve vent line
- [ ] Solid inert material used [illegible]specify:

REMOVAL
- [x] Create vent hole
- [x] Label tank
- [x] Dispose of tank in appr[illegible]d manner

Final tank destination: Safeway Tank Colfax, N.C

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information s[illegible]itted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining [illegible] information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative	Signature	Date Signed
Teresa Dixon Office Manager	Teresa Dixon	7-19-93