

**North Carolina Department of Environment and Natural Resources
Division of Waste Management
UST Section, Corrective Action Branch (CAB)**

INSPECTION REPORT

Date: 1/26/06 RISK: _____ Inspector: Lylo & KJH
 Site Name: Pascal's Texaco Incident Number: _____
 County: _____ UST Number: _____
 Region: _____ GPS Coordinates: N 3636929 W 7760748

Site Information Checklist

Facility Information:

Operating facility? Yes No
 Valid UST permit? Yes No
 Number of tanks: Yes No
 Site map/well map verified (if no, explain discrepancies in comments section)? Yes No
 Any visible spills/leaks (if yes, explain in comments section)? Yes No
 Any visible water supply wells? Yes No If yes, distance to closest (ft.)? _____

Remediation System(s) Information:

	System 1		System 2		System 3	
System type?						
Fully installed?	Yes	No	Yes	No	Yes	No
Operating?	Yes	No	Yes	No	Yes	No
Free product present (verified)?	Yes	No	Yes	No	Yes	No

Was RP/consultant/other on site? Yes No

Name of RP: _____ Company: _____
 Name of consultant: _____ Company: _____
 Name of Other: _____ Company: _____

Pictures Taken? Yes No

Location of photos: _____

Time spent on site (hrs): _____

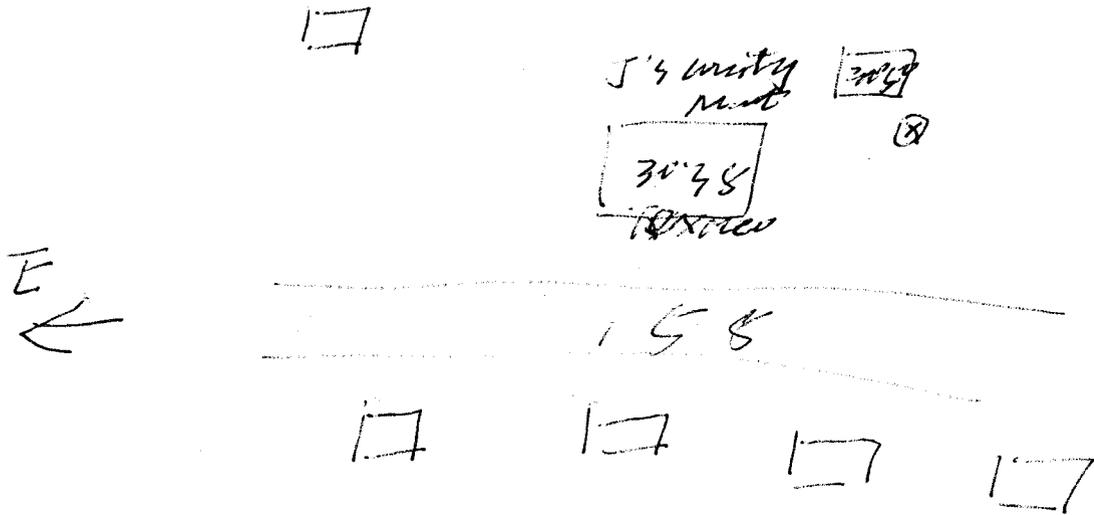
Comments: Left 13 canisters to 3033 & the one next to the store.

(over)

Comments (continued)

Multiple horizontal lines for handwritten comments.

Drawings



This inspection sheet is to be placed in corresponding incident file upon completion

