

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

RECEIVED

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 Used: N.C. Dept. of EHNR
I. D. Number
Date Received: OCT 13 1992

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: McAlister Oil Company
(Corporate Individual, Public Agency, or Other Entity)
Street Address: 222 Madison Street
County: Rockingham
City: Reidsville State: N.C. Zip Code: 27320
Tele. No. (Area Code): 919-342-3344

II. LOCATION OF TANK(S)

Facility Name or Company: Paschal's Texaco
Facility ID # (if available): 0-019369
Street Address or State Road: 3038 US Hwy 158
County: Rockingham City: Reidsville N.C. Zip Code: 27320
Tele. No. (Area Code): 919-349-8854

III. CONTACT PERSON

Name: Harold Kendrick Job Title: Manager Telephone Number: (919) 342-3344

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

- Contact Local Fire Marshall.
- Plan the entire closure event.
- Conduct Site Soil Assessments.
- 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".
- Provide a sketch locating piping, tanks and soil sampling locations.
- Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
- Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Niemczura & Company
Address: 163 Manley Farm Road Reidsville, North Carolina Zip Code: 27320
Contact: Joe Niemczura Phone: 919-349-4874

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	Plus 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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Harold Kendrick - Manager
Signature: Harold Kendrick
*Scheduled Removal Date: 11-10-92
Date Submitted: 10-9-92

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