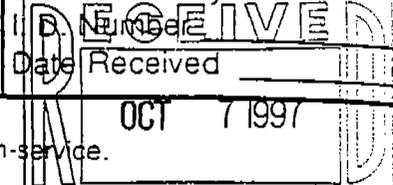


FOR TANKS IN NC

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



INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NOAA National Weather Service
Street Address: 6425 Airport Parkway
County: Guilford
City: Greensboro State: NC Zip Code: 27409
Tele. No. (Area Code):

II. LOCATION OF TANK(S)

Facility Name or Company: NOAA National Weather Service
Facility ID # (if available): 0-010697
Street Address or State Road: 6425 Airport Parkway
County: Guilford City: Greensboro Zip Code: 27407
Tele. No. (Area Code):

III. CONTACT PERSON

Name: John Smith Job Title: National Weather Service Telephone Number: (910) 668-9269

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

- 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.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: A&D Environmental & Industrial Services
Address: 2718 Uwharrie Road Archdale State: North Carolina Zip Code: 27263
Contact: Jerry Stanley Phone: (910) 434-7750
Primary Consultant: LAW Engineering Phone: (910) 294-4221

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

Table with columns: TANK ID#, TANK CAPACITY, LAST CONTENTS, PROPOSED ACTIVITY (CLOSURE, CHANGE-IN-SERVICE). Row 1: 1, 500 gal, Diesel, Removal checked.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: James J. Gonsiewski, Project Geologist
Signature: [Handwritten Signature]
Scheduled Removal Date: 10-14-97
Date Submitted: 10/6/97

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