

FACSIMILE TRANSMITTAL HEADER SHT.

**NC NATIONAL GUARD
MILITARY CENTER**

**4105 REEDY CREEK ROAD
RALEIGH, NC 27607-6410**

FAX NUMBER (919) 664-6479

<p>FROM: OFFICE OF THE ADJUTANT GENERAL ENGINEERING OFFICE</p> <p>NAME <u>TODD PREDDY</u></p> <p>PHONE <u>919/664-6392</u></p>	<p>TO: <i>SHERRI KNIGHT</i></p> <p><i>910/771-4632</i></p>
<p>DATE <u>4/5/95</u></p> <p>TIME <u>12:15</u></p> <p>NO. PAGES <u>3</u></p>	<p>REMARKS:</p>

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

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Tank Owner Name: <u>NC Army National Guard</u> <small>(Corporation, Individual, Public Agency, or Other Entity)</small> Street Address: <u>4105 Reedy Creek Road</u> County: <u>Wake</u> City: <u>Raleigh</u> State: <u>NC</u> Zip Code: <u>27607-6410</u> Tel. No. (Area Code): <u>919/664-6392</u>	Facility Name or Company: <u>OMS #8</u> Facility ID # (if available): <u>0-033137</u> Street Address or State Road: <u>3515 Armory Drive</u> County: <u>Forsyth</u> City: <u>NC</u> Zip Code: <u>27264</u> Tel. No. (Area Code): <u>910/884-5752</u>

III. CONTACT PERSON

Name: Todd Preddy Job Title: Environmental Projects Coordinator Telephone Number: (919) 664-6392

- IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE**
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| <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 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: SPATCO
Address: 130 Penmarc Dr., Unit 112 State: NC Zip Code: 27603
Contact: David Broughton Phone: 919/832-2535
Primary Consultant: _____ Phone: _____

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			Removal	Abandonment In Place	Change-in-Service
<u>001</u>	<u>2000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>002</u>	<u>2000</u>	<u>Diesel</u>	<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"/>

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Todd Preddy Environmental Projects Coordinator *Scheduled Removal Date: April 10, 1995

Signature: Todd Preddy Date Submitted: April 4, 1995

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