LEGACY ENVIRONMENTAL SERVICES, INC.

P.O. Box 4560, Greensboro, NC 27404-4560, Phone (336) 316-0452, FAX (336) 299-1961

FAX TRANSMITTAL

DATE: 4/3/00

NO. OF PAGES INCLUDING COVER: 2

FORWARD TO: Cindy Rintoul

FAX #:

FROM: H. Nemarzet

EXTENSION #: 104

MESSAGE:

If you do not receive this telecopy in its entirety, please call:

Name:

Phone #:

MISC/FAX (REVISED 3/20/00)

JCY

UST-3 FOR TANKS IN NC

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

Return completed form to:
The DWM Regional Office in the area the facility is located. SEE MAP ON THE BACK OF THIS FORM FOR REGIONAL OFFICE ADDRESSES.

STATE USE ONLY:
I.D. Number: _____
Date Received: _____

INSTRUCTIONS

Complete and return at least five (5) working days prior to closure or change-in-service if a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports. Otherwise, thirty (30) days notice is required.

I. OWNERSHIP OF TANKS

Owner Name: Springfield Baptist Church
Corporation, Individual, Public Agency, or Other Entity
Street Address: 1322 Baker Road
City: High Point County: Guilford
State: NC Zip Code: 27263
Telephone Number: (336) 431-5309
Area Code

II. LOCATION

Facility Name: Springfield Baptist Church
Or Company
Facility I.D. # (if known): 0-010779
Street Address or State Road: 1322 Baker Road
City: High Point County: Guilford Zip Code: 27263
Telephone Number: (336) 431-5309
Area Code

III. CONTACT PERSONNEL

Name: Mike Stroud Job Title: Project Coordinator Tel. No.: (336)361-0063

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

1. Contact local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessment.
4. If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks* and 1604 *Removal and Disposal of Used Underground Petroleum Storage Tanks*.
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Submit a closure report in the format of UST-12 and include the form UST-2 within 30 days following the site investigation.
7. If a release from the tank(s) has occurred, the site assessment portion of the tank closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing signature and seal of the P.E. or L.G. If a release has not occurred, the supervision, signature, or seal of a P.E. or L.G. is not required.
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY

Contractor Name: Legacy Environmental Services, Inc.
Address: P.O. Box 4560, Greensboro State: NC Zip Code: 27404
Contact Person: Brandon Moore Tel. No.: (336) 316-0452
Primary Consultant: Legacy Environmental Tel. No.: Same

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

Tank ID#	Tank Capacity	Last Contents	Proposed Activity: Closure: Removal	Closure: Abandonment in Place	Change-in-service: New Contents Stored
T-1	550	Gasoline	☒	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs. Read note on the back of this form before signing.

Print name and official title: Mike Stroud/Project Coordinator

Signature	Date Signed	SCHEDULED REMOVAL DATE	Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes.
[signature]	4/3/2000	4/11/2000	