

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I.D. Number _____
Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: NC DEPT OF TRANSPORTATION
Corporation, Individual, Public Agency, or Other Entity
Street Address: PO BOX 766
County: _____
City: GRAHAM State: NC Zip Code: 27253
Telephone Number: (910) 570-6830
(Area Code)

II. Location of Tank(s)

Facility Name: NC OUT-PAINTER BLVD
(or Company)
Facility ID # (if available): _____
Street Address: I-85 & MCCONNER RD
(or State Road)
County: GUILFORD City: GSBDO Zip Code: _____
Telephone Number: () N/A
(Area Code)

III. Contact Person

Name: KENT ROYAL Job Title: _____ Tel. No.: 336-570-6830
Closure Contractor: FOUR SEASONS ENV. SVCS Address: 3107 S. ELM-KUBENE ST GSBDO, NC Tel. No.: 336-273-2718
Primary Consultant: AQUATEIRA, INC Address: 302-L POMONA DR GSBDO, NC Tel. No.: 336-852-5003
Lab: RJA LABORATORIES Address: 106 SHORT ST KETTERVILLE, NC Tel. No.: 336-996-2841

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1,000	10'6" X 4'	#2 FUEL OIL		X	X			X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist.

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- Contact local fire marshal.
 - Notify DEM Regional Office before abandonment.
 - Drain & flush piping into tank.
 - Remove all product and residuals from tank.
 - Excavate down to tank.
 - Clean and inspect tank.
 - Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
 - Cap or plug all lines except the vent and fill lines.
 - Purge tank of all product & flammable vapors.
 - Cut one or more large holes in the tanks.
 - Backfill the area.
- Date Tank(s) Permanently closed: 4/22/98
Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- Fill tank until material overflows tank opening.
- Plug or cap all openings.
- Disconnect and cap or remove vent line.
- Solid inert material used - specify: _____

REMOVAL

- Create vent hole.
 - Label tank.
 - Dispose of tank in approved manner.
- Final tank destination: AT GREENSBORO, GREENSBORO, NC

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative: EDWARD M. KUTN, PROJECT MANAGER, AQUATEIRA, INC
Signature: [Signature]
Date Signed: 6/18/98