

DAACO, INC.

Pump and Tank Contractors

5212 West Market Street

Greensboro, N.C. 27409

Phone (919) 294-3199

North Carolina Department of
Natural Resources and Community Development
8025 North Point Blvd., Suite 100
Winston Salem, N.C. 27106-3295

8/8/91

Attn: Tom Sally

**RE: Tank Closure at 3801 McConnell Rd.,
Greensboro, N.C.**

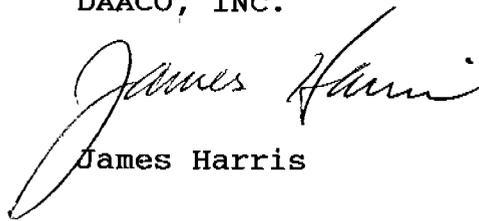
Sir:

I've enclosed a plot map showing the location of the underground tanks with the samples keyed for identification. The samples were retrieved from the excavation floor and placed in sample vials furnished by the lab. Samples were placed in a cooler and delivered to the laboratory. I have enclosed the laboratory reports, chain of custody and various installation permits.

Please contact me if I can help with any questions.

Thank you,

DAACO, INC.


James Harris

RECEIVED
N.C. Dept. NRCD

SEP 06 1991

Winston-Salem
Regional Office



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-01

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 70%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-02

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 72%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-03

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 69%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-04

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 70%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-05

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 70%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-06

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 71%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

**EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS**

WORK ORDER #: 91-05-216-07

TPH: <10.0 mg/kg (ppm)

TPH Standard used: Unleaded Gasoline

% Solids: 84%



Analytical Services • Aquatic Bioassay Testing • Aquatic Toxicity Reduction Evaluations
AATCC Testing Services • NPDES Testing • Reporting & Data Handling Services
PMN Aquatic Bioassay Evaluations

Post Office Box 2481 • 615 Huffman Mill Road • (919) 584-5564 • Burlington, NC 27215

EPA METHOD 5030 WITH CALIFORNIA GC METHOD
TOTAL PETROLEUM HYDROCARBONS - TYPE I, IN SOILS

WORK ORDER #: 91-05-216-08

TPH: <10.0 mg/kg (ppm)

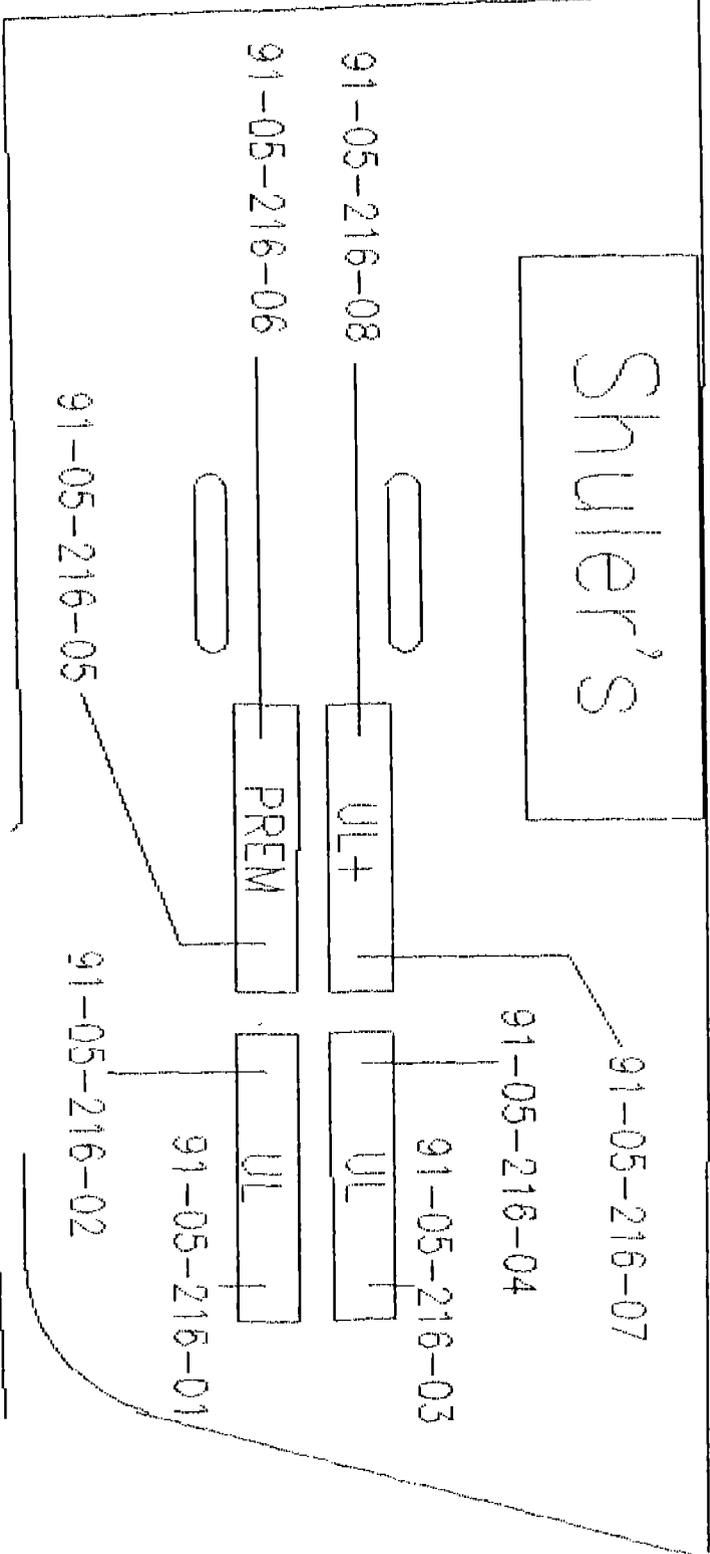
TPH Standard used: Unleaded Gasoline

% Solids: 83%

N

Four 6,000 gallon tanks, 16' long

Shuler's



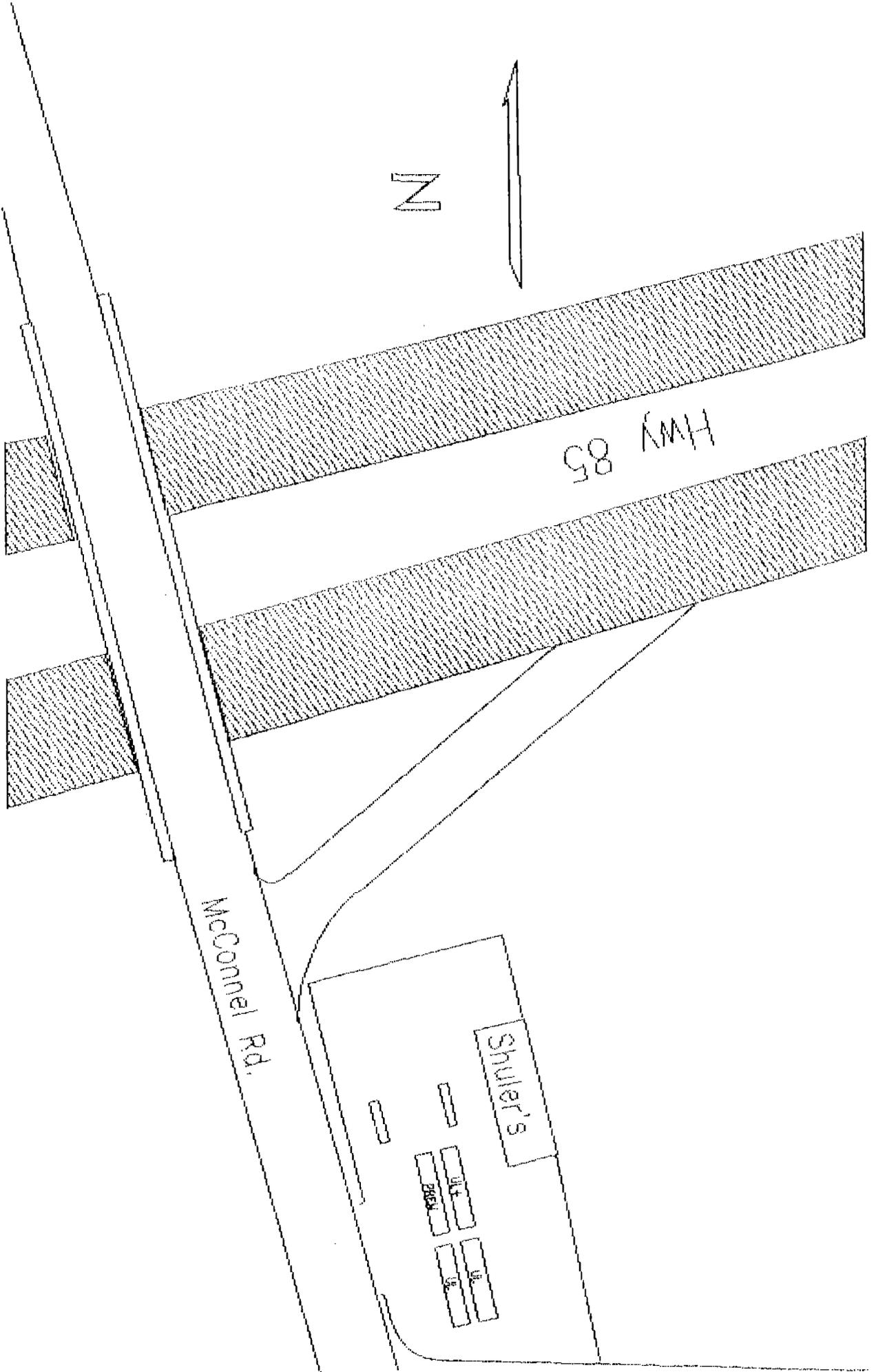
N

HWY 85

McConnell Rd.

Shuler's

UNIT
2000
10



FOR UST'S INSTALLED AFTER 12-22-88

Notification For New & Up-graded Underground Storage Tanks

FOR TANKS IN NC	RETURN COMPLETED FORM TO	N.C. Dept. Environment, Health, & Natural Resources Division of Environmental Mgmt./Groundwater Section P.O. Box 27687 Raleigh, NC 27611	Telephone (919) 733-8303	STATE USE ONLY
	DO NOT SEND MONEY WITH THIS NOTIFICATION. YOU WILL BE BILLED AT A LATER DATE.			I.D. NUMBER _____ DATE RECEIVED _____

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that were in the ground as of May 8, 1986, or that were brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means: (a) in the case of an underground storage tank in use on December 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? An underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing gasoline, used oil, diesel fuel, industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks of 1,100 gallons or less capacity used for storing heating oil for consumptive use on the premises where stored;

3. underground storage tanks of more than 1,100 gallon capacity used for storing heating oil for consumptive use on the premises where stored by four or fewer households;

4. septic tanks;
5. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
6. surface impoundments, pits, ponds, or lagoons;
7. storm water or waste water collection systems;
8. flow-through process tanks;
9. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
10. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, i.e., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

* The North Carolina General Statute 143-215.94C require that tank fees be paid on commercial petroleum underground storage tanks, including commercial heating oil tanks.

INSTRUCTIONS

Please type or print all items except "signature". This form must be completed for each facility containing underground storage tanks. If more than 5 tanks are owned at a facility, photocopy necessary sheets and staple to this form. Indicate number of continuation sheets attached.

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Kirk Shuler

Street Address
549 NC 100

County
Guilford

City
Whitsett State NC Zip Code 27377

Area Code
919 Phone Number 449-5446

Type of Owner (Mark all that apply.)

Current State or Local Gov't Private or Corporate Ownership Uncertain

Former Federal Gov't (GSA facility I.D. no. _____)

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here)

Facility Name or Company Site Identifier
McConnell Rd. Texaco

Street Address or State Road
3801 McConnell Rd.

County
Guilford

City (nearest)
GREENSBORO Zip Code 27401

Facility N.C. - I.D. # if assigned _____

Indicate number of tanks at this location

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (if same as Section I mark here) OWNE R Job Title _____

Area Code 919 Phone Number 698-0221

IV. TYPE OF NOTIFICATION

New UST Installation UST Up-grade Notification Leak Detection Certification

New tanks and piping are those installed after December 22, 1988.

V. DESCRIPTION OF ALL NEW OR UP-GRADED USTs AT THIS FACILITY

Tank Identification No. e.g., (ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. U.L. Reg	Tank No. U.L. plus	Tank No. U.L. plus	Tank No.	Tank No.
1. Age (Years)	1/4	1/4	1/4		
2. Total Capacity (Gallons)	6000	6000	8000		
3. Material of Construction (Mark one [X]) <ul style="list-style-type: none"> Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Other, Please Specify <input type="checkbox"/> 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Internal Protection (Mark all that apply [X]) <ul style="list-style-type: none"> Cathodic Protection <input type="checkbox"/> Interior Lining (e.g., epoxy resins) <input type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input checked="" type="checkbox"/> Other, Please Specify <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. External Protection (Mark all that apply [X]) <ul style="list-style-type: none"> Cathodic Protection <input checked="" type="checkbox"/> Painted (e.g., asphaltic) <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input type="checkbox"/> Other, Please Specify <input type="checkbox"/> 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Piping (Mark all that apply [X]) <ul style="list-style-type: none"> Galvanized Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Other, Please Specify <input type="checkbox"/> 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Currently or Last Stored In Greatest Quantity by Volume (Mark all that apply [X]) <ul style="list-style-type: none"> a. Empty <input type="checkbox"/> b. Petroleum <ul style="list-style-type: none"> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline (including alcohol blends) <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please Specify <input type="checkbox"/> c. Hazardous Substance <input type="checkbox"/> 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. d. Tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. CERTIFICATION OF COMPLIANCE
(COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Refer To Title 15A North Carolina Administrative Code Chapter 2 Subchapter 2N.

1. New Installations

- A. The installer has been certified by the tank and piping manufacturers.
- B. Installer certified or licensed by the State agency.
- C. Installation inspected and certified by a registered engineer.
- D. Installation inspected and approved by State agency. *Fire Marshall*
- E. Manufacturer's installation work check-lists has been completed.
- F. Another method allowed by State agency. Please specify.

Tank Identification Number	Tank No. <i>Reg</i>	Tank No. <i>+</i>	Tank No. <i>Pres</i>	Tank No.	Tank No.
Use Installation Codes (above) Refer to 15A NCAC 2N .0301	A, D, E	A, D, E	A, D, E		
Date Installed	6/91	6/91	6/91		

NOTE: I certify that the information concerning installation provided in Part VI Item 1 is true to the best of my belief and knowledge.

Installer: Name *JAMES HARRIS* Date *8/9/91*
 Job Title *Estimator* Company *JAM Inc.*

2. Release Detection

- A. Manual tank gauging
- B. Tank tightness testing and inventory controls
- C. Automatic tank gauging
- D. Vapor monitoring
- E. Groundwater monitoring
- F. Interstitial monitoring/double walled tank/piping
- G. Interstitial monitoring/secondary barrier
- H. Automatic line leak detectors
- I. Line tightness testing
- J. Other method allowed by State Agency. Please specify.

Use Release Detection Codes (above) Refer to 15A NCAC 2N .0504 & .0505	Tank No. <i>Reg</i>		Tank No. <i>+</i>		Tank No. <i>Pres</i>		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date of Compliance	<i>B:0</i>	<i>H:0</i>	<i>B:0</i>	<i>H:0</i>	<i>B:0</i>	<i>H:0</i>				
	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>				

3. Corrosion Protection

- A. Sacrificial Anode
- B. Impressed Current
- C. FRP Tanks/Piping
- D. Coated
- E. Steel Clad
- F. Internal Lining
- G. None

Use Corrosion Protection Codes (above) Refer to 15A NCAC 2N .0402	Tank No. <i>UL</i>		Tank No. <i>+</i>		Tank No. <i>Pres</i>		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date Installed	<i>A:0</i>	<i>C</i>	<i>A:0</i>	<i>C</i>	<i>A:0</i>	<i>C</i>				
	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>	<i>June 91</i>				

4. Spill and Overflow

- A. Catchment Basins
- B. Automatic Shutoff Devices
- C. Overflow Alarms
- D. Ball Float Valves
- E. None

Use Overflow Device Codes (above) Refer to 15A NCAC 2N .0301	Tank No. <i>Reg</i>	Tank No. <i>+</i>	Tank No. <i>Pres</i>	Tank No.	Tank No.
	Date Installed	<i>A:0</i>	<i>A:0</i>	<i>A:0</i>	
	<i>June, 91</i>	<i>June, 91</i>	<i>June, 91</i>		

I have financial responsibility in accordance with 40 CFR 280 Subpart H.

Method: *Self Insured*
 Insurer: _____
 Policy Number: _____

VII. CERTIFICATION (Read and Sign After Completing Section I Thru VI.)

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.

Site Investigation Report for Installation of Vapor or Groundwater Monitoring System

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 OWNERS COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].	State Use Only I.D. Number _____ Date Received _____
------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

INSTRUCTIONS

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

I. Ownership of Tank(s)	II. Location of Tank(s)
Owner Name (Corporation, Individual, Public Agency, or Other Entity) <u>MR Kirk Shuler</u> Street Address <u>549, NC. 100</u> County <u>Guilford</u> City <u>Whitsett</u> State <u>NC.</u> Zip Code <u>27377</u> Area Code <u>919</u> Telephone Number <u>449-5446</u>	Facility Name or Company <u>McConnell Rd. TEXACO</u> Facility I.D. # _____ Street Address or State Road <u>3801 McCONNELL RD.</u> County <u>Guilford</u> City <u>Greensboro</u> Zip Code <u>27401</u> Area Code <u>919</u> Telephone Number <u>698-0221</u>

III. Contact Person

Name <u>JAMES HARRIS</u>	Job Title <u>Estimator</u>	Telephone # <u>(919) 294-3199</u>
Contractor <u>DAACO INC.</u>	<u>5212 W. MARKET ST. GREENSBORO</u>	<u>(919) 294-3199</u>
Lab <u>Durham Research</u>	<u>PO Box 281 / Durham</u>	<u>(919) 584-5564</u>

IV. General Information			V. Vapor Monitoring			VI. Groundwater Monitoring		
Tank No.	Size (Gallons)	Product Stored In Tank	Tracer Compound (if applicable)	Type of Excavation Backfill Material	Depth from Land Surface to Mean Seasonal High Water Table	Specific Gravity of Stored Product	Depth from Land Surface to Mean Seasonal Low Water Table	Hydraulic Conductivity* (cm/sec)
1	6000	OL. GASOLINE	UNKNOWN	STONE CREEK TM	>12'	.737	UNKNOWN	UNKNOWN
2	6000	"		"	"	"		
3	8000	"		"	"	"		

* The Hydraulic conductivity of the soil(s) between the UST system and the monitoring wells or devices must not be less than 0.01 cm/sec (ie. the soil should consist of gravels, coarse to medium sands, coarse silts or other permeable materials)

VII. Summary of Installation Requirements

General Information	Vapor Monitoring	Groundwater Monitoring
1. Installation must be performed in accordance with 15A NCAC 2N .0504. 2. Wells must be protected with a watertight cover and lockable cap. 3. Wells must be properly labeled.	1. The measurement of vapors by the monitoring device must not be rendered inoperative by the groundwater, rainfall, or soil moisture or other known interferences so that a release could go undetected for more than (30) days. 2. The level of background contamination in the excavation zone must not interfere with the method used for leak detection; submit background sampling results with this report.	1. The method used must be capable of detecting the presence of one eighth of an inch of free product on top of the groundwater in the monitoring wells.

VIII. Additional Information Requirements

1. Submit with this report a sketch of the placement of monitoring system devices/wells relative to tanks and piping, buildings, etc..
2. Submit with this report a description of how the mean seasonal high/low water table was determined; including all supporting information generated for the determination (ie. boring logs, soil descriptions, etc.).

IX. 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.

Name and official title of owner or owner's authorized representative <u>JAMES HARRIS DAACO estimator</u>	Signature <u>James Harris</u>	Date Signed <u>8/9/91</u>
--------------------------------------------------------------------------------------------------------------	----------------------------------	------------------------------

CERTIFICATION OF PROPER OPERATION OF A CORROSION PROTECTION SYSTEM

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 (BLUE) FOR REGIONAL OFFICE ADDRESS).

State Use Only

I.D. Number _____

Date Received _____

Instructions

Complete and return within thirty (30) days after testing is conducted.
(Reference 15A NCAC 2N Sections .0102 and .0105.)

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entry)
MR. Kirk Shuler

Street Address
549 NC 100

County
Guilford

City
Whitsett State NC Zip Code 27377

Area Code
919 Telephone Number 449-5446

II. Location of Tank(s)

Facility Name or Company
McConnell Rd TEXACO

Facility I.D. # _____

Street Address or State Road
3801 McConnell Rd

County
Guilford City Greensboro Zip Code 27401

Area Code
919 Telephone Number 698-0221

III. Contact Person

Name: James Harris Job Title: Estimator Telephone #: 919-294-3199

IV. Date of Work

Date of System Installation: June 1991 Date of Inspection/Test: NA

V. Cathodic Protection Test Conducted By:

Name: NA Company: (S.T.I.) Telephone #: 708/438-TANK

VI. Corrosion Protection Test Results

TANK ID #	TANK CAPACITY	TANK CONTENTS	DESCRIPTION OF CORROSION PROTECTION Sacrificial anode or impressed current system. (No test required if system materials are non-corrosive).	TANK TEST			PIPING TEST		
				Pass	Fail	No Test	Pass	Fail	No Test
	<u>6000</u>	<u>UL GAS</u>	<u>SACRIFICIAL ANODE, STI-p3 tanks</u>			<input checked="" type="checkbox"/>	<u>Sub</u>	<u>Ag</u>	<u>pipe</u>
	<u>6000</u>	<u>"</u>	<u>"</u>			<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	
	<u>5000</u>	<u>"</u>	<u>"</u>			<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	

Additional Comments:

VII. 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.

Name and official title of owner or owner's authorized representative <u>James Harris / TEXACO, Estimator</u>	Signature <u>James Harris</u>	Date Signed <u>8-9-91</u>
------------------------------------------------------------------------------------------------------------------	----------------------------------	------------------------------

CHAIN OF CUSTODY RECORD

CLIENT: DAACO Inc CONTACT PERSON: Chip HARRIS
 Facility/Site: McConnell Rd. TEXACO Phone Number: 919-294-3199
 Sampler: (Print) Todd Sims Purchase Order #: 1893
 Sampler: (Signature) Todd Sims

SAMPLE ID	SAMPLE COLLECTION		SAMPLE TYPE			NO. OF CONTAINERS SENT	ANALYSES REQUIRED
			COMPOSITE		GRAB		
	DATE TIME STARTED	DATE TIME ENDED	HAND	AUTO			
1392-1-A	11:30 5-16-91	12:00			✓	1	TPH for gas
1392-1-B	11:15	11:20			✓	1	
1392-2-A	10:40	11:00			✓	1	
1392-2-B	10:20	10:30			✓	1	"
1392-3-A	9:15	9:30			✓	1	"
1392-3-B	9:00	9:15			✓	1	"
1392-4-A	8:15	8:30			✓	1	"
1392-4-B	8:00 ^{AM}	8:15 5-16-91			✓	1	"
							Call when done
							Priority 1 unleaded

FOR CLIENT USE:

Relinquished by: <u>Todd Sims</u> (Signature)	Received by: _____ (Signature)	Date/Time
Shipped by: _____ (Signature)	Received by: _____ (Signature)	Date/Time
Method of Shipment:		

FOR LAB USE ONLY:

Received In Lab FROM: <u>Todd Sims</u> (Signature)	Received for Lab by: <u>W. Alth</u> (Signature)	Date/Time
Method of Shipment:		<u>5/17/91 1:30</u>
<u>Hand</u>		