

## Notice of Intent to Install Vapor or Groundwater Monitoring System

<b>FOR TANKS IN NC</b>	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 (BLUE) FOR REGIONAL OFFICE ADDRESS].	State Use Only I. D. Number _____ Date Received _____
------------------------------------	---	---

### INSTRUCTIONS

Complete and return thirty (30) days prior to installation.

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Tank Owner Name: <u>MR. KIRK SHULER</u> <small>(Corporation, Individual, Public Agency, or Other Entry)</small> Street Address: <u>549, NC 100</u> County: <u>GUILFORD</u> City: <u>Whisett</u> State: <u>NC</u> Zip Code: <u>27377</u> Tele. No. (Area Code): <u>919-445-5446</u>	Facility Name or Company: <u>McCANNELL RD. TEXACO</u> Facility I.D. # (if available): _____ Street Address or State Road: <u>3801 McCANNELL RD.</u> County: <u>GUILFORD</u> City: <u>GREENSBORO</u> Zip Code: <u>27401</u> Tele. No. (Area Code): <u>919-698-0221</u>

### III. CONTACT PERSON

Name: Kirk Shuler Job Title: Owner Telephone Number: (919) 698-0221

### IV. VAPOR/GROUNDWATER MONITORING INSTALLATION

1. Vapor and groundwater monitoring devices must be installed in accordance with 15A NCAC 2N .0504.
2. The UST excavation site must be evaluated to ensure compliance with these requirements. This evaluation must be completed before installation begins.
3. Form GW/UST-5 "Site Investigation Report for Installation of Vapor/Groundwater Monitoring System" must be completed and returned to D.E.M. within 30 days after completion of installation.
4. Include sketch locating tanks, piping, and monitoring system devices.
5. Keep records for 5 years according to 15A NCAC 2N .0506.

### V. MONITORING SYSTEM TO BE INSTALLED BY:

(Contractor) Name: DAACO INC.  
 Address: 5212 W. MARKET ST. State: NC Zip Code: 27409  
 Contact Person: DAVIS ANDREWS Phone: 919-294-3199

### VI. TANK(S) SCHEDULED TO BE MONITORED

TANK ID#	TANK CAPACITY	TANK CONTENTS	SYSTEM (check appropriate response)	
			Vapor	Groundwater
<u>N.A.</u>	<u>6000</u>	<u>GAS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>"</u>	<u>6000</u>	<u>GAS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>"</u>	<u>8000</u>	<u>GAS</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"/>

### VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Davis Andrews Sr. President Daaco Inc. \*Scheduled Installation Date: 5-10-91  
 Signature: [Signature] Date Submitted: 4-10-91

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

# Notice of Intent to Install 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 OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only  
I. D. Number \_\_\_\_\_  
Date Received \_\_\_\_\_

### INSTRUCTIONS

Complete and return thirty (30) days prior to installation.

#### I. OWNERSHIP OF TANK(S)

Tank Owner Name: MR. KIRK SHULER  
(Corporation, Individual, Public Agency, or Other Entry)  
Street Address: 549, NC 100  
County: Guilford  
City: WILKETT GREENSBORO State: NC Zip Code: 27377  
Tele. No. (Area Code): 919-449-5446

#### II. LOCATION OF TANK(S)

Facility Name or Company: McCONNELL Rd. TEXACO  
Facility I.D. # (if available): \_\_\_\_\_  
Street Address or State Road: 3801 McCONNELL Rd.  
County: Guilford City: GREENSBORO Zip Code: 27401  
Tele. No. (Area Code): 919-698-0221

#### III. CONTACT PERSON

Name: Kirk Shuler Job Title: OWNER Telephone Number: (919) 698-0221

#### IV. VAPOR/GROUNDWATER MONITORING INSTALLATION

1. Vapor and groundwater monitoring devices must be installed in accordance with 15A NCAC 2N .0504.
2. The UST excavation site must be evaluated to ensure compliance with these requirements. This evaluation must be completed before installation begins.
3. Form GWUST-5 "Site Investigation Report for Installation of Vapor/Groundwater Monitoring System" must be completed and returned to D.E.M. within 30 days after completion of installation.
4. Include sketch locating tanks, piping, and monitoring system devices.
5. Keep records for 5 years according to 15A NCAC 2N .0506.

#### V. MONITORING SYSTEM TO BE INSTALLED BY:

(Contractor) Name: Danco Inc.  
Address: 5212 W. MARKET ST. State: NC Zip Code: 27409  
Contact Person: DAVIS ANDREWS Phone: 919-294-3199

#### VI. TANK(S) SCHEDULED TO BE MONITORED

TANK ID#	TANK CAPACITY	TANK CONTENTS	SYSTEM (check appropriate response)	
			Vapor	Groundwater
<u>N.A.</u>	<u>6000</u>	<u>GAS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>"</u>	<u>6000</u>	<u>GAS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>"</u>	<u>8000</u>	<u>GAS</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"/>

#### VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Davis Andrews Sr. President Danco Inc. \*Scheduled Installation Date: 5-10-91  
Signature: [Signature] Date Submitted: 4-10-91

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