



State of North Carolina
 Department of Environment, Health, and Natural Resources
 Winston-Salem Regional Office

James B. Hunt, Jr., Governor

Jonathan B. Howes, Secretary

DIVISION OF ENVIRONMENTAL MANAGEMENT
 GROUNDWATER SECTION

Feb. 12, 1993

Dennis Moore
Wachovia Bank & Trust
P.O. Box 3099, 301 N. Main
Winston Salem NC 27150

Dear Mr. Moore:

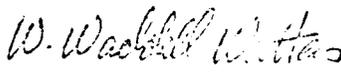
This letter is to acknowledge your Notification of Tank Closure as received Dec. 18, 1992 and filed as Plant Shop. All future correspondence must contain the file name as well as address and county in the subject to ensure its receipt into our filing system.

The results of the required assessment (NCAC Title 15A Subchapter 2N Section 0803 and 40 CFR Part 280.72) should be submitted to this office no later than thirty (30) days after the tank is closed. If there is evidence of a release or suspected release, it must be reported within twenty-four (24) hours.

Also, please remember that to permanently close a tank, owners and operators must empty and clean it by removing all liquids and accumulated sludges as required under 15A 2N .0802 and 40 CFR 280.71(b).

Groundwater Section staff will be conducting random site visits to ensure that underground storage tank closures are conducted as required in 15A 2N .0802 and 0803 and 40 CFR 280.71 and 280.72. Any violations documented may be submitted for enforcement action.

Enclosed is an attachment that is to be used for the information required for closure assessment. You may contact Kelly Gage or Sharon Cihak at (919) 373-7565 if you have any questions concerning these requirements.

Sincerely,

 W. Waddell Watters
 Hydrogeologist II

WW/ahl
 Enclosure
 cc: WSRO
 EWSC Corp.

Notice of Intent to Permanently Close Underground Storage Tank(s)

**FOR
TANKS
IN
NC**

North Carolina - Department of Environment, Health, & Natural Resources
 Division of Environmental Management - Groundwater Section - U.S.T.
 P.O. Box 27687
 Raleigh, NC 27611 (919)733-8303

State Use Only. Dept. of EHN
 I. D. Number
 Date Received DEC 18 1992

Winston-Salem
 Regional Office

INSTRUCTIONS

Please complete and return thirty (30) days prior to permanently closing tank(s).

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: Wachovia Bank + Trust Facility Name or Company: The Plant Shop
 (Corporation, Individual, Public Agency, or Other Entity)
 Street Address: P.O. Box 3099, 301 W. Main Street Address or State Road: 793 North Main
 County: Forsyth County: Guilford
 City: Winston-Salem State: NC Zip Code: 27150 City: High Point State: NC Zip Code: 27261
 Telephone Number (Area Code): (919) 770-6459 Telephone Number (Area Code): _____

Contact Person

Name: Dennis Moon Job Title: Asst. V. CC Pres Telephone Number: (919) 770-6459

TANK REMOVAL OR CLOSURE IN PLACE

1. Contact Local Fire Marshall.
2. Plan the Closure Event.
3. Make Site Soil Assessments.
4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal".
5. Provide a sketch Locating Tanks and Soil Tests.
6. Keep Records for 3 Years.

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: ENSCI CORPORATION
 Address: 1108 Old Thousville Rd State NC Zip Code 27260
High Point
 Contact: Henry Havenner Phone: (919) 893-7505

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD	
				Remove <input type="checkbox"/>	Close in Ground <input type="checkbox"/>
Tank 1	<u>UST-1</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2	UST-1	<u>n</u>	<u>gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 3	<u>UST-2</u>	<u>n</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 4	<u>UST-3</u>	<u>-</u>	<u>"</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 5	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 6	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 7	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 8	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 9	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

Chris Boyas Environmental Scientist

*Scheduled Removal Date: _____

Signature: Chris Boyas

Date Submitted: _____

*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.