



QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

7376370326

7376370326

RECIPIENT'S COPY

Date
9-16-93

From (Your Name) Please Print Joe De Martini		Your Phone Number (Very Important) 800 627-2824		To (Recipient's Name) Please Print Kelly Gage		Recipient's Phone Number (Very Important) 919 373-7565	
Company Bio-Hazard Compliance, Inc.		Department/Floor No.		Company Gillford County Dept. Emergency Service		Department/Floor No.	
Street Address 8520 NW 3 Street				Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 1002 Meadowood Street			
City Coral Springs		State Florida		City Greensboro		State North Carolina	
ZIP Required 33071		ZIP Required 27409					

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here
Address

PAYMENT 1 Bill Sender 2 Bill Recipient's FedEx Acct. No. 3 Bill 3rd Party FedEx Acct. No. 4 Bill Credit Card
5 Cash 6 Check

City State ZIP Required

4 SERVICES (Check only one box) 5 DELIVERY AND SPECIAL HANDLING (Check services required) 6 PACKAGES

Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> OTHER PACKAGING 16 <input checked="" type="checkbox"/> FEDEX LETTER SM 12 <input type="checkbox"/> FEDEX PAK SM 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day 1) 30 <input type="checkbox"/> ECONOMY	Standard Overnight (Delivery by next business afternoon. No Saturday delivery) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER SM 52 <input type="checkbox"/> FEDEX PAK SM 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE	HOLD FOR PICK-UP (Fill in Box H) { 1 <input type="checkbox"/> WEEKDAY or 31 <input type="checkbox"/> SATURDAY DELIVER { 2 <input checked="" type="checkbox"/> WEEKDAY or 3 <input type="checkbox"/> SATURDAY (Extra charge) (Not available to all locations) DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> OFFICE Dangerous Goods Shipper's Declaration not required Dry Ice, 9, UN 1845 X kg. III
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WEIGHT In Pounds Only	YOUR DECLARED VALUE (See right)
Total	Total
DIM SHIPMENT (Chargeable Weight)	
L x W x H	

Emp. No.	Date	Federal Express Use
<input type="checkbox"/> Cash Received		Base Charges
<input type="checkbox"/> Return Shipment		Declared Value Charge
<input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del. <input type="checkbox"/> Chg. To Hold		Other 1
Street Address		Other 2
City State Zip		Total Charges
Received By: X		REVISION DATE 6/92
Date/Time Received	FedEx Employee Number	PART #137205 GBFE
		FORMAT #136

70 OVERNIGHT FREIGHTSM 80 TWO-DAY FREIGHTSM
 (Confirmed reservation required)
 *Declared Value Limit \$500. **Call for delivery schedule.

12 HOLIDAY DELIVERY (If offered) (Extra charge)

1 Regular Stop 2 On-Call Stop
 3 Drop Box 4 B.S.C.
 5 Station

7 Release Signature: **136**
 © 1991-92 FEDEX PRINTED IN U.S.A.

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
ID Number
Date Received **SEP 17 1993**

INSTRUCTIONS

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

I. Ownership of Tank(s)

II. Location of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
MID-STATE OIL COMPANY
Street Address
1820 SOUTH MAIN STREET P.O. BOX 849
County
DAVIDSON
City **LEXINGTON** State **N.C.** Zip Code **27292**
Area Code **(704)** Telephone Number **249-0363**

Facility Name or Company
SUNOCO
Facility ID # (if available)
0-002409
Street Address or State Road
2903 South Elm Street
County **GREENSBORO** City **GREENSBORO** Zip Code **27409**
Area Code **N/A** Telephone Number **N/A**

III. Contact Person

Name **JOSEPH DE MARTINI** Job Title **Field Supervisor** Telephone No. (Area Code) **800-627-2824**
Closure Contractor (Name) **TEKCON INC.** (Address) **280 W Prospect Rd. OAKLAND PARK, FL 33309** Telephone No. (Area Code) **305-566-5775**
Lab (Name) **N/A** (Address) Telephone No. (Area Code)

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	6,000	7X20	GASdine	✓			✓	✓	
2	6,000	7X20	GASOLINE	✓			✓	✓	
3	6,000	7X20	GASOLINE	✓			✓	✓	
4	6,000	7X20	Diesel		✓		✓		✓
5	1,000	5X10	used oil		✓		✓		✓

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

VII. Check List

Check the activities completed.

- 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: 7/27/93
- Date of Change-in-Service: _____

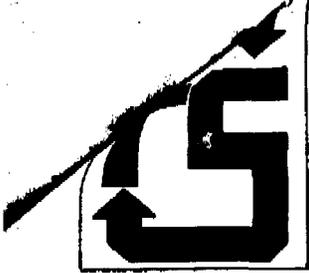
- ABANDONMENT IN PLACE**
- Fill tank until material overflows tank opening;
 - Plug or cap all openings;
 - Disconnect and cap or remove vent line
 - Solid inert material used - specify: _____

- REMOVAL**
- Create vent hole
 - Label tank
 - Dispose of tank in approved manner.
 - Final tank destination: FOUR SEASONS Industrial Services Inc. 519 Patton Ave 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.

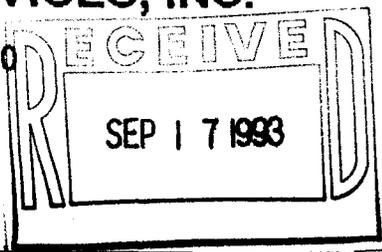
Print name and official title of owner or owner's authorized representative: JOSEPH DE MARTINI Signature: Joseph De Martini Date Signed: 8/23/93



FOUR SEASONS INDUSTRIAL SERVICES, INC.

Post Office Box 16590
Greensboro, North Carolina 27416-0590
(919)273-2718

GP-9309269



TANK DISPOSAL MANIFEST

1) Tank Owner/Authorized Representative: Name and Mailing Address _____
Mid-State Oil Company PO Box 849, Lexington, North Carolina

2) Tank Owner/Authorized Representative: Phone No. () _____
William Shinton

3) Description of Tanks:

Tank No.	Capacity	Previous Contents	Comments
1 st	6000 gals	Gas	# 143
2 nd	6000 gals	Gas	# 146

4) Tank Owner/Authorized Representative Certification: The undersigned certifies that the above listed storage tanks have been removed from the premises of the tank Owner.
JOSEPH DE MARTINI Joseph W. Martini 7/28/93
 Printed/Typed Name Signature Month Day Year

5) Transporter: The undersigned certifies that the above listed storage tanks have been transported to the Four Seasons Industrial Services facility at 519 Patton Ave. Greensboro, N.C.
Keith M. Carter Keith M. Carter 07/27/93
 Printed/Typed Name Signature Month Day Year

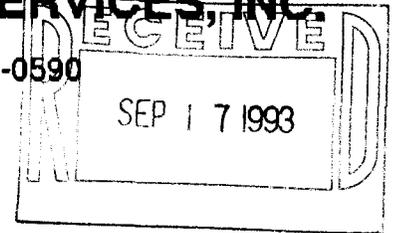
6) Decontamination Manager: The undersigned certifies that the above listed storage tanks have been cleaned and scrapped.
Waymon H. Astey Jr. Waymon H. Astey Jr. 7-27-93
 Printed/Typed Name Signature Month Day Year

7) Disposal Certification: The undersigned certifies that the above-named storage tank(s) have been cut into scrap pieces and accepted by the metal recycling facility.
 Recycling Facility: D.H. Griffin Wrecking
Fred D. McManus Fred D. McManus 7/27/93
 Printed/Typed Name Signature Month Day Year



FOUR SEASONS INDUSTRIAL SERVICES, INC.

Post Office Box 16590
Greensboro, North Carolina 27416-0590
(919)273-2718



GP-9309269

TANK DISPOSAL MANIFEST

1) Tank Owner/Authorized Representative: Name and Mailing Address
Mid-State Oil Company P. O. Box 849, Lexington, North Carolina

2) Tank Owner/Authorized Representative: Phone No. ()

3) Description of Tanks:

Tank No.	Capacity	Previous Contents	Comments
3 [#]	6000 gals	# 147	
4 [#]	6000 gals	# 148	
5 [#] 100' of piping	1000 gals	# 149	

4) Tank Owner/Authorized Representative Certification: The undersigned certifies that the above listed storage tanks have been removed from the premises of the tank Owner.

JOE DE MARTINI Printed/Typed Name Joseph W. Martin Signature 7/27/93 Month Day Year

5) Transporter: The undersigned certifies that the above listed storage tanks have been transported to the Four Seasons Industrial Services facility at 519 Patton Ave. Greensboro, N.C.

Kurt M. Carter Printed/Typed Name Richard ... Signature 09 27 93 Month Day Year

6) Decontamination Manager: The undersigned certifies that the above listed storage tanks have been cleaned and scrapped.

Waymon H. Autry Jr Printed/Typed Name Waymon H. Autry Jr Signature 7-27-93 Month Day Year

7) Disposal Certification: The undersigned certifies that the above-named storage tank(s) have been cut into scrap pieces and accepted by the metal recycling facility.

Recycling Facility: D. H. Guffin Wrecking

E. E. O. McManis Printed/Typed Name E. E. O. McManis Signature 7-27-93 Month Day Year

P.O. Box 16590 • Greensboro, NC 27416-0590 • (919) 273-2718

NON-HAZARDOUS WASTE MANIFEST

Manifest # 2454 CP-9309269 F.S.I.S. JOB # _____ Date: 7/26/93
 Generator: Mid-State Oil Company Phone No.: _____
P.O. Box 849 EPA ID No.: _____
Lexington, North Carolina Contact: William Shipton

Process which generated waste: Pump out waste tanks

I certify that the materials described below are properly described, classified, packaged, marked & labeled, and are in proper condition to be transported in commerce under the applicable regulations of the State, the Environmental Protection Agency and the Department of Transportation. I certify that the waste described below is non-hazardous. I certify that the specific waste was delivered to the carrier named below for legal treatment, storage, or disposal at the site indicated.

Date: 7/27/93 Signature: [Signature]

Description of material	Circle Form	Quantity	Circle Units	Container	
				No.	Type
Non-regulated tank bottoms	<input type="radio"/> Solid <input checked="" type="radio"/> Liquid <input type="radio"/> Gas <input type="radio"/> Sludge	470	<input checked="" type="radio"/> Gallons <input type="radio"/> Cu. Yds. <input type="radio"/> Pounds <input type="radio"/> Tons	1	TT

Transporter: FOUR SEASONS ENVIRONMENTAL, INC. Unit Number(s) _____
3107 S. ELM-EUGENE STREET Phone No.: (919) 273-2718
GREENSBORO, NORTH CAROLINA 27406 EPA ID No.: NCD991277732

Vehicle License Tag Number(s) _____ Container: _____

I certify that the specified material was transferred in a registered (licensed) vehicle to the disposal treatment, storage, or disposal facility named below and was accepted.

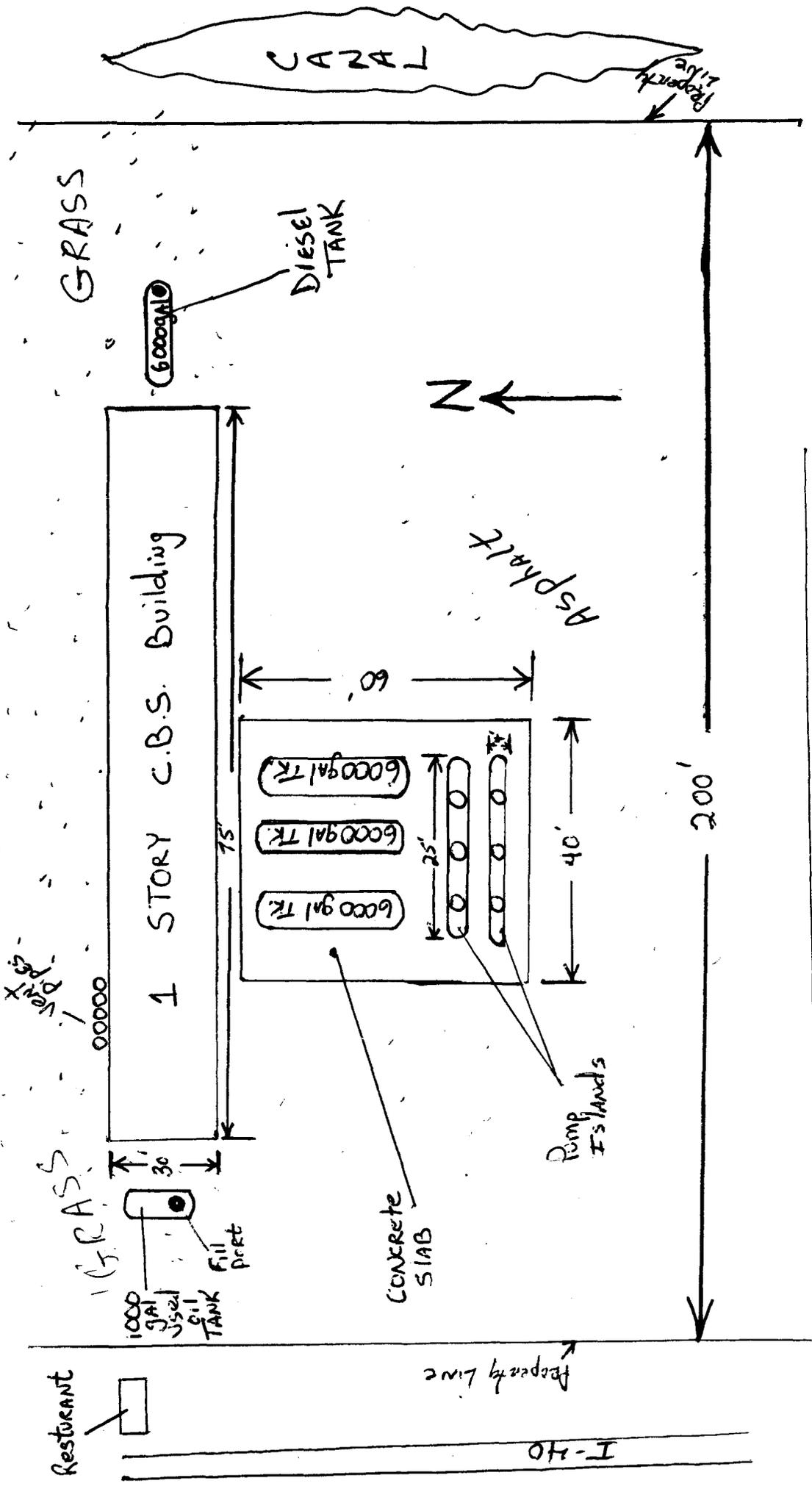
Pick-up Driver's Signature: Gerald Newlin Date: 7-27-93
 Delivering Driver's Signature: Gerald Newlin Date: 7-27-93

Facility: FOUR SEASONS ENVIRONMENTAL, INC. Phone No.: (919) 273-2718
519 PATTON AVENUE
GREENSBORO, NORTH CAROLINA 27406 Contact: ERIC D. McMANUS

Handling Method: PT501

I certify that the transporter above delivered the specified material to this TSD facility and was accepted and properly handled in the above manner. We are authorized and qualified by the State of NC to handle this material.

Date: 7-27-93 Signature: [Signature]



SOUTH Elm Street
 SUNOCO
 2903 South Elm Street
 GREENSBORO N.C.
 27409

SOUTH ELM STREET