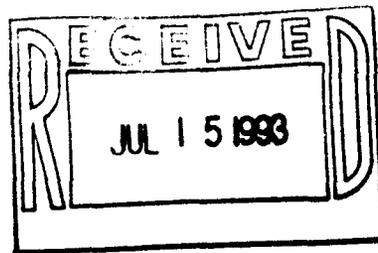


1820 South Main Street P.O. Box 849 Lexington, N.C. 27293-0849 Phone: (704) 249-0363



July 12, 1993

Ms. Kelly Gauge  
Guilford County DEM  
Post Office Box 18807  
Greensboro, North Carolina 27419

Dear Ms. Gauge:

Attached is our "Notice of Intent: UST Permanent Closure" form for subject location.

Thank you for waiving the 30 day notice. If additional information is needed, please advise.

Regards,

*William Shipton*  
William Shipton

WHS/lr

Attachment

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

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 (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only D. Number 5 1993 Date Received

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: Mid-State Petroleum (Corporate, Individual, Public Agency, or Other Entity) Street Address: 1820 South Main Street County: Davidson City: Lexington State: NC Zip Code: 27292 Tele. No. (Area Code): 704-249-0363

Facility Name or Company: South Elm Street Sunoco Facility ID # (if available): 0-002409 Street Address or State Road: 2903 S. Elm Street County: Guilford City: Greensboro Zip Code: 27409 Tele. No. (Area Code): closed

III. CONTACT PERSON

Name: William Shipton Job Title: Maintenance Supervisor Telephone Number: (704) 249-0363

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

- 1. Contact Local Fire Marshall. 2. Plan the entire closure event. 3. Conduct Site Soil Assessments. 4. If Removing Tanks or Closing in Place refer to API Publications, 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks". 5. Provide a sketch locating piping, tanks and soil sampling locations. 6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation. 7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Petroleum Equipment Company Charlotte Address: P O Box 26095 State: NC Zip Code: Contact: Anthon Wilson Phone: 704-335-8801

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

Table with columns: TANK ID#, TANK CAPACITY, LAST CONTENTS, PROPOSED ACTIVITY (CLOSURE, CHANGE-IN-SERVICE). Rows include tanks with capacities like 6,000 F/G and 1,000 steel, and contents like u/l regular, diesel, waste oil.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: William Shipton, Maintenance Supervisor

\*Scheduled Removal Date: 7-19-93

Signature: [Handwritten Signature]

Date Submitted: 7-12-93

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