

UST-3 Notice of Intent: UST Permanent Closure of Change-in-Service

**FOR TANKS IN
NC**

Return completed form to:
The DWM Regional Office located in the area where the facility is located. SEE MAP ON THE BACK
OF THIS FORM FOR REGIONAL OFFICE ADDRESSES.

STATE USE ONLY
I.D. # _____
Date Received _____

INSTRUCTIONS

Complete and return at least five (5) working days prior to closure or change-in-service if a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports. Otherwise, a thirty (30) day notice is required.

I. OWNERSHIP OF TANKS

Owner Name (Corporation, Individual, Public Agency, or Other Entity) Unknown orphan tanks
Street Address Lucille Barton
City _____ County _____
State _____ Zip Code _____
Area Code _____ Phone Number _____

II. LOCATION

Facility Name or Company R-way II
Facility ID # (if known) 0-009763
Street Address 6412 US Hwy 158
City Summerfield County Gilford Zip Code _____
Area Code _____ Phone Number _____

III. CONTACT PERSONNEL

Name Bruce Ramackers Job Title NC Denr Project Mgr. Phone Number 919-733-1325

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

- Contact local fire marshal.
- Plan entire closure event.
- Conduct Site Soil Assessment.
- If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks* and 1604 *Removal and Disposal of Used Underground Petroleum Storage Tanks*.
- Provide a sketch locating piping, tanks and soil sampling locations.
- Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation.
- If a release from the tanks has occurred, the site assessment portion of the tank closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing the signature and seal of the P.E. or L.G. If a release has not occurred, the supervision, signature or seal of a P.E. or L.G. is not required.
- Keep closure records for three (3) years.

V. WORK TO BE PERFORMED BY

Contractor Name Soil Solutions - Inc.
Address 1703 Vargrave St. Winston-Salem State NC Zip Code 27107
Contact Person Tony Disher Phone No. 336-725-5844
Primary Consultant Solutions - IES Phone No. (919) 873-1060

VI. TANKS SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

Tank ID #	Tank Capacity	Last Contents	Proposed Activity		
			Removal	Closure Abandonment in Place	Change-in-Service New Contents Stored
<u>1</u>	<u>4,000</u>	<u>suspected gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>4,000</u>	<u>suspected diesel</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"/>

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs. Read note on the back of this form before signing.
Print name and official title B-R Brinn Rebar Agent for NCDENR

Signature B-R Date Signed 6/9/05 SCHEDULED REMOVAL DATE 6/20/05
Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes