

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

N.C. Dept. NRCO
State Use Only
I. D. Number MAY 31 1991
Date Received _____

**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: T. W. Poindexter Facility Name or Company: Poindexter Lumber Co.
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: P.O. Box 326 Street Address or State Road: 1805 S. Stratford Rd.
County: Forsyth County: Forsyth
City: Clemmons State: N.C. Zip Code: 27012 City: Winston-Salem State: N.C. Zip Code: 27103
Telephone Number (Area Code): 919-722-5115 Telephone Number (Area Code): 919-765-1630

Contact Person

Name: T. W. Poindexter Job Title: MANAGER Telephone Number: (919)765-1630

TANK REMOVAL OR CLOSURE IN PLACE

- | | | |
|---------------------------------|--|--|
| 1. Contact Local Fire Marshall. | 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. |
| 2. Plan the Closure Event. | | 6. Keep Records for 3 Years. |
| 3. Make Site Soil Assessments. | | |

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: M + M Pump & Tank Serv. Inc.
Address: 6260 Jennings Rd. State N.C. Zip Code 27023
Contact: Richard E. McClure Phone: _____

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD	
				Remove	Close in Ground
Tank 1	_____	<u>1,000</u>	<u>gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2	_____	<u>1,000</u>	<u>gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 3	_____	<u>10,000</u>	<u>gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 4	_____	<u>7,000</u>	<u>diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 5	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tank 6	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tank 7	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tank 8	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tank 9	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

M + M Pump & Tank Serv.

*Scheduled Removal Date: 7-8-91

Signature: Richard E. McClure

Date Submitted: 5-29-91

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