

RECEIVED
N.C. Dept. of EHNR

FEB 10 1993

Winston-Salem
Regional Office

TANK EXCAVATION ASSESSMENT REPORT

PIEDMONT SHEET METAL COMPANY SITE
801 North Broad Street
Winston-Salem, NC 27101

NC Dept. of Environment, Health
and Natural Resources
Division of Environmental Management
Winston-Salem Regional Office
8025 North Point Blvd.
Winston-Salem, NC 27106

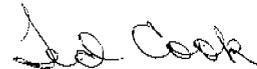
To Whom It May Concern:

Piedmont Sheet Metal is pleased to submit the final Tank Excavation Assessment Report for the above referenced project.

Included in this report is a narrative text describing closure activities, site maps, sampling information and analytical results per 15A NCAC 2N.

If there are any questions, or any additional information is needed, please contact us immediately.

Respectfully yours,



Ted Cook
Vice President/Project Mgr.

801 N. Broad St

ANODE
WIRE LEAD

ANODE

12" SPILL CONTAINMENT

PHASE ONE
VAPOR

TL5350

TC SUMP
2" FLEX

TC PIPE FOR DW

2" FG

1600 DUEL DISP.

ONE
HP
STR.

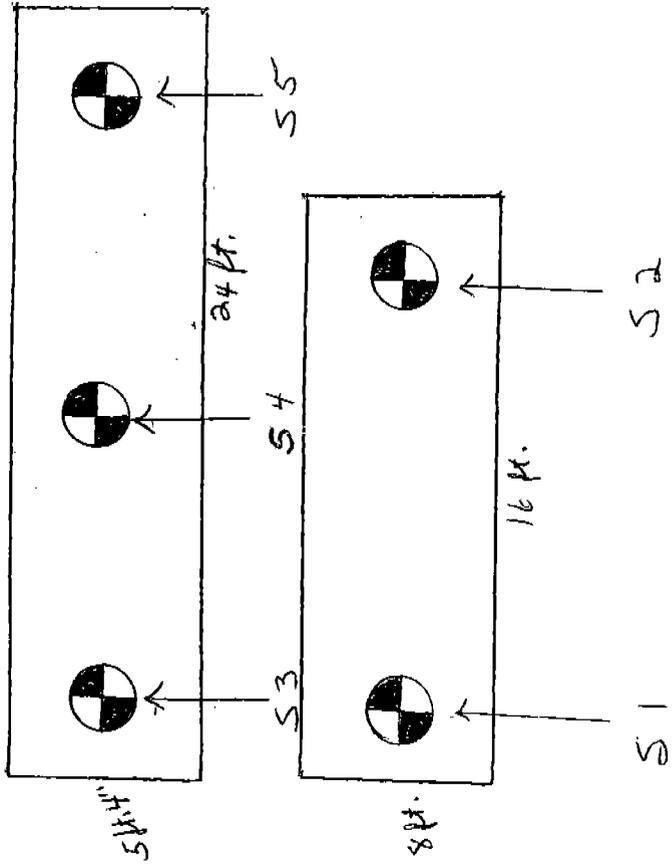
PIEDMONT SHEET METAL COMPANY INC

SITE PLAN

PIEDMONT SHEET METAL CO.
801 NORTH BROAD STREET
WINSTON-SALEM, NC 27101

801 N. Broad St.

PIEDMONT SHEET METAL COMPANY INC



TANK EXCAVATION PLAN

PIEDMONT SHEET METAL CO.
 801 NORTH BROAD STREET
 WINSTON-SEMPER, NC 27101



ENGINEERING TECTONICS, P.A.
ENGINEERS • GEOLOGISTS • HYDROLOGISTS

P.O. Box 1, Winston-Salem, NC 27108 (919) 724-6994

CERTIFICATE OF
ANALYSIS

January 11, 1993

Client: Beroth Oil Co.
Project: Piedmont Sheet Metal
ET Job#: 91-217-E

EPA 5030/8015 TPH-GC; Gasoline

Client Sample	Lab Sample	TPH(5030)
S-1	9300018	< 10 ppm
S-2	9300019	< 10
S-3	9300020	< 10
S-4	9300021	< 10
S-5	9300022	< 10
S-6	9300023	< 10


Kenneth H. Goehle, Ph.D.

CHAIN OF CUSTODY RECORD

Use ballpoint pen only, press hard

ENGINEERING ELECTONICS, P.A.

Client Name: Bertho Oil Co
 Project: Piedmont Sheet metal
 E. T. Job #: 91-217-E
 Attention: Thornton Bertho
 Telephone: 919 786 9124

1720 Vargrave Street
 Winston-Salem, NC 27107
 Telephone (919) 724-6994 1-800-394-8807
 P.O. Box I
 Winston-Salem, NC 27108
 Fax (919) 724-7095

Please indicate the number of each size of sample container and any preservatives which were used. e.g., 2-HNO3 indicates 2 containers w/ nitric acid.

Sample ID	Yr.	Date	Time	Matrix	Please indicate the number of each size of sample container and any preservatives which were used. e.g., 2-HNO3 indicates 2 containers w/ nitric acid.					Suspected Contaminant	Level			Analysis Requested	Lab use only Lab ID																												
					40 ml	120 ml	250 ml	500 ml	950 ml		other	0	Low			Med	High																										
S.1	1-4	1520		Soil		✓									TPH GAS	9300018																											
S.2	1-4	1525		Soil		✓									TPH GAS	19																											
S.3	1-4	1535		Soil		✓									TPH GAS	20																											
S.4	1-4	1540		Soil		✓									TPH GAS	21																											
S.5	1-4	1545		Soil		✓									TPH GAS	22																											
S.6	1-4	1545		Soil		✓									TPH GAS	23																											
<table border="1"> <thead> <tr> <th>Relinquished by: (Sig.)</th> <th>Date</th> <th>Time</th> <th>Received by:</th> <th>Date</th> <th>Time</th> <th>Remarks:</th> </tr> </thead> <tbody> <tr> <td><i>[Signature]</i></td> <td>1/5/93</td> <td>0930</td> <td>Thornton Bertho</td> <td>1/5/93</td> <td>0930</td> <td></td> </tr> <tr> <td><i>[Signature]</i></td> <td>1/6/93</td> <td>0720</td> <td>SE Man</td> <td>1/6/93</td> <td>0800</td> <td></td> </tr> <tr> <td><i>[Signature]</i></td> <td>1/6/93</td> <td>0930</td> <td>Thornton Bertho</td> <td>1/6/93</td> <td>0930</td> <td></td> </tr> </tbody> </table>																Relinquished by: (Sig.)	Date	Time	Received by:	Date	Time	Remarks:	<i>[Signature]</i>	1/5/93	0930	Thornton Bertho	1/5/93	0930		<i>[Signature]</i>	1/6/93	0720	SE Man	1/6/93	0800		<i>[Signature]</i>	1/6/93	0930	Thornton Bertho	1/6/93	0930	
Relinquished by: (Sig.)	Date	Time	Received by:	Date	Time	Remarks:																																					
<i>[Signature]</i>	1/5/93	0930	Thornton Bertho	1/5/93	0930																																						
<i>[Signature]</i>	1/6/93	0720	SE Man	1/6/93	0800																																						
<i>[Signature]</i>	1/6/93	0930	Thornton Bertho	1/6/93	0930																																						

(GW/UST-3)

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

RECEIVED

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. Dept. of EHI I. D. Number Date Received DEC 2 - 1992

INSTRUCTIONS

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

Winston-Salem Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Piedmont Sheet Metal (Corporation) Individual, Public Agency, or Other Entity Street Address: 401 North Broad St County: Forsyth City: WS State: NC Zip Code: 27101 Tele. No. (Area Code): 919 724-7439

II. LOCATION OF TANK(S)

Facility Name or Company: Piedmont Sheet Metal Facility ID # (if available): Street Address or State Road: 401 N. Broad St County: Forsyth City: WS Zip Code: 27101 Tele. No. (Area Code): 919 724-7439

III. CONTACT PERSON

Name: Ted Cook Job Title: Vice President Telephone Number: (919) 724-7439

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 GWUST-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: M & M Pump and Tank Address: 210 Applewood Dr State: NC Zip Code: 271023 Contact: Richard McClure Phone: 945-3678

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

Table with columns: TANK ID#, TANK CAPACITY, LAST CONTENTS, PROPOSED ACTIVITY (CLOSURE: Removal, Abandonment In Place; CHANGE-IN-SERVICE: New Contents Stored). Rows 1 and 2 show tanks with capacity 4,000 and 6,000 respectively, containing Gasoline.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Ted Cook, Vice President *Scheduled Removal Date: 12-30-92 Signature: Ted Cook Date Submitted: 11-30-92

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

Site Investigation Report For Permanent Closure or Change-In-Service of U.S.T.

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 (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only
 I.D. Number _____
 Date Received _____

INSTRUCTIONS

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

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Piedmont Sheet Metal
 Street Address
801 North Broad St.
 County
Forsyth
 City
W.S. State
N.C. Zip Code
27101
 Area Code
919 Telephone Number
724-2439

II. Location of Tank(s)

Piedmont Sheet Metal
 Facility Name or Company
 Facility ID # (if available)
801 N. Broad St.
 Street Address or State Road
Forsyth N.C.
 County City Zip Code
919 724-2439
 Area Code Telephone Number

III. Contact Person

Name
Ted Cook Job Title
Vice President Telephone Number
(919) 724-2439
 Closure Contractor
M & M Pump & Tank Service, Lewisville, N.C. 27023
 (Name) (Address)
 Lab
Engineer Testonics
 (Name) (Address)

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	4,000	55 ft. x 4 in. x 24 ft.	gasoline		X		X		X
	6,000	85 ft. x 16 ft.	gasoline		X		X		X

See reverse side of blue 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: 1-4-93
 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 - please specify: _____

- REMOVAL**
- Create vent hole
 - Label tank
 - Dispose of tank in approved manner
- Final tank destination: Safety Tank Disposal Colfax, 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.

Name and official title of owner or owner's authorized representative _____ Signature _____ Date Signed _____

TANK INSTALLATION CHECKLIST

OWNER OF TANK: Piedmont Sheet Metal
 LOCATION OF TANK: 801 N. Broad St.
Winston-Salem, N.C. 27101

sti-P₃® Label No. 208493
 Date 1-5-93

	YES	NO		YES	NO
Handling			Backfill		
Is equipment of adequate size and capacity to lift and lower the tank without dragging or dropping the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has homogeneous backfill consisting of clean sand, gravel, or other non-corrosive inert material been used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has repair of all damaged coating areas such as scratches and holidays been made with compatible coating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has backfill been placed along sides of tank to ensure full support along the tank's bottom quadrant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tanks may be shipped with or without a plastic wrap on the weld-on zinc anode. Has the plastic wrap been removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Connections		
Excavation			Has electrical isolation of flanged connections been verified with a continuity tester?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When no anchoring is required, has the site been excavated deep enough to enable 1 foot of clean sand or gravel to act as bedding material between native soil and tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prior to backfilling over tank top, but after piping to the tank, has electrical isolation of tank from all equipment been verified? No continuity shall be present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do burial depths meet minimum code requirements (such as NFPA 30)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Monitoring		
Testing			Has the cathodic protection monitoring station been installed and brought to grade? Does it allow for access to the soil above the tank as installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the tank been air-tested at 5 PSIG while applying soap solution onto weld seams and fittings to check for leaks? -or has a vacuum test been performed in accordance with the fabricator's instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Obtain tank to soil potential readings with a high impedance voltmeter and a copper/copper sulfate reference electrode placed immediately above the tank in soil in several locations.	<input type="checkbox"/>	<input type="checkbox"/>
Have all local and state testing requirements been performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the meter read more negative than -850 millivolts?	<u>960</u>	<input type="checkbox"/>
Anchoring			Have all other facets of the tank installation been made in accordance with sti-P ₃ ® instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check one)			If "No" is answered to any of the above questions, please explain below:		
Not applicable to this site	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Deadman anchors used	<input type="checkbox"/>	<input type="checkbox"/>			
Concrete pad	<input type="checkbox"/>	<input type="checkbox"/>			
Soil and pavement overburden will hold down tank (Ref. PEI/RP 100-87)	<input type="checkbox"/>	<input type="checkbox"/>			
When anchoring with a concrete hold down pad, has a minimum 6" layer of pea gravel, sand, or No. 8 crushed stone been spread evenly over the concrete pad dimensions to separate tank from pad?	<input type="checkbox"/>	<input type="checkbox"/>			
When deadman anchors or hold down pads are used, have hold down straps been separated from the tank by an inert, insulating dielectric material at least 1" wider than the steel hold down straps?	<input type="checkbox"/>	<input type="checkbox"/>			
Is tank electrically isolated from the hold down strap?	<input type="checkbox"/>	<input type="checkbox"/>			

Richard E. McClure - Owner - Sec.
 Signature and Title of Installing Foreman and/or Project Engineer

Mt M Pump & Tank Serv, Inc.
6260 Jennings Rd.
Lewisville, N.C. 27023
 Installing Contractor

NOTE: This checklist includes certain key steps in the proper installation of the sti-P₃ tank and is intended only as an aid to tank installers who are knowledgeable and experienced in underground tank installation. Compliance herewith does not necessarily meet the requirements of all applicable federal, state and local laws, regulations and ordinances concerning tank installation.

Notification For All Underground Storage Tanks [New & Up-graded] *

- * Note: 1) "New" means Ust's installed after 12/22/88.
- 2) "Upgraded" means UST's upgraded to meet Federal and/or State Regulations.

FOR TANKS IN NC

RETURN COMPLETED FORM TO

N.C. Dept. Environment, Health, & Natural Resources
 Division of Environmental Mgmt./Groundwater Section
 P.O. Box 29535
 Raleigh, NC 27626-0535

Telephone (919) 733-8486

STATE USE ONLY
 I.D. NUMBER
 DATE RECEIVED

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means: (a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? An underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing gasoline, used oil, diesel fuel, industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks of 1,100 gallons or less capacity used for storing heating oil for consumptive use on the premises where stored;

3. underground storage tanks of more than 1,100 gallon capacity used for storing heating oil for consumptive use on the premises where stored by four or fewer households;
4. septic tanks;
5. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
6. surface impoundments, pits, ponds, or lagoons;
7. storm water or waste water collection systems;
8. flow-through process tanks;
9. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
10. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), with the exception of those substances regulated or hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

What Substances Are Covered? The notification requirements apply to have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

* The North Carolina General Statutes 143-215.94C requires that tank fees be paid on commercial petroleum underground storage tanks. This includes commercial heating oil tanks.

INSTRUCTIONS

Please type or print all items except "signature". This form must be completed for each facility containing underground storage tanks. If more than 5 tanks are owned at a facility, photocopy necessary sheets and staple to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Piedmont Sheet Metal
 Owner Name (Corporation, Individual, Public Agency, or Other Entity)
801 North Broad Street
 Street Address
Forsyth
 County
W.S. N.C. 27101
 City State Zip Code
919 - 724-2439
 Area Code Phone Number

II. LOCATION OF TANK(S)

(If same as Section I, mark box here)
 Facility Name or Company Site Identifier
 Street Address or State Road
 County
 City (nearest) Zip Code

Type of Owner (Mark all that apply)
 Current State or Local Gov't Private or Corporate
 Former Federal Gov't Ownership Uncertain
 (GSA facility I.D. no. _____)

Facility N.C. - I.D. # if assigned _____
 Indicate number of regulated tanks at this location...
 Indicate number of all tanks at this location...
 Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands...

III. CONTACT PERSON AT TANK LOCATION

Name (if same as Section I mark here) Job Title Area Code Phone Number

**VI. CERTIFICATION OF COMPLIANCE
(COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Refer To Title 15A North Carolina Administrative Code Chapter 2 Subchapter 2N.

1. Certification of Installation

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> A. The installer has been certified by the tank and piping manufacturers. | <input type="checkbox"/> C. Installation inspected and certified by a registered engineer. | <input checked="" type="checkbox"/> E. Manufacturer's installation work check-lists has been completed. |
| <input type="checkbox"/> B. Installer certified or licensed by the State agency. | <input type="checkbox"/> D. Installation inspected and approved by State agency. | <input type="checkbox"/> O. Another method allowed by State agency. Please specify. |

Tank Identification Number	Tank No.				
Use Installation Codes (above) Refer to 15A NCAC 2N .0301	1				
Date Installed	1-5				

OATH: I certify that the information concerning installation provided in Part VI Item 1 is true to the best of my belief and knowledge.

Installer: M + M Pump + Tank Serv. Owner: Sec.
Print Name Job Title
6260 Jennings Rd., Lewisville, N.C.
Company Name and Location
Richard E. McClure 1-5-93
Signature Date

2. Release Detection

- | | | |
|---|---|---|
| <input type="checkbox"/> A. Manual tank gauging | <input type="checkbox"/> E. Groundwater monitoring | <input type="checkbox"/> H. Automatic line leak detectors |
| <input type="checkbox"/> B. Tank tightness testing and inventory controls | <input type="checkbox"/> F. Interstitial monitoring/double walled tank/piping | <input type="checkbox"/> I. Line tightness testing |
| <input checked="" type="checkbox"/> C. Automatic tank gauging | <input type="checkbox"/> G. Interstitial monitoring/secondary barrier | <input type="checkbox"/> O. Other method allowed by State Agency. Please specify. |
| <input type="checkbox"/> D. Vapor monitoring | | <input type="checkbox"/> N. None |

Use Release Detection Codes (above) Refer to 15A NCAC 2N .0504 & .0505	Tank No. <u>1</u>		Tank No. _____							
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date of Compliance	C	F								

3. Corrosion Protection

- | | | | | | | |
|---|--|--|---|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> A. Sacrificial Anode | <input type="checkbox"/> C. FRP Tanks/Piping | <input type="checkbox"/> E. Steel Clad | <input type="checkbox"/> F. Internal Lining | <input type="checkbox"/> N. None | <input type="checkbox"/> O. Other | <input type="checkbox"/> U. Unknown |
| <input type="checkbox"/> B. Impressed Current | <input type="checkbox"/> D. Coated | | | | | |

Use Corrosion Protection Codes (above) Refer to 15A NCAC 2N .0402	Tank No. <u>1</u>		Tank No. _____							
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Date Installed	A	D	C							

4. Spill and Overfill

- | | | | | |
|--|---|---|---|----------------------------------|
| <input type="checkbox"/> A. Catchment Basins | <input type="checkbox"/> B. Automatic Shutoff Devices | <input type="checkbox"/> C. Overfill Alarms | <input type="checkbox"/> D. Ball Float Valves | <input type="checkbox"/> N. None |
|--|---|---|---|----------------------------------|

Use Overfill Device Codes (above) Refer to 15A NCAC 2N .0301	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	Date Installed	A	D		

5. Financial Responsibility

I have financial responsibility in accordance with 40 CFR 280 Subpart H.

Method: _____
 Insurer: _____
 Policy Number: _____

VII. CERTIFICATION (Read and Sign After Completing Section I Thru VI)

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.

Name and official title of owner or owner's authorized representative _____ Signature _____ Date Signed _____