

UST Closure Inspection Checklist

Inspection Date: (Date) 01/15/09

Closure Type: (Removal / Abandonment)

Facility ID# (Facility ID) 0-021231

I. Inspector Safety (Circle appropriate responses to the following questions)

1. Fire Marshall present / notified of UST closure M.E. Lewis
2. Site Safety Plan is present: Yes / No (Inspector should sign plan. If plan is not present inspector should leave site.)
3. Time of inspector arrival: 1:45pm 4. Time of Inspector departure: _____
5. Inspector's Name: Mindy Lepard

II. Ownership of Tanks

Owner's Name (Corporation, Individual, Public Agency, or other entity) Rahat A. Eshiraheli
509 Twin Oak Ct.
 Street Address High Point, NC 27260
 City High Point, NC State NC Zip Code 27260
 Area Code 336 Phone Number 847-4011
 Contact Person for UST Location Rahat A. Eshiraheli Phone # 847-4011
 Date became owner of the UST systems _____

III. Location of Tanks

Facility Name J+m Mart
 Street Address 2803 English Rd.
 City Guilford State High Point Zip Code 27260
 County 4 City (nearest) _____ Zip Code _____
 Number of UST systems on site (including non-regulated) _____
 Operator Name store Facility Phone # _____
 Current use of the site _____

IV. Contractor Information

Primary Consultant: Joseph Best, Best Geological and Env. Phone #: 834-8382
 Address: _____ City: _____ State: _____ ZIP: _____
 General Contractor: Mike Collins, Collins Petrochem Phone #: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Laboratory: Pace Analytical Phone #: _____
 Address: _____ City: _____ State: _____ ZIP: _____

V. UST Information	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. Is the UST regulated? (Y/N)	Y	Y	Y	Y		
2. Date last operated						
3. Substance Stored (G-Gasoline, D-Diesel, etc.)	G	G	G	K		
4. Material of construction (Tanks)	Stip-3	Stip-3	Stip-3			
5. Material of construction (Piping)	Fiberglass	Fiberglass	Fiberglass			
6. Dimensions of Tank (Diameter X Length (ft.))						

VI. UST Closure Information (Respond to the following questions with Yes, No, or ? Did Not Observe)

1. Product removed from UST?	Y	Y	NO	NO		
2. Vapors purged from UST?	Y	Y	NO	NO		
3. UST filled with solid inert material (if abandoned)?	-	-	DESCRIBED	DESCRIBED		
4. Depth of UST below ground surface (ft.)?			DESCRIBED	DESCRIBED		
5. Soil staining observed ABOVE tank?	N	N	DESCRIBED	DESCRIBED		
6. Holes in UST observed?	N	N	DESCRIBED	DESCRIBED		
7. Soil staining observed BELOW tank?	N	N	DESCRIBED	DESCRIBED		
8. Free product observed in excavation?	N	N				
9. Groundwater in excavation?	N	N				
10. Bedrock at base of excavation?	N	N				

UST Closure Inspection Checklist (Cont.)

Inspection Date: (Date) 06/15/09

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VII. Sampling Procedures

1. Sample Collection method (auger, backhoe, shovel, etc.)

backhoe bucket, auger

2. Sample preservation method (ice, refrigerator, acid, etc.)

ice

3. Number and location of samples appropriate for:
Tanks: Y N Piping: Y N Dispensers: Y N

4. Planned Lab analytical methods appropriate? Y N

5. Any samples collected by DENR personnel? Y N

VIII. Excavation and Stockpile

1. Final Excavation Dimensions (ft .X ft .X ft.) _____

2. Did excavation continue after tank removal? Yes No

3. Any indication excavation soils contaminated? Yes No

4. Stockpile properly constructed: Yes No

5. Stockpile samples collected: Yes No

6. Destination of Tank(s):

A+D Env.

7. Destination of excavated soils:

none, soil did not have visible or odor signs of contamination

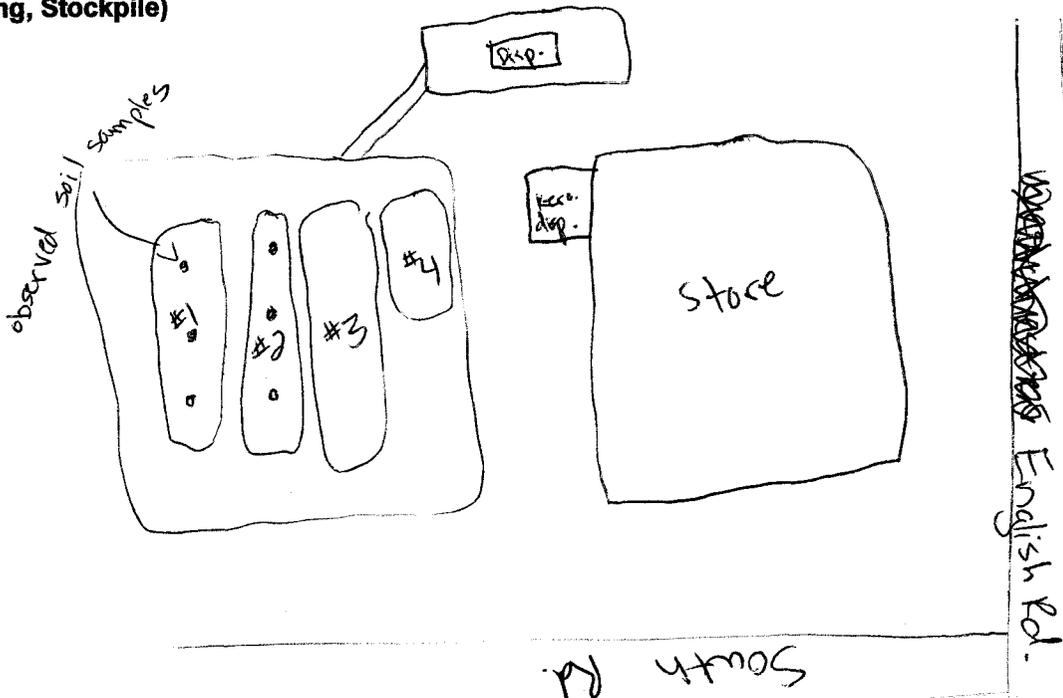
Comments:

according to Joe Best, there were no signs of contamination from removal of tanks #3 and #4, ^{gasoline} lines or dispensers. Tanks #3 + 4 were in good shape.

tanks pulled by A+D Environmental

no visible or odor sign of contamination

Site Map: (Show North Arrow, Roads (name), Buildings/Other landmarks, Utilities (overhead and subsurface), WSWs or other receptors, Adjacent properties, USTs (numbered), Piping, Dispensers, Sample Locations, Areas of Staining, Stockpile)



I, _____ certify that all of the information given to (Inspector) on (Date) is true and accurate to the best of my belief.

SIGNATURE: _____