

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated. All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [b].

NOTIFICATION OF TANK CLOSURE

RECEIVED
N.C. Dept. NRCD

MAY 22 1990

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)	Winston-Salem Regional Office
Name: <u>Piedmont Electric Motor Repair, Inc.</u> Site Name: <u>Piedmont Electric Motor Repair, Inc.</u>		Elect. REP
Address: <u>468 N. Fayetteville St.</u> <u>Asheboro, N. C. 27203</u>		
Phone Number: <u>919-625-5210</u> County: <u>Randolph</u>		

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
<u>Tank 1</u>	<u>4,000 gal.</u>	<u>Pumped out</u> <u>5-9-90</u> <i>gasoline</i>	<u>To Be Removed</u> <input checked="" type="checkbox"/> <u>To Be Filled</u>
Tank 2	_____	_____	<u>To Be Removed</u> <u>To Be Filled</u>
Tank 3	_____	_____	<u>To Be Removed</u> <u>To Be Filled</u>
Tank 4	_____	_____	<u>To Be Removed</u> <u>To Be Filled</u>
Tank 5	_____	_____	<u>To Be Removed</u> <u>To Be Filled</u>

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:			
(Contractor) Name: <u>Certified Concrete</u>			
Address: <u>205 Academy St.</u>		State: <u>Asheboro, N. C.</u>	Zip: <u>27203</u>
Contact: <u>Steve Morgan</u>		Phone: <u>919-626-6590</u>	
<input checked="" type="checkbox"/> <u>yes</u>	Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?		
<input type="checkbox"/>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?		
<input type="checkbox"/>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?		

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:			
(Contractor) Name: <u>Aquaterra, Inc.</u>			
Address: <u>309 Concord St., Suite 204-D</u>		State: <u>Greensboro, N. C.</u>	Zip: <u>27406</u>
Contact: <u>Sue Kite</u>		Phone: <u>919-273-5003</u>	
<input checked="" type="checkbox"/> <u>Yes</u>	Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?		
<input checked="" type="checkbox"/> <u>Yes</u>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?		
<input checked="" type="checkbox"/> <u>Yes</u>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?		

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>Tracy L. Saunders</u>	Scheduled Removal Date: <u>June 19, 1990</u>
Signature:	Date Submitted: <u>May 18, 1990</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 [a]. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346