

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

**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 (BLUE) FOR REGIONAL OFFICE ADDRESS].

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

INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: KENNETH M. SMITH
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: 1702 FOREST VALLEY ROAD
County: GUILFORD
City: GREENSBORO State: NC Zip Code: 27410
Tele. No. (Area Code): 919 - 288 - 1753

II. LOCATION OF TANK(S)

Facility Name or Company: PERKINS RESTAURANT
Facility ID # (if available): _____
Street Address or State Road: 2127 CHAPEL HILL RD
County: ALAMANCE City: BURLINGHAM Zip Code: _____
Tele. No. (Area Code): JOB # ONE 919-570-3094

III. CONTACT PERSON

Name: SHERWOOD W. CHESSON Job Title: _____ Telephone Number: (919) 668-4821

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

- | | |
|---|---|
| <ol style="list-style-type: none"> 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". | <ol style="list-style-type: none"> 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: PEDMONT ENVIRONMENTAL SERVICES INC
Address: PO Box 18631 State: N.C. Zip Code: 27419
Contact: SHERWOOD W. CHESSON Phone: 919-668-4821

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
	<u>6000</u>	<u>#2 HEATING OIL</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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: SHERWOOD W. CHESSON *Scheduled Removal Date: 5-2-91
Signature: Sherwood W. Chesson Date Submitted: 5-1-91

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