

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 OWNERS COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I. D. Number
Date Received
N.C. Dept. NRCO
SEP 19 1991

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: General Cinema Corporation
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 3425 Myer Lee Drive
County: Forsyth
City: Winston-Salem State: NC Zip Code: 27101
Tele. No. (Area Code): 919.748.0440

II. LOCATION OF TANK(S)

Facility Name or Company Pepsi Cola
Facility ID # (if available) _____
Street Address or State Road: Route 2, Holly Springs
County: Surry City: Mt. Airy Zip Code: _____
Tele. No. (Area Code): 919.748.0440

III. CONTACT PERSON

Name: Kelvin Hill Job Title: Regional Dist. Manager Telephone Number: (919) 748.0440

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

- Contact Local Fire Marshall.
- Plan the entire closure event.
- Conduct Site Soil Assessments.
- 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".
- Provide a sketch locating piping, tanks and soil sampling locations.
- Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
- Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCO Environmental
Address: 556-L Arbor Hill Rd., K'ville State: North Carolina Zip Code: 27284
Contact: Bill Stewart Phone: 919.996.0573

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
1	10,000	Diesel Fuel	<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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Kelvin Hill, Regional Mgr
Signature: Bill Stewart - SPATCO
*Scheduled Removal Date: 10/24/91
Date Submitted: 9/18/91

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