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JUN 23 1995

Winston-Salem Regional Office

GW/UST-3

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 location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Ed Daniels
Street Address: P.O. Box 546
County: Rockingham
City: Ruffin State: NC Zip Code: 27326
Tele. No. (Area Code): 910-939-2843

II. LOCATION OF TANK(S)

Facility Name or Company: Pep-Co Service Station
Facility ID # (if available): 0-001473
Street Address or State Road: Bus. 29
County: Rock City: Reidsville Zip Code: 27320
Tele. No. (Area Code):

III. CONTACT PERSON

Name: Ed Daniels Job Title: Owner Telephone Number: (910) 939-7843

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 GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation. 7. The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G. 8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Certi Foam Services / Salem Environmental
Address: P.O. Box 5535; Winston-Salem, NC Zip Code: 27113
Contact: Harvey Danner Phone: 910-661-9231
Primary Consultant: Andrew Raving, Ph.D., P.E. Phone: 910-661-9245

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

Table with columns: TANK ID#, TANK CAPACITY, LAST CONTENTS, PROPOSED ACTIVITY (Removal, Abandonment in Place, Change-in-Service). Rows 1-4 with handwritten data.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Harvey Danner; President, SE/CS
Signature: Harvey Danner
*Scheduled Removal Date: July 25th, 1994
Date Submitted: July 22nd, 1994

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