

Notice of Intent to Permanently Close Underground Storage Tank(s)

FOR
TANKS
IN
NC

North Carolina - Department of Environment, Health, & Natural Resources
Division of Environmental Management - Groundwater Section - U.S.T.
P.O. Box 27687
Raleigh, NC 27611 (919)733-8303

RECEIVED
State Use Only **N.C. Dept. NRCO**
I. D. Number _____
Date Received **FEB 3 1992**

INSTRUCTIONS

Please complete and return thirty (30) days prior to permanently closing tank(s).

**Winston-Salem
Regional Office**

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: PARRISH TIRE COMPANY Facility Name or Company: PARRISH TIRE COMPANY
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 8800 NORTH PAM BLVD Street Address or State Road: 8800 NORTH PAM BLVD
County: FORSYTH County: FORSYTH
City: WINSTON-SALEM State: NC Zip Code: _____ City: WINSTON-SALEM State: NC Zip Code: 27106
Telephone Number (Area Code): 919-759-0202 Telephone Number (Area Code): 919-759-0202

Contact Person

Name: BOB ROWE Job Title: OPER. MGR. Telephone Number: (919) 759-0202

TANK REMOVAL OR CLOSURE IN PLACE

- | | | |
|---------------------------------|--|--|
| 1. Contact Local Fire Marshall. | 4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal". | 5. Provide a sketch Locating Tanks and Soil Tests. |
| 2. Plan the Closure Event. | | 6. Keep Records for 3 Years. |
| 3. Make Site Soil Assessments. | | |

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: BODFORD BROTHERS CONSTRUCTION
Address: 1000 MAR-DOD DRIVE State: NC Zip Code: 27104
Contact: Chris F. Broford Phone: 1-919-765-1961

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	L.S. CONTENTS	CLOSURE METHOD	
				Remove	Close in Ground
Tank ①		10000 GALS	DIESEL FUEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2				<input type="checkbox"/>	<input type="checkbox"/>
Tank 3				<input type="checkbox"/>	<input type="checkbox"/>
Tank 4				<input type="checkbox"/>	<input type="checkbox"/>
Tank 5				<input type="checkbox"/>	<input type="checkbox"/>
Tank 6				<input type="checkbox"/>	<input type="checkbox"/>
Tank 7				<input type="checkbox"/>	<input type="checkbox"/>
Tank 8				<input type="checkbox"/>	<input type="checkbox"/>
Tank 9				<input type="checkbox"/>	<input type="checkbox"/>

Name and Official title of Owner's Authorized Representative: CHARLES M. EVERHART - VP/TREAS. *Scheduled Removal Date: 3/3/92
Signature: Charles M. Everhart, V.P./Treas. Date Submitted: 3/3/92

*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.

2-3/92

Dear Tom

Please give me a call when it
is O.K. to start, if there is anything
else we need please call

Chrit Bedford

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 (a).

RECEIVED
 N.C. Dept. NRC
 FEB - 3 1992
 Winston-Salem
 Regional Office

NOTIFICATION OF TANK CLOSURE

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
Name: <u>PARRIS TIRE Co.</u>	Site Name: <u>JAME</u>
Address: <u>8800 North Point Blvd</u>	Address: _____
<u>WS - 400 27106</u>	_____
Phone Number: <u>919-759-0202</u>	County: <u>Forsyth</u>

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>10,000</u>	<u>Waste Fuel</u>	<u>To Be Removed</u>
Tank 2	_____	_____	To Be Filled
Tank 3	_____	_____	To Be Removed
Tank 4	_____	_____	To Be Filled
Tank 5	_____	_____	To Be Removed
			To Be Filled

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: Bodwell Environmental

Address: 1081 YMA-Down Street State NC Zip 27106

Contact: Chris Bodwell Phone: 919-765191

Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?

Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?

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: Environmental Management and Technologies

Address: 556-G Arden Hill Rd, Kernersville State North Carolina Zip 27284

Contact: Mr. Jim Bryan or Mr. John Besson Phone: 919-946-8002

Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?

Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?

Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

NOTIFICATION SUBMITTAL / NOTIFICATION DATE

Name: Bodwell Environmental Scheduled Removal Date: 3/3/92

Signature: Chris Bodwell Date Submitted: 2/3/92

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