

RECEIVED

NC Dept. of ENR

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: Winston-Salem
Date Received: Regional Office

MAY 11 1993

INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: YOCO INC
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: P.O. Box 67 Old Hwy 601
County: Surry
City: White Plains State: NC Zip Code: 27031
Tele. No. (Area Code): 919-789-5561

II. LOCATION OF TANK(S)

Facility Name or Company: Pantry #260
Facility ID # (if available): _____
Street Address or State Road: Hwy 89
County: Surry City: Mt Airy Zip Code: 27030
Tele. No. (Area Code): 919-789-5561

III. CONTACT PERSON

Name: Debbie Wolfe Job Title: _____ Telephone Number: (919) 789-5561

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: Collins Petroleum
Address: 308 Heatherford Dr State: NC Zip Code: 27023
Contact: Mike Collins Phone: _____

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>8000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<u>8000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<u>3000</u>	<u>Kerosene</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

Debbie Wolfe

Signature: Debbie Wolfe

*Scheduled Removal Date: 6/7/93

Date Submitted: 5/7/93

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