SPATCO Environmental, Inc.

DATE: ~~10/24/95~~ 11/13/95

ATTENTION: Thomas Moore

COMPANY: NCDEHNR

FAX NUMBER: 910-771-4632

FROM: Caroline Cline

NUMBER OF PAGES: 2
(INCLUDING COVER SHEET):

REMARKS:

Pls find the requested GW/UST-2 form for Pantry # 208.
Thanks

IF ANY PORTION OF THIS TRANSMITTAL IS UNCLEAR, PLEASE CALL 919.832.2535.
HARD COPY TO FOLLOW BY MAIL: _____YES_____NO

Providing Practical Solutions for Today's Environmental Problems...

130 Penmarc Drive
Suite 108
Raleigh, NC 27603-2434
919.832.2535 FAX 919.832.5914

(GW/UST-2) Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR TANKS IN NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location [SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

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

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

The Pantry, INC
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
1801 DOUGLAS DRIVE
Street Address
LEE
County
Sanford N.C. 27330
City State Zip Code
919 - 774 6700
Area Code Telephone Number

II. Location of Tank(s)

The Pantry #208
Facility Name or Company
0-016908
Facility ID # (if available)
4350 THOMASVILLE ROAD
Street Address or State Road
FORSYTH WINSTON-SALEM 27107
County City Zip Code
910 788 - 8021
Area Code Telephone Number

III. Contact Person

DORIS BRIDGES DIR. GASOLINE MKTG 919 774 6700 EXT 20
Name Job Title Telephone No. (Area Code)

Closure Contractor SPATCO ESD 556-L Arbor Hill Road KERNERSVILLE N.C. 27284 910 996 0573
(Name) (Address) Telephone No. (Area Code)

Lab HYDROLOGIC INC. 1491 TWILIGHT TRAIL FRANKFORT K. 40601 502 223 0251
(Name) (Address) Telephone No. (Area Code)

IV. U.S.T. Information / V. Excavation Condition

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation Yes	Water in Excavation No	Free Product Yes	Free Product No	Noticable Odor or Visible Soil Contamination Yes	Noticable Odor or Visible Soil Contamination No
1	10000	10'6"x31'0"	GASOLINE		✓		✓		✓
1	10000	10'6"x31'0"	GASOLINE		✓		✓		✓

VI. Additional Information Required

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- [✓] Contact local fire marshall
- [✓] Notify DEM Regional Office before abandonment
- [✓] Drain & flush piping into tank.
- [✓] Remove all product and residuals from tank
- [✓] Excavate down to tank
- [✓] Clean and inspect tank
- [✓] Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
- [✓] Cap or plug all lines except the vent and fill lines.
- [✓] Purge tank of all product & flammable vapors.
- [ ] Cut one or more large holes in the tanks.
- [✓] Backfill the area.

Date Tank(s) Permanently closed: 6-8-94
Date of Change-In-Service: _____

ABANDONMENT IN PLACE
- [ ] Fill tank until material overflows tank opening;
- [ ] Plug or cap all openings;
- [ ] Disconnect and cap or remove vent line
- [ ] Solid inert material used - specify: _____

REMOVAL
- [✓] Create vent hole.
- [ ] Label tank
- [✓] Dispose of tank in approved manner

Final tank destination: SOUTHERN TANK & Environ

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative	Signature	Date Signed
BOB CALLINAN, STAFF GEOLOGIST, SPATCO ESD.	Bob Callinan	10/18/95