

Non Key tank - No closure - no review required CTR 9/07/01

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
Date Received

RECEIVED
N.C. Dept. of ENR
JAN 25 1993

INSTRUCTIONS

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

Winston-Salem Regional Office

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: FUNB Corp. Real Estate
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: Two First Union Center
County: Mecklenberg
City: Charlotte State: NC Zip Code: 28288-0340
Tele. No. (Area Code): (704) 374-4265

Facility Name or Company FUNB Downtown
Facility ID # (if available) 0-029455
Street Address or State Road: 924 Mainstreet
County: Wilks City: N, Wilksboro Zip Code: 28659
Tele. No. (Area Code): (919) 651-5068

III. CONTACT PERSON

Name: Mike Eller Job Title: Manager Telephone Number: (919) 651-5068

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: Environmental Investigations, Inc.
Address: 1911 Meredith Dr. State: NC Zip Code: 27713
Contact: John W. S. Davis, Jr. Phone: 919 544-7500

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE New Contents Stored
			Removal	Abandonment In Place	
<u>1</u>	<u>10,000</u>	<u>Fuel Oil</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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Agent John W. S. Davis, Jr. Project Manager

Signature: *John W. S. Davis, Jr.* Date Submitted: 1/21/93

*Scheduled Removal Date: 2/22/93

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