RECEIVED
N.C. Dept. of EH
OCT 14 1992
Winston-Salem Regional Office

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

INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: OLD Dominion Box Co Inc
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 541 Hawkins St.
County: Alamance
City: Burlington State: N.C. Zip Code: 27216
Tele. No. (Area Code): 919 226 4491

II. LOCATION OF TANK(S)

Facility Name or Company: OLD Dominion Box Co Inc
Facility ID # (if available)
Street Address or State Road: 541 Hawkins St
County: Alamance City: Burlington Zip Code: 27216
Tele. No. (Area Code): 919 226 4491

III. CONTACT PERSON

Name: John Massey Job Title: Telephone Number: (919) 226 4491

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. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: LGJ Grading Clearing Wrecking
Address: PO Box 2656 Burlington State: N.C. Zip Code: 27216
Contact: Lester G. Jessup Phone: 919 584 1441

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: CLOSURE: Removal	CLOSURE: Abandonment In Place	CHANGE-IN-SERVICE: New Contents Stored
1	1000 GL	Unleaded Gasolene	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
Lester G Jessup Contractor
*Scheduled Removal Date: Nov 5, 1992
Signature: Lester G. Jessup
Date Submitted: October 6, 1992

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