(GW/UST-2) **Site Investigation Report For Permanent Closure or Change-in-Service of [illegible]**

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

N.C. Dept. of EHN
DEC 7 1992
Winston Salem Regional Office

INSTRUCTIONS

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

I. Ownership of Tank(s)

OLD Dominion Box Co Inc.
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
541 Hawkins St
Street Address
Alamance
County
Burlington, N.C. 27216
City State Zip Code
919 226 4491
Area Code Telephone Number

II. Location of Tank(s)

OLD Dominion Box Co Inc
Facility Name or Company
Facility ID # (if available)
541 Hawkins St
Street Address or State Road
Alamance Burlington NC 27216
County City Zip Code
919 2264491
Area Code Telephone Number

III. Contact Person

John Massey Supervisor 919 2264491
Name Job Title Telephone No. (Area Code)
Closure Contractor LGJ Grading PO Box 2656 Burlington, N.C. 27216 919 584 1441
(Name) (Address) Telephone No. (Area Code)
Lab Burlington Research 615 Huffman Mill Rd 919 584 5569
(Name) (Address) Burlington NC 27215 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	Notable Odor or Visible Soil Contamination Yes	Notable Odor or Visible Soil Contamination No
1	1000	4'D 12'L	Unleaded Gasolene		X		X		X

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.

- [x] Contact local fire marshall. Dept
- [x] Notify DEM Regional Office before abandonment.
- [x] Drain & flush piping into tank.
- [x] Remove all product and residuals from tank
- [x] Excavate down to tank.
- [x] Clean and inspect tank.
- [x] 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.
- [x] Purge tank of all product & flammable vapors.
- [ ] Cut one or more large holes in the tanks.
- [x] Backfill the area.

Date Tank(s) ~~Permanently Closed~~ Removed Nov 5, 1992
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
- [x] Label tank
- [x] Dispose of tank in approved manner

Final tank destination: Four Seasons Ind Serv
DHGriffin Wrecking

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
JOHNNY S. COFFEE	J. S. Coffee	12/4/92