

**FINAL REPORT
UNDERGROUND STORAGE TANK
CLOSURE OPERATIONS
NORTHERN HOSPITAL OF SURRY COUNTY-B
MOUNT AIRY, NORTH CAROLINA**

**RECEIVED
N.C. Dept. of EHN
JUN 18 1997
Winston-Salem
Regional Office**

Prepared for:

**NORTHERN HOSPITAL OF SURRY COUNTY
MOUNT AIRY, NORTH CAROLINA**

Prepared by:

**Four Seasons Environmental, Inc.
Greensboro, North Carolina**



**John C. Richardson
UST Program Manager**

June 11, 1997

Four Seasons Project Report Number: 97-97019

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UNDERGROUND STORAGE TANK CLOSURE REPORT

I. General Information

A. Ownership of the UST(s)

1. Name of UST Owner:

Northern Hospital of Surry County

2. Owner Address and Telephone Number:

830 Rockford Street
Mount Airy, North Carolina 27030
(910) 719-7000

B. Facility Information

1. Facility Name, Address, Telephone Number and County:

Northern Hospital of Surry County
830 Rockford Street
Mount Airy, North Carolina 27030
(910) 719-7000
Surry County

Reference Figure 1 in Appendix A for site location map.

2. Facility ID Number:

0-003515

C. Contacts

1. Name, address, telephone number and job title of primary contact person:

Mr. Jeff Ayers
Manager, Environmental Affairs
Northern Hospital of Surry County
830 Rockford Street
Mount Airy, North Carolina 27030
(910) 877-2411

2. Name, address and telephone number of closure contractor:

Mr. John Richardson
Four Seasons Environmental, Inc.
Post Office Box 16590
Greensboro, North Carolina 27416-0590
(910) 273-2718

3. Name, address and telephone number of primary consultant:

Mr. Joe Best
Aquaterra, Inc.
4600 Dundas Drive, Suite 105
Greensboro, North Carolina 27407
(910) 852-5003

4. Name, address, telephone number and State certification number of laboratory:

Water Technology and Controls, Inc.
642 Tamco Road
Reidsville, North Carolina 27320
(910) 342-4748
North Carolina Certification Number: 165

D. UST Information

1. Tank number:

UST-2

2. Provide installation date(s):

Unknown

3. Provide tank dimensions, including size in gallons:

8 feet in diameter by 13.5 feet in length
5,000 gallon capacity

4. Describe last contents:

Diesel fuel used for fuel source for emergency generator.

5. Describe previous contents (if any):

None

E. Site Characteristics

1. Describe any past releases at the site:

Reference Underground Storage Tank Closure Report, submitted by Aquaterra, Inc. and dated June 25, 1996.

2. Is the facility active or inactive at this time. If the facility is inactive, note the last time the UST(s) were in operation.

The facility is currently active.

3. Describe surrounding property use (for example, residential, commercial, farming, etc.):

The surrounding property use is a mixture of commercial, light industrial and residential.

4. Describe site geology/hydrogeology.

According to the Geologic Map of North Carolina, the site is located in the Blue Ridge Belt litho-tectonic region. The site is underlain by quartz diorite to granodiorite.

II. Closure Procedures

- A. Describe preparations for closure including the steps taken to notify authorities, permits obtained and the steps taken to clean and purge the tanks:

- o GW/UST-3 Form was submitted to the NCDEHNR-Groundwater Section on April 21, 1997 by Four Seasons (reference Appendix B).
- o Notified Mount Airy Fire Department. A permit (Permit # P-011) was obtained by Four Seasons (reference Appendix B).
- o Prior to UST removal operations, approximately 2,750 gallons of diesel fuel was transferred to an existing on-site aboveground storage tank (AGT) system using a vacuum truck. Upon completion of product transfer operations, 480 gallons of residual diesel fuel and water was removed from the tank and associated piping using the vacuum truck.
- o Prior to the removal of the UST, the internal atmosphere of the storage tank was determined utilizing a combustible gas indicator (CGI). The readings obtained using the CGI indicated an internal tank atmosphere of less than 8 percent Lower Explosive Limit (LEL), allowing for the removal of the UST.
- o Following removal of the storage tank, the vessel was secured onto a trailer and transported to Four Seasons' Greensboro, NC facility. The UST was subjected to a steam cleaning decontamination procedure. Following completion of the cleaning and decontamination process, the tank was cut into scrap sections and subsequently transported to D.H. Griffin Wrecking Company located in Greensboro, NC for entrance into a metals recycling program. Appendix C contains a copy of the Tank Disposal Manifest utilized for the documentation of the final destination of the UST.

- B. Note the amount of residual material pumped from the tank(s):

Approximately 2,750 gallons of diesel fuel was transferred to an on-site AGT system. A total of 480 gallons of residual diesel fuel oil and water was removed and subsequently disposed of.

- C. Describe the storage, sampling and disposal of the residual material:

The 480 gallons of residual diesel fuel and water was transported to Four Seasons Greensboro, NC facility. The diesel fuel was entered into a fuels blending program. The manifest document (manifest number 13470) associated with the proper transportation and disposal of the waste is incorporated in Appendix D.

The fuels blending program consists of an initial physical separation phase using a series of oil/water separators. The separated water phase was subsequently discharged into the City of Greensboro POTW under permit number W-1012.

The petroleum phase was blended with lighter distillates and subsequently incinerated in an US EPA approved industrial boiler permitted under number NCD053008926. Four Seasons fuels program is conducted in compliance with regulations detailed in the Federal Register, Volume 50, No. 230, issued on November 28, 1985.

- D. Excavation

1. Describe excavation procedures noting the condition of the soils and the dimensions of the excavation in relation to the tanks, piping and/or pumps:

Removal operations commenced by removing the soil surrounding the vessel using a tracked excavator. The excavated soils were screened for the presence of volatile organic compounds utilizing a photoionization detector (PID). Field screening operations documented that the soils surrounding the tank exhibited low PID readings (less than 10 parts per million). These soils were temporarily stockpiled adjacent to the tank excavation for subsequent use as backfill. Based on field screening and visual observations, no petroleum impacted soil was documented.

The dimensions of the tank excavation after UST removal was 16 feet in length by 13 feet wide. The depth of the excavation was 9 feet.

Figure 2 in Appendix A provides a diagram documenting the tank excavation.

2. Note the depth of tank burial from land surface to top of tank(s):

The tank was buried 1 foot below land surface.

3. State the quantity of soil removed:

Approximately 70 cubic yards of soil was excavated in order to perform tank removal. Based on field screening, visual observations and laboratory analyses, it was determined that the removed soil was not impacted with petroleum. Therefore, the soil was used to backfill the tank excavation.

4. Describe soil type(s):

The soil encountered during tank removal was primarily brown silty clay.

5. Describe type and source of backfill used:

A total of 57.92 tons of rock screenings was imported and placed in the excavation in order to compensate for the void left by the tank. The soil was placed in lifts and compacted using the excavator bucket.

The rock screenings were supplied by Ararat Rock Products, Inc. located in Mount Airy, NC.

E. Contaminated Soil

1. Describe how it was determined to what extent to excavate the soil:

Not Applicable

2. Describe the method of temporary storage, sampling and treatment/disposal of the contaminated soil:

Not Applicable

III. Site Investigation

- A. Provide information on field screening and observations. Include methods to calibrate field screening instruments:

During tank removal operations, representative samples of the excavated soil were screened for the presence of volatile organic compounds (VOC's) using a Microtip MP-1000 Photoionization Detector (PID). Soil samples were placed into a container until the container reached half capacity. The samples were sealed and stored for approximately 10 minutes to allow for contaminant volatilization. A reading was then taken using the PID.

All PID field screening equipment used by Four Seasons is calibrated using a span gas, supplied by the manufacturer of the PID units, consisting of 100 ppm of isobutylene. The calibration procedure is conducted in accordance with specific manufacturer's guidelines.

All field screening results indicated VOC concentrations of less than 10 ppm.

B. Describe soil sampling points and sampling procedures used.

Upon completion of UST removal operations, a total of two grab soil samples were collected from the floor of the UST excavation. Reference Figure 2 in Appendix A for the soil sample locations. The samples, designated as samples T1-A and T1-B, were collected two feet below the floor of the excavation, or 11 feet below ground surface. The soil samples were collected using the tracked excavator bucket.

One composite soil sample was collected from the excavated soil. The composite soil sample was constructed from four grab soil samples collected randomly from the soil pile. The composite soil sample was designated as SP-1.

The UST piping run, encompassing approximately 55 feet in length, was not removed due to the location of several underground utilities proximal to the piping run. The utilities included an underground oxygen line used to supply oxygen for the entire facility, underground electrical lines and underground natural gas lines.

The metal piping run was secondarily contained in a PVC piping structure. The piping run was drained and flushed, and capped using a rubberized expansion plug.

The piping run was not sampled due to the close proximity of the underground utilities addressed above to the piping run.

C. Describe groundwater or surface water sampling procedures used.

Not applicable.

D. Quality Control Measures.

1. Describe sample handling procedures, including sample preservation and transportation.

All samples collected for soil assessment operations were collected from in-situ soils excavated from beneath the tank using the tracked excavator. Each soil sample was collected from the excavator bucket by field personnel equipped with disposable latex gloves. The gloves utilized by the sampler were changed prior to the collection of each soil sample in order to prevent sample cross contamination. The samples were collected from soils not touching the sides of the excavator bucket in order to prevent cross contamination.

Samples collected from the excavated soil pile were collected using a decontaminated hand auger.

Upon extraction of the samples, soils comprising the samples were loaded into decontaminated laboratory provided glassware (4 ml capacity sample containers) and immediately entered into a cooler chilled to below 4 degrees Celsius. This allowed for the adherence to sample preservation requirements. Following sample collection operations, the samples were shipped to the analytical laboratory using all applicable USEPA chain of custody procedures.

2. Describe decontamination procedures used.

For the hand auger, phosphate -free soap and water wash followed by a distilled water and isopropyl alcohol (IPA) rinse. A final distilled water rinse follows the IPA rinse.

3. Describe time and date samples were collected and date submitted to lab.

Sample T1-A was collected at 2:00 p.m. on May 5, 1997. Sample T1-B was collected at 1:55 p.m. on May 5, 1997. Sample SP-1 was collected at 1:45 p.m. on May 5, 1997. The soil samples were delivered to Water Technology and Controls, Inc. by Aquaterra personnel on May 6, 1997.

4. Describe samples collected for quality control purposes (e.g., duplicates, field blanks, trip blanks, etc.). Include methods used to obtain these samples and analytical parameters.

Not applicable.

5. Discuss how quality control samples may have affected your interpretation of soil, groundwater or surface water sample results.

Not applicable.

E. Investigation results.

1. Describe results of Site Sensitivity Evaluation (SSE). If SSE was not conducted, explain why not.

An SSE was not conducted for this site due to the fact that field observations and PID screening did not detect the presence of a release of diesel fuel from the UST.

2. Describe methods of analyses used (include U.S. EPA method numbers).

The soil samples were analyzed for total petroleum hydrocarbons in accordance with SW-846 method 8015-Modified using SW-846 methods 3550 and 5030 for sample preparation.

3. Describe analytical results for samples and discuss in relation to site specific cleanup level or action level, as appropriate.

The results of the TPH analyses for all samples reported TPH concentrations of less than 10 parts per million (ppm) for TPH-5030 and 10 ppm for TPH-3550. Therefore, all TPH results were below the North Carolina action level of 10 ppm for TPH-5030 and 40 ppm for TPH-3550 (reference Appendix E for the laboratory report documenting soil assessment results).

IV. Conclusion and Recommendations

Include probable sources of contamination, further investigation or remediation tasks or whether no further action is required.

Field observations and field screening operations did not indicate the presence of petroleum hydrocarbons in the in-situ soils surrounding the UST. The results of the post removal TPH analyses reported TPH concentrations of less than 10 parts per million (ppm) for TPH-5030 and 10 ppm for TPH-3550. Therefore, all TPH results were below the North Carolina action level of 10 ppm for TPH-5030 and 40 ppm for TPH-3550.

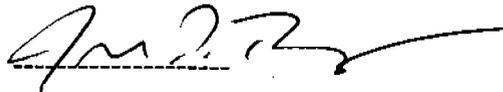
Based on the results of the field screening operations, noted field observations and the results of the post removal soil assessment, a release of diesel fuel from the UST was not detected. Therefore, Four Seasons recommends that no further action be required and that this UST permanent closure be considered a candidate for clean closure.

Appendix F contains the Site Investigation Report For Permanent Closure or Change-in Service of UST (form GW/UST-2).

V. Signature of Licensed Geologist

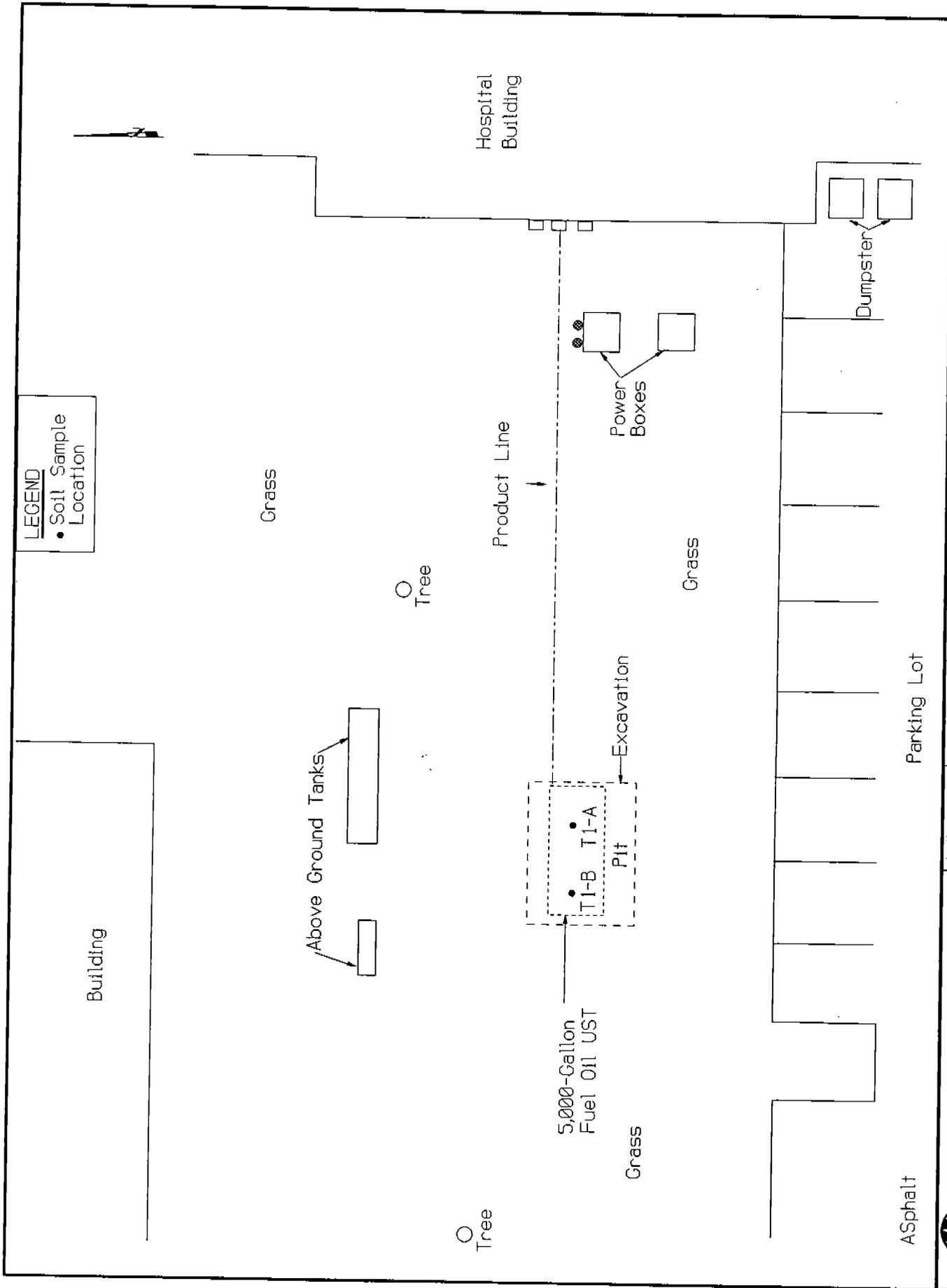
Licensed Geologist: Joseph P. Best, P.G.
Aquaterra, Inc.

Signature:



License Number: 1451





LEGEND
 • Soil Sample Location

AQUATERRA
 A GREAT LAKES CHEMICAL CORPORATION COMPANY

Author: DJS
 Job No.: 7303700

Drawing: 0
 Revision: 000

Layers: 0
 Figure: 1

Date: 6-11-97
 Scale: NTS

Title: Soil Sampling Location Map
 Project: Northern Surry Co. Hospital Mount Airy, North Carolina

State of North Carolina
Department of Environment,
Health and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary



DIVISION OF WATER QUALITY
GROUNDWATER SECTION
April 24, 1997

Northern Hospital of Surry County
830 Rockford Street
Mt Airy NC 27030

Dear Sir:

This letter is to acknowledge your Notification of Tank Closure as received April 21, 1997 and filed as Northern Hospital of Surry County - B. All future correspondence must contain the file name as well as an address and county in the subject to ensure its receipt into our filing system.

Please be advised that work performed which involves site assessment or any work requiring detailed technical knowledge of site conditions, should be performed by persons, firms, or professional corporations who are duly licensed to offer geological or engineering services by the appropriate occupational licensing board. For regulated tanks, the results of the required assessment (NCAC Title 15A Subchapter 2N Section .0803) should be submitted to this office no later than thirty (30) days after the tank is closed. If there is evidence of a release or suspected release, it must be reported within twenty-four (24) hours.

Also, please remember that to permanently close a tank, owners and operators must empty and clean it by removing all liquids and accumulated sludges as required under 15A 2N 0802.

If a specific date for tank closure was not noted on the UST-3 form, then a specific date must be given 5 - 7 working days prior to tank closure. Groundwater Section staff will be conducting random site visits to insure that underground storage tank closures are conducted as required by 15A NCAC 2N .0802 and .0803. Any violations documented may be submitted for enforcement action.

Enclosed is an attachment that is to be used for the information required for closure assessment. Please contact the Groundwater Section if you have any questions concerning these requirements.

Sincerely,

Sherri V. Knight
Groundwater Supervisor

Enclosure

cc: WSRO
Surry County Fire Marshal
Four Seasons Environmental, Inc.

585 Woughtown Street
Winston-Salem, North Carolina 27107-2241
Voice 910-771-4600



FAX 910-771-4632
An Equal Opportunity/Affirmative Action Employer
50% recycled/10% post-consumer paper

GW/UST-3 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 (PINK) FOR REGIONAL OFFICE ADDRESS].

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

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Northern Hospital of Surry Co.
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 830 Rockford St.
County: Surry
City: Mt. Airy State: NC Zip Code: 27030
Tele. No. (Area Code): 910-719-7121

II. LOCATION OF TANK(S)

Facility Name or Company: Northern Hospital
Facility ID # (if available): _____
Street Address or State Road: 830 Rockford St.
County: Surry City: Mt. Airy Zip Code: 270
Tele. No. (Area Code): 910-719-7121

III. CONTACT PERSON

Name: Jeff. Ayers Job Title: _____ Telephone Number: (910) 719-7130

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.
- The site assessment portion of the la closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.
- Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Four Seasons Environmental, Inc.
Address: Po Box 16590 Greensboro State: NC Zip Code: 27416
Contact: John Richardson Phone: 910-273-2718
Primary Consultant: Aguaterra, Inc. Phone: 910-852-5003

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			Removal	Abandonment In Place	CHANGE-IN-SERV New Contents Sto
<u>2</u>	<u>5,000</u>	<u>Diesel fuel</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
John Richardson FSE UST Program Mgr. *Scheduled Removal Date: 4-28-97.
Signature: [Signature] Date Submitted: 4-21-97

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



MOUNT AIRY FIRE DEPARTMENT

439 Rockford Street

Mount Airy, NC 27030

Telephone: (910) 786-3570 or Fax: (910) 719-7572



PERMIT

Date: 04/28/97

Permit #P- 011

Contractor: Four Seasons Environmental, Inc.

Address: 3107 S. Elm Eugene St., Greensboro, NC 27406

Project Name: Northern Hospital of Surry County

Project Address: 830 Rockford St., Mt. Airy, NC 27030

A permit is hereby issued for the following:

Sprinkler System (New Installation) _____ sq. ft. x _____
(Renovation Only) _____

Standpipe System (New) _____ (Renovation) _____

Alarm System (New) _____ (Renovation) _____

Fire Suppression System (New) _____ (Renovation) _____

Underground Storage Tanks (New) _____ (Removal)
Number of Tanks 1 (5,000 Diesel)

Aboveground Storage Tanks (New) _____ (Removal) _____
Number of Tanks _____

Other _____

Permit Issued By: Benny Brannock, Jr.

Benny Brannock, Jr.

Title: Assistant Fire Chief

TANK DISPOSAL MANIFEST

1) **Tank Owner/Authorized Representative:** Name and Mailing Address _____
NORTHERN HOSPITAL OF SURRY CO.
830 ROCKFORD RD, MT AIRY NC

2) **Tank Owner/Authorized Representative:** Phone No. (910) 719-7121

3) **Description of Tanks:**

Tank No.	Capacity	Previous Contents	Comments
<u>#2</u>	<u>5K</u>	<u>DIESEL FUEL</u>	<u>NOT VAPOR FREE</u>

4) **Tank Owner/Authorized Representative Certification:** The undersigned certifies that the above listed storage tanks have been removed from the premises of the tank Owner.
(AGENT FOR NORTHERN HOSPITAL)
KARL KIDD Karl Kidd 5/5/97
 Printed/Typed Name Signature Month Day Year

5) **Transporter:** The undersigned certifies that the above listed storage tanks have been transported to the designated disposal facility.
Allen Warren Allen Warren 5-5-97
 Printed/Typed Name Signature Month Day Year

6) **Decontamination Manager:** The undersigned certifies that the above listed storage tanks have been cleaned and scrapped.
Ronald T Sims Ronald T. Sims 5-6-97
 Printed/Typed Name Signature Month Day Year

7) **Disposal Certification:** The undersigned certifies that the above listed storage tank(s) have been scrapped and accepted by the designated disposal facility.
Disposal Facility: D.H. Griffin Greensboro NC
Four Seasons Environmental - Wayne St. Winston S.C. 5-7-97
 Printed/Typed Name Signature Month Day Year

MATERIAL MANIFEST

MANIFEST#

F.S.E. JOB # 001 UST 9797019

Date: 5/5/97

Generator: NORTHERN HOSPITAL OF SURRY CO.
830 ROCKFORD ST
MT AIRY NC

Phone No: 910 719 7121

EPA ID No: NA

Process which generated material:

I certify that the materials described below are properly classified, packaged, marked & labeled, and are in the proper condition to be transported as specified by the Department of Transportation. I certify that the material described below is not a hazardous waste in accordance with the Environmental Protection Agency. I certify that the specific material was delivered to the carrier named below for transport to the facility indicated.

Date 5/5/97 Signature [Signature] (AGENT FOR NORTHERN HOSPITAL)

HM	PROPER SHIPPING NAME AS LISTED ON 172.101 TABLE	HAZ CLASS	DOT I.D. NUMBER	PG GROUP	QUANTITY	CIRCLE UNIT	CONTAINER NO. TYPE	ERG. NO.
	NOS FLAMMABLE LIQUIDS	3	NA 1993	I II	15" 480	Gals. Pounds Tons Cu. Yds.	CP DT CM DM DF	

FOUR SEASONS ENVIRONMENTAL USE ONLY

DESCRIPTION OF MATERIAL	CIRCLE FORM	AMOUNT SOLIDS		AMOUNT LIQUIDS	
		GALLONS	TONS	NO DRUMS	GALLONS
DIESEL FUEL + WATER	SOLID				
CONTAINER NUMBER	LIQUID				
1	SLUDGE				

FACILITY USE ONLY

Transporter: FOUR SEASONS ENVIRONMENTAL
3107 S. ELM-FUGENE
GREENSBORO NC

Unit Number (s) 16

Phone No: 910 273 2718

EPA ID No: NC 9912 7732

Vehicle License Tag Number (s) LN-4215

Container: TT

Transporter Certification:
 I certify that the specified material was transferred in a registered (licensed) vehicle to the facility named and was accepted.

Pick-up Driver's Signature Dale Hutchinson Date 5-5-97

Delivering Driver's Signature Dale Hutchinson Date 5-5-97

Facility: FOUR SEASONS ENVIR.
519 PATON AVE
GREENSBORO NC

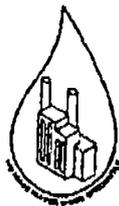
Phone No: 910 273 2718

Contact: MIKE STONEMAN

Handling Method: PTS01 PTS032

Facility Certification:
 I certify that the transporter above delivered the specified material to this facility and was handled in the above listed handling method. We authorize and qualified by the State of NC to handle this material.

Date 5-6-97 Signature [Signature]



Water Technology and Controls, Inc.
Environmental Laboratory (NC #165)
Reidsville, North Carolina 27320
(910) 342-4748

Client:	Aquaterra	WT&C ID:	05069737
Project:	7303700 Surry Co.	Analysis:	05/09/97
Client Sample ID:	T1-A	Analyst:	VWV
Sample Collection:	05/05/97 1400		

Total Petroleum Hydrocarbons - CF GC/3550

<u>High Boiling Point Fuels</u>	<u>Result Units</u>
Diesel	<10 mg/kg

Total Petroleum Hydrocarbons - CF GC/5030

<u>Low Boiling Point Fuels</u>	<u>Result Units</u>
Gasoline	<10 mg/kg



Water Technology and Controls, Inc.
Environmental Laboratory (NC #165)
Reidsville, North Carolina 27320
(910) 342-4748

Client:	Aquaterra	WT&C ID:	05069738
Project:	7303700 Surry Co.	Analysis:	05/09/97
Client Sample ID:	T1-B	Analyst:	VWV
Sample Collection:	05/05/97 1355		

Total Petroleum Hydrocarbons - CF GC/3550

<u>High Boiling Point Fuels</u>	<u>Result Units</u>
Diesel	< 10 mg/kg

Total Petroleum Hydrocarbons - CF GC/5030

<u>Low Boiling Point Fuels</u>	<u>Result Units</u>
Gasoline	< 10 mg/kg



Water Technology and Controls, Inc.
Environmental Laboratory (NC #165)
Reidsville, North Carolina 27320
(910) 342-4748

Client:	Aquaterra	WT&C ID:	05069739
Project:	7303700 Surry Co.	Analysis:	05/09/97
Client Sample ID:	SP-1	Analyst:	VWV
Sample Collection:	05/05/97 1345		

Total Petroleum Hydrocarbons - CF GC/3550

<u>High Boiling Point Fuels</u>	<u>Result Units</u>
Diesel	< 10 mg/kg

Total Petroleum Hydrocarbons - CF GC/5030

<u>Low Boiling Point Fuels</u>	<u>Result Units</u>
Gasoline	< 10 mg/kg

PROJECT NAME:

SOREY CO. HOSPITAL

REPORT TO:

SOE REST

ADDRESS:

DT ABER, H.C.

AFFILIATION/LOCATION:

ADULTERNA, (6/13/02)

JOB NUMBER:

73037020

PHONE:

910-852-5003

REQUESTED DUE DATE:

P.O. # / BILLING REFERENCE:

644-4523

SAMPLER'S SIGNATURE:

DOUG SHULTZ

SAMPLE ID	SAMPLE LOCATION	DATE	TIME	MATRIX			TOTAL	NUMBER OF CONTAINERS						ANALYSES REQUEST	REMARKS		
				WATER	SOIL	OTHER		UNPRESERVED	H ₂ SO ₄	HNO ₃	HCL	N ₂ OH	pH < 2 OR > 12				
T1-A		5/5/57	14:00				2										
T1-B			13:55				2										
SP-1			13:45				2										

ADDITIONAL COMMENTS:

REINQUISHED BY / AFFILIATION	ACCEPTED BY / AFFILIATION	DATE	TIME	ARBILL #
<i>DOUG SHULTZ (SOREY CO.)</i>	<i>DOUG SHULTZ (SOREY CO.)</i>	5/6/97		

(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)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) Northern Hospital of Surry County
Street Address 830 Rockford Street
Surry
County Mount Airy NC Zip Code 27030
City 910 State NC Telephone Number 719-7000
Area Code _____

II. Location of Tank(s)

Facility Name or Company Northern Hospital of Surry County
Facility ID # (if available) 0-003515
Street Address or State Road 830 Rockford Street
Surry Mt. Airy 27030
County 910 City 719-7000 Zip Code _____
Area Code _____ Telephone Number _____

III. Contact Person

Name Jeff Ayers Job Title Manager of Environmental Affairs Telephone No. (Area Code) 910-719-7000
Closure Contractor (Name) Four Seasons Environmental, Inc. (Address) 3107 S. Elm Eugene St. Greensboro NC Telephone No. (Area Code) 910-273-2711
Lab (Name) Water Technology & Controls Inc. (Address) NC #165 Reidsv. Rd NC Telephone No. (Area Code) 910-342-4748

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
2	5,000	8'(D) x 13.5'(C)	Diesel		X		X		X

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 marshal
 - 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: 5/5/97
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: D.H. Griffin
Greensboro NC

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 John Richards, Project mgr. Four Seasons Signature John Richards Date Signed 6-5-97