

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: 27030
Tele. No. (Area Code): 910-719-7121

III. CONTACT PERSON

Name: Jeff. Ayers Job Title: _____ Telephone Number: 910-719-7139

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 tank 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: 910-273-2719
Primary Consultant: Aquatera, 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-SERVICE New Contents Stored
<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"/>	<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.
Signature: [Signature] *Scheduled Removal Date: 4-28-97.
Date Submitted: 4-21-97

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