Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED
N.C. Dept. of EHNR
OCT 27 1992
Winston-Salem
Regional Office

FOR TANKS IN N. C.

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. No.
Date Rec'd

INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name HOWARD NEWTON
Street Address: 504 TRINDALE RD
County: RANDOLPH
City: TRINITY St NC Zip 27370
Tele. No. (919) 434-3030

II. LOCATION OF TANK(S)

Facility Name or Co.
Facility ID (if available)
St. Address or St Rd 504 TRINDALE RD
County: RANDLPH City: TRINITY Zip 27370
Tele. No. (919) 434-3030

III. CONTACT PERSON

Name: HOWARD NEWTON Job Title: Tele No. (919) 434-3030

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: MICKEY'S BACKHOE SERVICE
Address: 200 COUNTY LINE ROAD, THOMASVILLE State: NC Zip Code 27360
Contact: MICKEY JONES Cellular #888-9258 Phone (919) 475-7282

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: Closure Removal	Closure Abandonmnt	Chg-In-Ser New Content
1	3,000 gallon	GASOLINE	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
MICKEY F. JONES, OWNER - MICKEY'S BACKHOE *Scheduled Removal Date: 11/14/92

Signature: Mickey F Jones Date Submitted: 10/10/92

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

GW/UST-3 White copy - Regional Office Yellow - Central Office
Blue Copy - Owner