

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)

II. LOCATION OF TANK(S)

Tank Owner Name: New York Carpet World
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 3435 Myer Lee Drive
County: Forsyth
City: Winston Salem State: NC Zip Code: 27101
Tele. No. (Area Code): (910) 725-0516

Facility Name or Company: SAME
Facility ID # (if available): _____
Street Address or State Road: _____
County: _____ City: _____ Zip Code: _____
Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: John Brailes Job Title: District Supervisor Telephone Number: (910) 725-0516

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
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. 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.
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCO Environmental, Inc.
Address: 556-A Arbor Hill Rd, K'ville State: North Carolina Zip Code: 27284
Contact: John Peters Phone: (910) 996-0573
Primary Consultant: SPATCO Environmental, LLP Phone: (800) 873-1250

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>1,000</u>	<u>Heating Oil</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 Peters, Senior Associate *Scheduled Removal Date: 12/23/96
Signature: John Peters Date Submitted: 12/16/96

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