

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.  
 All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [b].

2/3

## NOTIFICATION OF TANK CLOSURE

**RECEIVED**  
N.C. Dept. NRCO

JAN 22 1990

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
Name: <u>James Oakley</u>	Site Name: <u>(James Oakley)</u>
Address: <u>P.O. Box 3343</u> <u>Eden, Nc. 27288</u>	Address: <u>Route 2 Box 109</u> <u>Eden Nc 27288</u>
Phone Number: <u>919-623-6716</u>	County: <u>Rockingham</u>

Winston-Salem  
Regional Office

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>550</u>	<u>Gasoline</u>	To Be Removed <u>To Be Filled</u>
Tank 2	<u>1000</u>	<u>Gasoline</u>	To Be Removed <u>To Be Filled</u>
Tank 3	_____	_____	To Be Removed To Be Filled
Tank 4	_____	_____	To Be Removed To Be Filled
Tank 5	_____	_____	To Be Removed To Be Filled

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:	
(Contractor) Name: <u>Niemczura And Company</u>	
Address: <u>810 Russell Ave, Reidsville</u> State <u>Nc.</u> Zip <u>27320</u>	
Contact: <u>JOE NIEMCZURA</u>	Phone: <u>(919) 349-4874</u>
<input checked="" type="checkbox"/> YES	Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?
<input checked="" type="checkbox"/> YES	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input checked="" type="checkbox"/> YES	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:	
(Contractor) Name: <u>Niemczura And Company (Guilford Laboratories)</u>	
Address: <u>810 Russell Ave, Reidsville</u> State <u>Nc.</u> Zip <u>27320</u>	
Contact: <u>JOE NIEMCZURA</u>	Phone: <u>(919) 349-4874</u>
<input checked="" type="checkbox"/> YES	Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?
<input checked="" type="checkbox"/> YES	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input checked="" type="checkbox"/> YES	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>JAMES OAKLEY</u>	Scheduled Removal Date: <u>2-11-90</u>
Signature: <u>[Signature]</u>	Date Submitted: <u>1-11-90</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346