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 (BLUE) FOR REGIONAL OFFICE ADDRESS]

State Use Only
I. D. Number
Date Received 10/22/93

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NC DEHNR (FOREST RESOURCES)
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: BOX 27687 512 N SALISBURY ST.
County: DURHAM
City: RALEIGH State: NC Zip Code: 27611
Tele. No. (Area Code): 919 733-2162

II. LOCATION OF TANK(S)

Facility Name or Company NC FOREST RESOURCES
Facility ID # (if available) 021842-1
Street Address or State Road: BROWNS FORD ROAD
County: WILKES City: WILKESBORO Zip Code: 28697
Tele. No. (Area Code): 919 973-4104

III. CONTACT PERSON

Name: CHARLES HALE Job Title: ASST. COUNTY RANGER Telephone Number: (919) 973-4104

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: FROEHLING AND ROBERTSON INC
Address: P.O. BOX 2551 RALEIGH State: NC Zip Code: 27602
Contact: J.D. SOLOMON Phone: 919 828-3441

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

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: CLOSURE: Removal	CLOSURE: Abandonment In Place	CHANGE-IN-SERVICE: New Contents Stored
021842-1	1,000	GASOLINE	✓		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
ROBERT BICKERSTAFFE REGION 3 UST COORDINATOR
*Scheduled Removal Date: 12/3/94
Signature: Robert Bickerstaffe
Date Submitted: 10/18/93

*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 Copy - Central Office Blue Copy - Owner