

FOR TANKS IN NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I.D. Number **AUG 12 1994**
Date Received **Winston-Salem**

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: **NC DOT - Geotechnical Unit**
Corporation, Individual, Public Agency, or Other Entity
Street Address: **PO Box 25001**
County: **Wake**
City: **Raleigh** State: **NC** Zip Code: **27611**
Telephone Number: **(919) 250-4088**
(Area Code)

II. Location of Tank(s)

Facility Name: **M.G. Smith and Allen P. Smith**
(or Company)
Facility ID # (if available): **NA (DOT Right of Way)**
Street Address **2702-2716 Friends Ave**
(or State Road)
County: **Guilford** City: **High Point** Zip Code:
Telephone Number: **(NA)**
(Area Code)

III. Contact Person

Name: **Gregory Smith, P.G.** Job Title: **Environmental Geologist** Tel. No.: **919-250-4088**
Closure Contractor: **A+D Environmental Services, Inc.** Address: **PO Box 4EA, High Point NC 27261** Tel. No.: **910-434-7750**
Primary Consultant: **Aquatera, Inc.** Address: **319 J South Westgate Dr., GSO NC 27407** Tel. No.: **910-852-5003**
Lab: **Hydrologic** Address: **2500 Gateway Centre, Suite #900 Morrisville, NC 27560** Tel. No.: **800-241-9174**

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	550	6(L) x 3.6(D)	gasoline		/		/		/

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.
NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- Contact local fire marshal.
 - Notify DEM Regional Office before abandonment.
 - Drain & flush piping into tank.
 - Remove all product and residuals from tank.
 - Excavate down to tank.
 - Clean and inspect tank.
 - Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
 - Cap or plug all lines except the vent and fill lines.
 - Purge tank of all product & flammable vapors.
 - Cut one or more large holes in the tanks.
 - Backfill the area.
- Date Tank(s) Permanently closed: **6-13-94**
Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- Fill tank until material overflows tank opening.
- Plug or cap all openings.
- Disconnect and cap or remove vent line.
- Solid inert material used - specify: _____

REMOVAL

- Create vent hole.
 - Label tank.
 - Dispose of tank in approved manner.
- Final tank destination: **Greensboro, NC**
D. H. Griffin Wrecking Co.

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative: **EILEEN FUCHS - TRANS ENG. GEOLOGIST II**
Signature: **Eileen Fuchs**
Date Signed: **8-9-94**