



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT JR.
GOVERNOR

DIVISION OF HIGHWAYS

GARLAND B. GARRETT JR.
SECRETARY

April 16, 1996

Mr. Thomas Moore
Division of Environmental Management
585 Waughtown Street
Winston-Salem NC 27107-2241

RECEIVED
NORTH CAROLINA
APR 23 1996
Winston-Salem
Regional Office

RE: NCDOT - Reidsville (Wentworth)
Rockingham County

Dear Mr. Moore:

Enclosed is information you requested concerning tank closure at the DOT facility in Reidsville (Wentworth). The site is shown at the intersection of NC87 and NC65, just west of Reidsville. Samples were collected by backhoe from each tank pit as the tanks were removed on October 19, 1992. All samples were collected from a depth of 11-12 feet below surface. These samples were immediately placed on ice and transported to Raleigh where this office arranges laboratory analyses with a private lab (CET). In the closure report, the locations of piping and dispensers were not shown because they were directly on top of the tanks and no additional samples were needed. If you have additional questions, please call me at (919) 733-2220.

Sincerely,

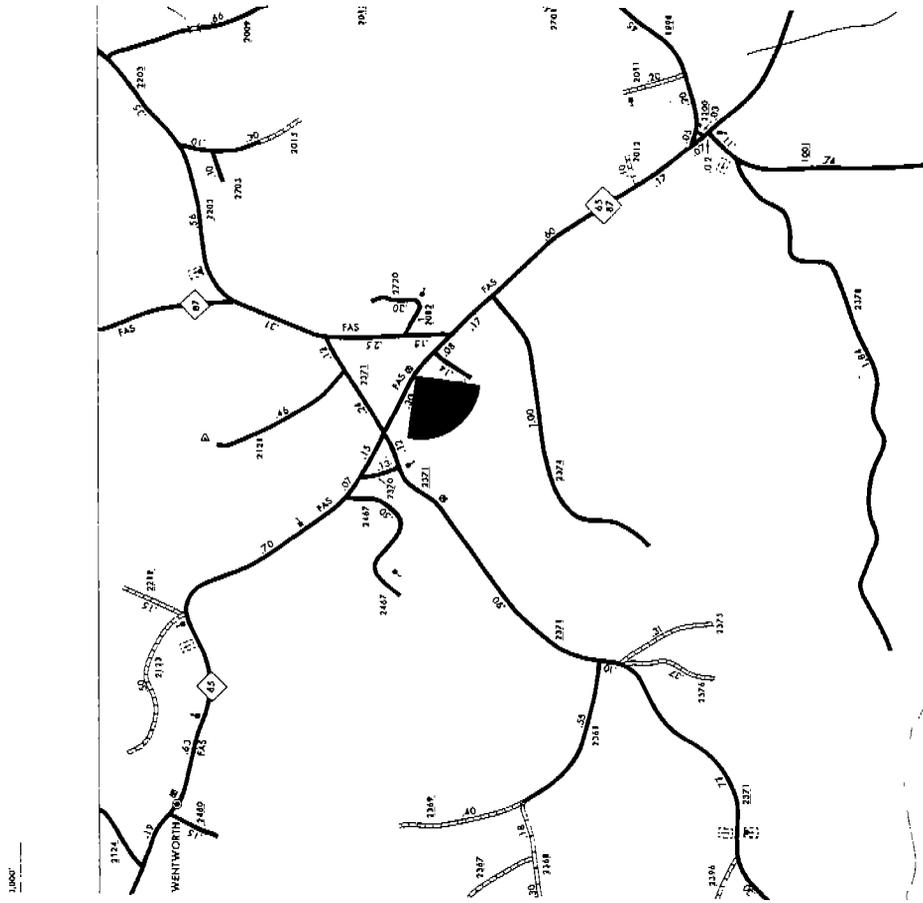
Eric Motzno, P.
Hydrogeologist



EM/ss
Enclosures



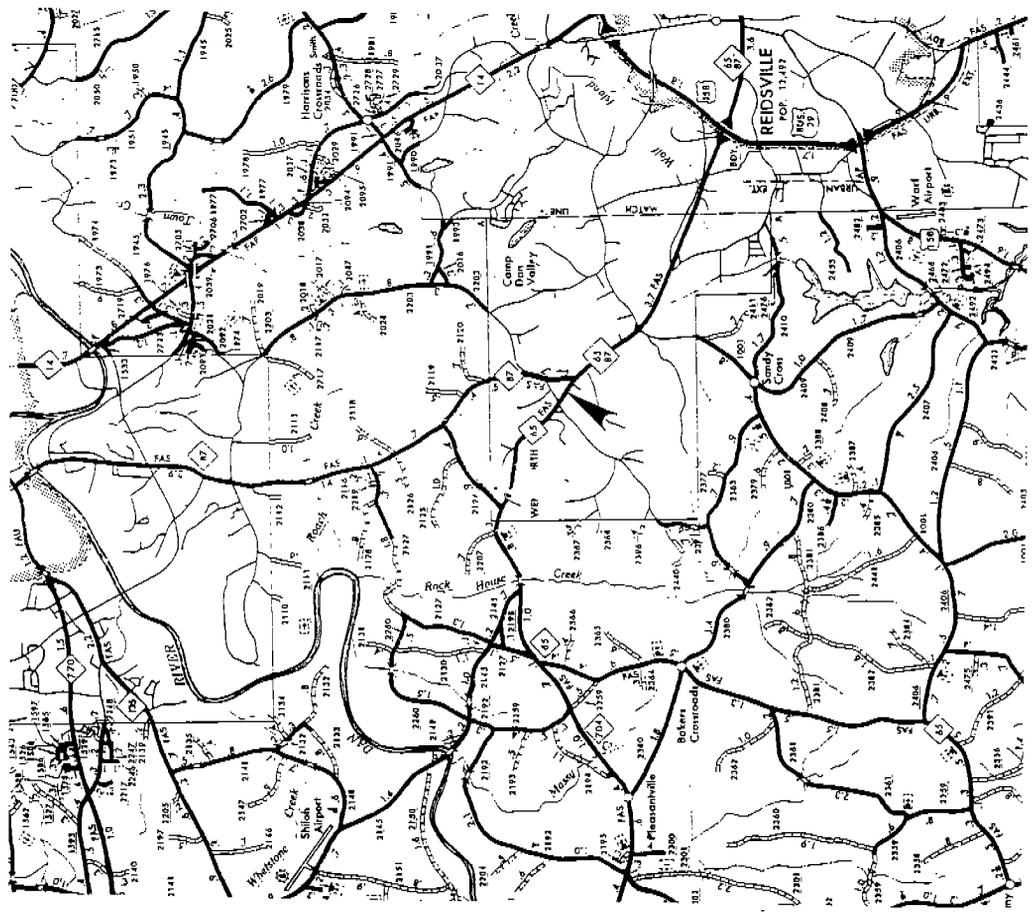
ROCKINGHAM COUNTY



WENTWORTH

CITY: REIDSVILLE
LOCATION: 1.5 MI. E OF WENTWORTH AT NC 87 & NC 65
TELEPHONE: (910) 634-5642 HOURS: 8:00-4:30 WINTER
7:00-3:30 SUMMER

ROCKINGHAM COUNTY





Gas House

Maintenance Office

(GW/UST-2) Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

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 _____ Date Received _____
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INSTRUCTIONS
Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)		II. Location of Tank(s)	
Owner Name (Corporation, Individual, Public Agency, or Other Entity) <u>NC Dept of Transportation</u> Street Address <u>4809 Beryl Drive</u> Wake Raleigh NC 27606 City State Zip Code (919) 733-2220 Area Code Telephone Number		Facility Name or Company <u>NC DOT</u> Facility ID # (if available) <u>0-024746</u> Street/Address or State Road <u>RTB Box 87 (NC 65)</u> Rockingham Reidsville 27320 County City Zip Code (919) 634-5642 Area Code Telephone Number	

III. Contact Person

Closure Contractor: R.L. Willis (Name) Div. Operations Engr (Job Title) (919) 334-3192 (Telephone No. (Area Code))

Lab: Gary Roberts (Name) DOT Raleigh (Address) (919) 733-3532 (Telephone No. (Area Code))

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	10000		Diesel		X		X		X
2	10000		Gasoline		X		X		X
3	10000		Gasoline		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

<input checked="" type="checkbox"/> Contact local fire-marshal <input checked="" type="checkbox"/> Notify DEM Regional Office before abandonment <input checked="" type="checkbox"/> Drain & flush piping into tank. <input checked="" type="checkbox"/> Remove all product and residuals from tank <input checked="" type="checkbox"/> Excavate down to tank. <input checked="" type="checkbox"/> Clean and inspect tank. <input checked="" type="checkbox"/> Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures. <input checked="" type="checkbox"/> Cap or plug all lines except the vent and fill lines. <input checked="" type="checkbox"/> Purge tank of all product & flammable vapors. <input checked="" type="checkbox"/> Cut one or more large holes in the tanks. <input checked="" type="checkbox"/> Backfill the area. Date Tank(s) Permanently closed: <u>10-29-92</u> Date of Change-in-Service: _____	<p>ABANDONMENT IN PLACE</p> <input type="checkbox"/> Fill tank until material overflows tank opening; <input type="checkbox"/> Plug or cap all openings; <input type="checkbox"/> Disconnect and cap or remove vent line <input type="checkbox"/> Solid inert material used - specify: _____
	<p>REMOVAL</p> <input type="checkbox"/> Create vent hole <input type="checkbox"/> Label tank <input checked="" type="checkbox"/> Dispose of tank in approved manner Final tank destination: <u>See Atta.</u>

VIII. Certification (Read and Sign)

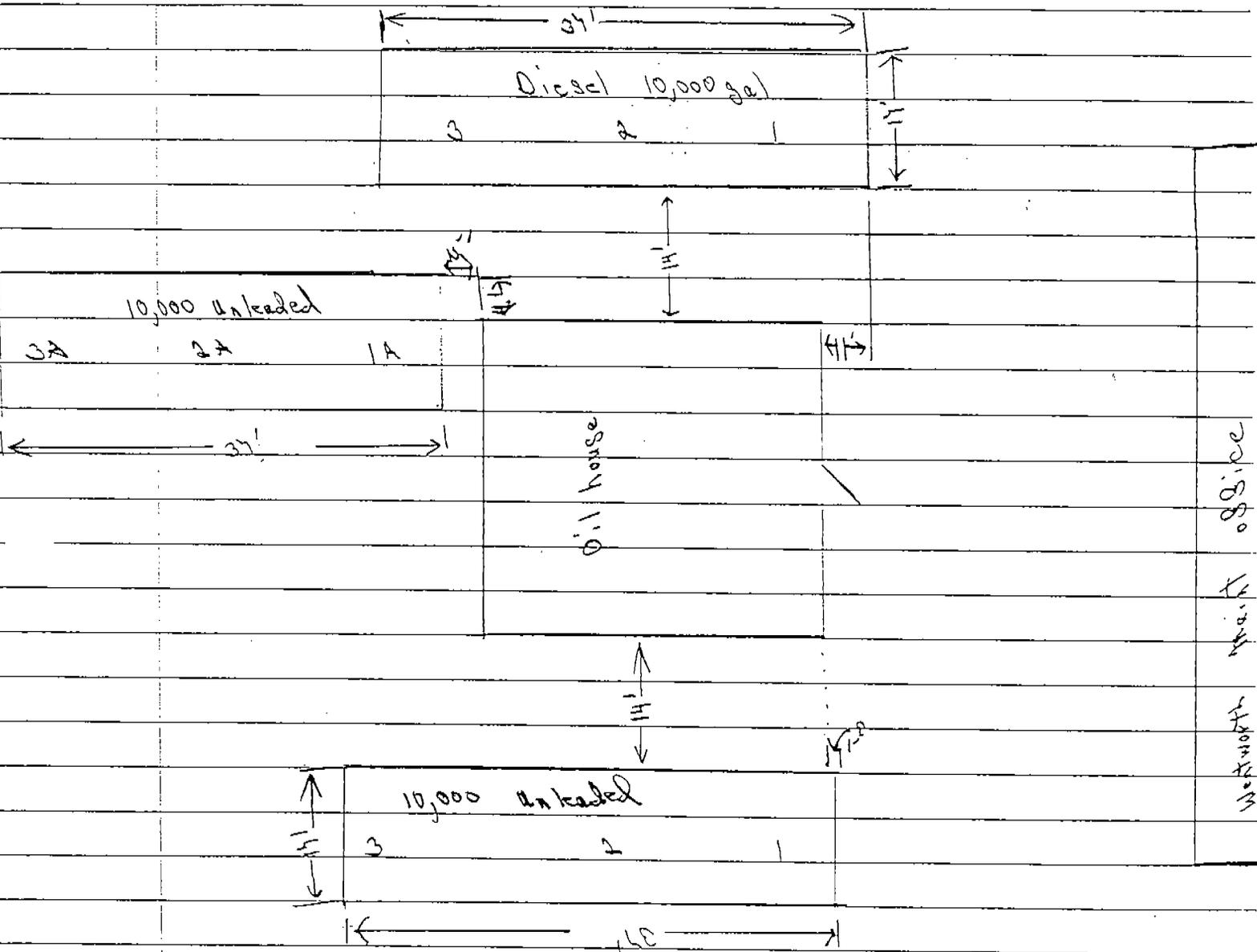
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true,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

Print name and official title of owner or owner's authorized representative: R.L. Willis Div Operations Engr

Signature: [Signature] Date Signed: 11-16-92

GW/UST-2 Rev.7/29/91 White Copy - Regional Office Yellow Copy - Central Office

Sample of Diesel Taken 10-19-92



Rockingham County, Div-7
West North Maint Yard
Tank Removal
Billy Stanfield