

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 _____

INSTRUCTIONS

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

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NC Dept of Transportation
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: PO Box 25201
County: Wake County
City: Raleigh State: NC Zip Code: 27611
Tele. No. (Area Code) Contact # (919) 277-5003

II. LOCATION OF TANK(S)

Facility Name or Company NC DOT Property
Facility ID # (if available) SR 1170 at SR 1796
Street Address or State Road: (Abandoned Station)
County: Davidson City: Linwood Zip Code: _____
Tele. No. (Area Code) Contact # (919) 277-5003

III. CONTACT PERSON

Name: Mrs. Susan Kite Job Title: Project Manager Telephone Number: (919) 277-5003

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

- | | |
|---|--|
| <ol style="list-style-type: none"> 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". | <ol style="list-style-type: none"> 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: Four Seasons Industrial Services, Inc
Address: PO Box 16590 State: Greensboro NC Zip Code: 27416
Contact: Michael G. Stoneman Phone: (919) 277-2718

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
#1	1,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
#2	1,000	Fuel Oil	<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"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Michael G. Stoneman (Corp UST Proj Mgr) *Scheduled Removal Date: ~30 days
Signature: Michael G. Stoneman - ASST Date Submitted: 9-16-91

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