

*Geophex, Ltd*  
605 Mercury Street  
Raleigh, North Carolina 27603  
(919) 839-8515

RECEIVED  
N.C. Dept. NROD

FEB 4 1991

Winston-Salem  
Regional Office

January 31, 1991

Mr. Tom Salley  
Groundwater Section  
North Carolina Division of Environmental Management  
8025 North Point Blvd. Suite 100  
Winston Salem, NC 27106-3203

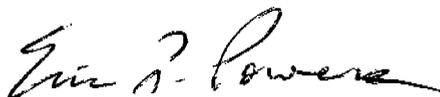
Subject: UST closure permit and temporary groundwater monitoring well permits for  
Underground Storage Tank site near Mebane, NC in Alamance County, NC.

Dear Mr. Salley

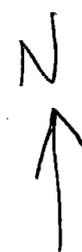
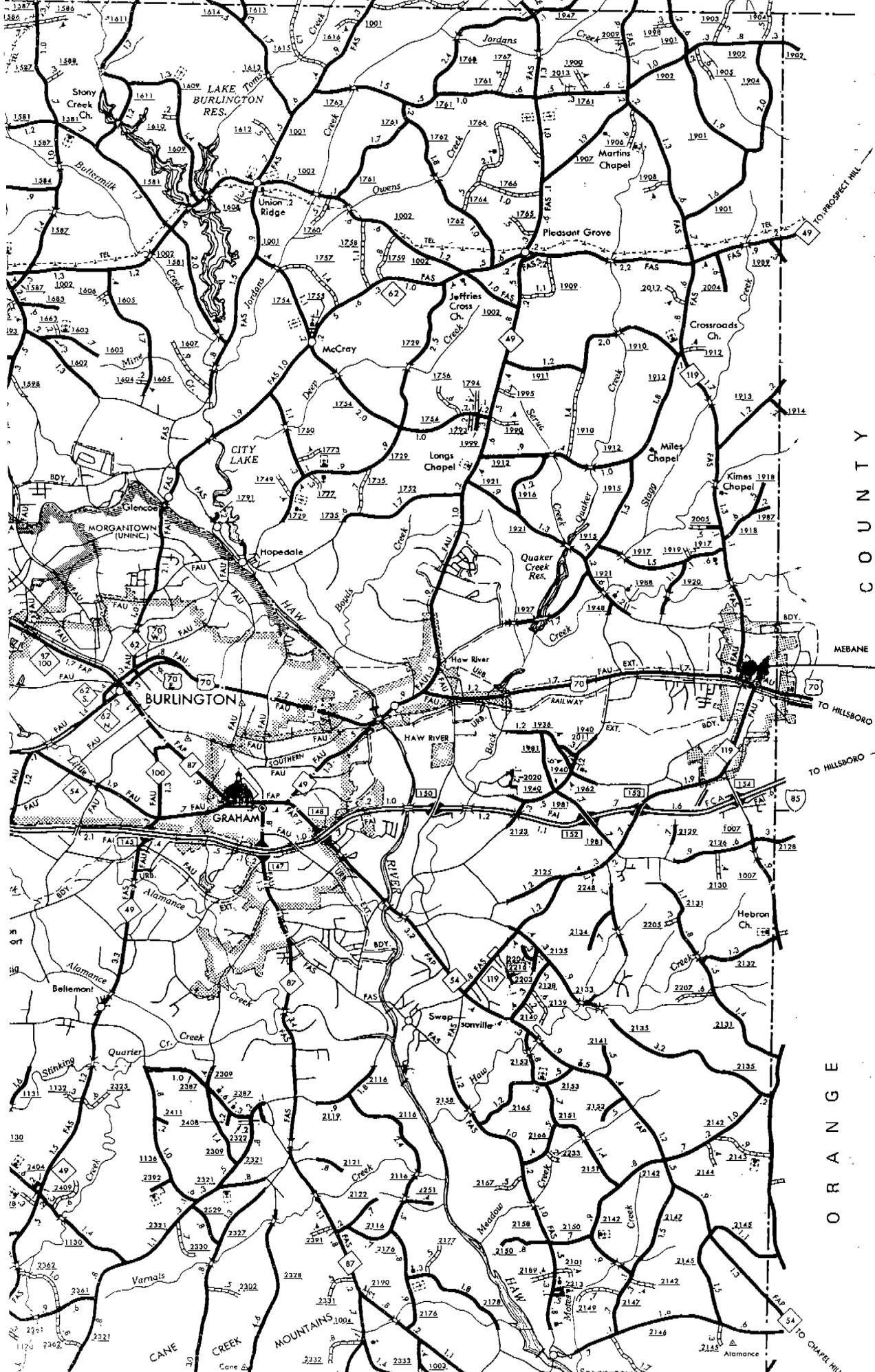
Please find enclosed permit applications for closure of two (2) 8,000-gallon USTs and for installation of three temporary groundwater sampling wells at the site. The wells would only be installed for the purpose of sampling groundwater and determining flow direction if a significant release from the USTs was detected during removal operations. Otherwise, only soil samples will be collected from beneath each tank following removal.

Thank you for your review of these applications.

Sincerely,



Eric R. Powers, P.G.  
Project Manager



C O U N T Y

SITE

TO HILLSBORO

TO HILLSBORO

O R A N G E

ALAMANCE COUNTY

RECORDED  
 N.C. DEPT. OF REVENUE  
 FEB. 4 1991  
 Winston-Salem  
 Regional Office

FOR TANKS IN NC

North Carolina - Department of Environment, Health, & Natural Resources  
Division of Environmental Management - Groundwater Section  
P.O. Box 27687  
Raleigh, NC 27611 (919)733-8303

Post-It™ brand fax transmittal memo 7671 # of pages 1

To: Eric Powers From: Harry Lucas  
Co: Geophex Limited Co: Groundwater Soc.  
Dept: Phone # 919-761-2351  
Fax # 919-839-8528 Fax # 919-761-2013

INSTRUCTIONS  
Please complete and return thirty (30) day

I. OWNERSHIP OF TANK(S) II. LOCATION OF TANK(S)

Tank Owner Name: NC DEPT OF TRANSPORTATION Facility Name or Company: GAS STATION FOLMELL ALFRED S. SPITZNER  
(Corporation, Individual, Public Agency, or Other Entry)  
Street Address: P.O. Box 25201 Street Address or State Road: I-85/NC 119 INTERCHANGE  
County: WAKE County: ALAMANCE  
City: RALEIGH State: NC Zip Code: 27611 City: MEBANE State: NC Zip Code: 27455  
Telephone Number (Area Code): Telephone Number (Area Code): NONE

Contact Person

Name: DOUGLAS HOWEY Job Title: STATE ENV. GEOLOGIST Telephone Number: (919) 250-4088

TANK REMOVAL OR CLOSURE IN PLACE

- 1. Contact Local Fire Marshall. 4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal". 5. Provide a sketch Locating Tanks and Soil Tests. 6. Keep Records for 3 Years.

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: GEOPHER, LTD  
Address: 605 MERCURY ST, RALEIGH State NC Zip Code 27603-2343  
Contact: ERIC POWERS - PROJECT MANAGER Phone: (919) 839-8515

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD	
				Remove	Close in Ground
Tank 1		8,000	UNL GASOLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 2		8,000	UNL GASOLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank 3				<input type="checkbox"/>	<input type="checkbox"/>
Tank 4				<input type="checkbox"/>	<input type="checkbox"/>
Tank 5				<input type="checkbox"/>	<input type="checkbox"/>
Tank 6				<input type="checkbox"/>	<input type="checkbox"/>
Tank 7				<input type="checkbox"/>	<input type="checkbox"/>
Tank 8				<input type="checkbox"/>	<input type="checkbox"/>
Tank 9				<input type="checkbox"/>	<input type="checkbox"/>

Name and Official title of Owner's Authorized Representative  
ERIC R. POWERS

Signature: Eric R. Powers \*Scheduled Removal Date: 3-4-91

Date Submitted: 1-31-91

\*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.

NORTH CAROLINA  
ENVIRONMENTAL MANAGEMENT COMMISSION  
DEPARTMENT OF NATURAL RESOURCES AND COMMUNITY DEVELOPMENT

APPLICATION FOR PERMIT TO CONSTRUCT MONITOR/RECOVERY WELL(S)

To: NORTH CAROLINA ENVIRONMENTAL MANAGEMENT COMMISSION 1-31-, 1991

Gentlemen:

In accordance with the provisions of Article 7, Chapter 87, General Statutes of North Carolina, and regulations pursuant thereto, application is hereby made by GEDPHER, LTD for a permit to construct a

(name of well owner)

monitor/recovery well(s) as described below and in the accompanying data submitted as a part of this application.

- (a) Name of property owner: N.C. DOT
- (b) Location of property: I-85/NC 119 INTERCHANGE NE QUADRANT, MEBANE  
(Road, Industry, Community, etc.) Town County  
ALAMANCE
- (c) Type of facility or site being monitored: GAS STATION
- (d) Types of contamination being monitored or recovered: PETROLEUM PRODUCTS
- (e) Existing monitor well numbers: NONE
- (f) Existing monitor wells showing contamination (well no.): N/A
- (g) Estimated water-table depth: 7-10 feet
- (h) Estimated date of construction: Begin 3-1-91 Complete 3-1-91
- (i) Drilling contractor: GEDPHER, LTD (PRIMARY) SUBCONTR. NOT YET SELECTED
- (j) Location of well: Provide a detailed map showing the location of the proposed well(s), and of any wells in an existing monitoring system (if applicable), in relation to the pollution source(s) being monitored and to at least two (2) nearby permanent reference points such as roads, intersections, and streams. Identify roads with State Highway road identification numbers. (Show all existing water supply wells within a radius of 1,000 feet of the proposed well.)
- (k) Well construction diagram: Provide a diagram showing proposed construction specifications, including diameter, estimated depth, screens, sand pack, grout, type of materials, etc.

The Applicant hereby agrees the proposed well will be constructed in accordance with approved specifications and conditions of the Well Construction Permit. As regulated under the Well Construction Standards (Title 15 - North Carolina Administrative Code, Subchapter 2C)

NC DOT P.O. BOX 25201, RALEIGH, NC 27611  
(Mailing Address of Well Owner-Required)

GEDPHER, LTD. 605 MERCURY ST. RALEIGH, NC 27603  
(Mailing Address of Agent-if other than above)

Eric S. Powers  
Signature of Well Owner or Agent

PROJECT MANAGER  
Title (if applicable)

FOR OFFICE USE ONLY

PERMIT NO. \_\_\_\_\_ issued \_\_\_\_\_ 19 \_\_\_\_\_



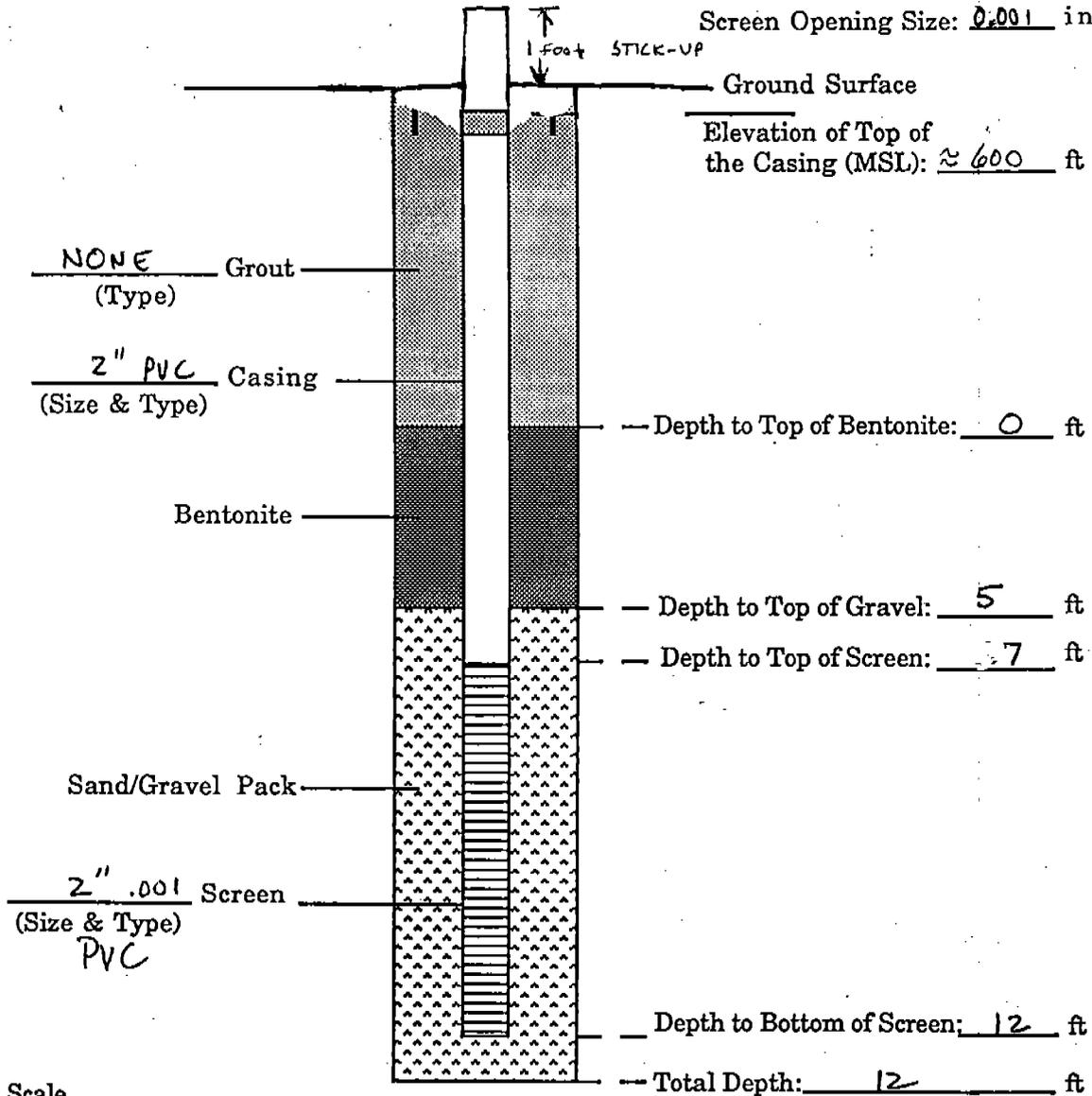
Well Number: MW 1-3  
 Date Started: MARCH 1, 1991  
 Date Finished: MARCH 1, 1991  
 Geologist/Engineer: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

Drilling Method: HSA  
 Drilling Fluids: NONE  
 Static Water Level: \_\_\_\_\_ Date: 1-31-91  
 Observed By: \_\_\_\_\_

All depths referenced to ground surface

**TEMPORARY MONITORING WELL**

O.D. of Borehole: 3" in  
 O.D. of Casing: 2" in  
 Length of Screen: 5 ft  
 Screen Opening Size: 0.001 in



Not to Scale



PROJECT:

Job No:

Figure No.

Site: