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Site Name (Subject): UNION OIL CO. SE TERM

Site ID (Document ID): NCD000609974

Document Name (DocType): Preliminary Assessment/Site Inspection (PA/SI)

Report Segment:

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Date of Document: 1/22/1985

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Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

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PRELIMINARY ASSESSMENT

Union Oil Company, SE Terminal

Greensboro, Guilford County, North Carolina

NCD 000 609 974

CERCLA

January 1985



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION

01 STATE **NC** 02 SITE NUMBER **D000609974**

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Union Oil Co. Southeast Terminal		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER P.O. Box 11007 (6801 West Market Street)			
03 CITY Greensboro	04 STATE NC	05 ZIP CODE 27409	06 COUNTY Guilford	07 COUNTY CODE 41	08 CONG DIST 06
09 COORDINATES LATITUDE 35° 16' 37" N		LONGITUDE 080° 55' 53" W			

10 DIRECTIONS TO SITE (Starting from nearest public road)

Located at 6801 West Market Street which is approx. 2 mi. SW of Guilford College, and approx. 0.4 mi. W of Persimmon Grove Church on the left-hand side of W. Market Street.

III. RESPONSIBLE PARTIES

01 OWNER (if known) Gulf Oil Corp.		02 STREET (Business, mailing, residential) P.O. Box 11287			
03 CITY Richmond	04 STATE VA	05 ZIP CODE 23230	06 TELEPHONE NUMBER (804) 254-0200		
07 OPERATOR (XXXXXX) (Owner as of 3-1-85) Standard Oil Co. of Ohio		08 STREET (Business, mailing, residential) P.O. Box 7117			
09 CITY Atlanta	10 STATE GA	11 ZIP CODE 30357	12 TELEPHONE NUMBER (404) 897-7825		

13 TYPE OF OWNERSHIP (Check one)

A. PRIVATE. B. FEDERAL: _____ (Agency name) C. STATE D. COUNTY E. MUNICIPAL
 F. OTHER: _____ (Specify) G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

A. RCRA 3001 DATE RECEIVED: 11 / 7 / 80 B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____ / ____ / ____ C. NONE
MONTH DAY YEAR MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____ / ____ / ____ <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
---	--	---	--	--	--

02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION <u>1929</u> _____ BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN
--	---

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
Leaded tank sludges and miscellaneous petroleum additives were potentially buried on site.

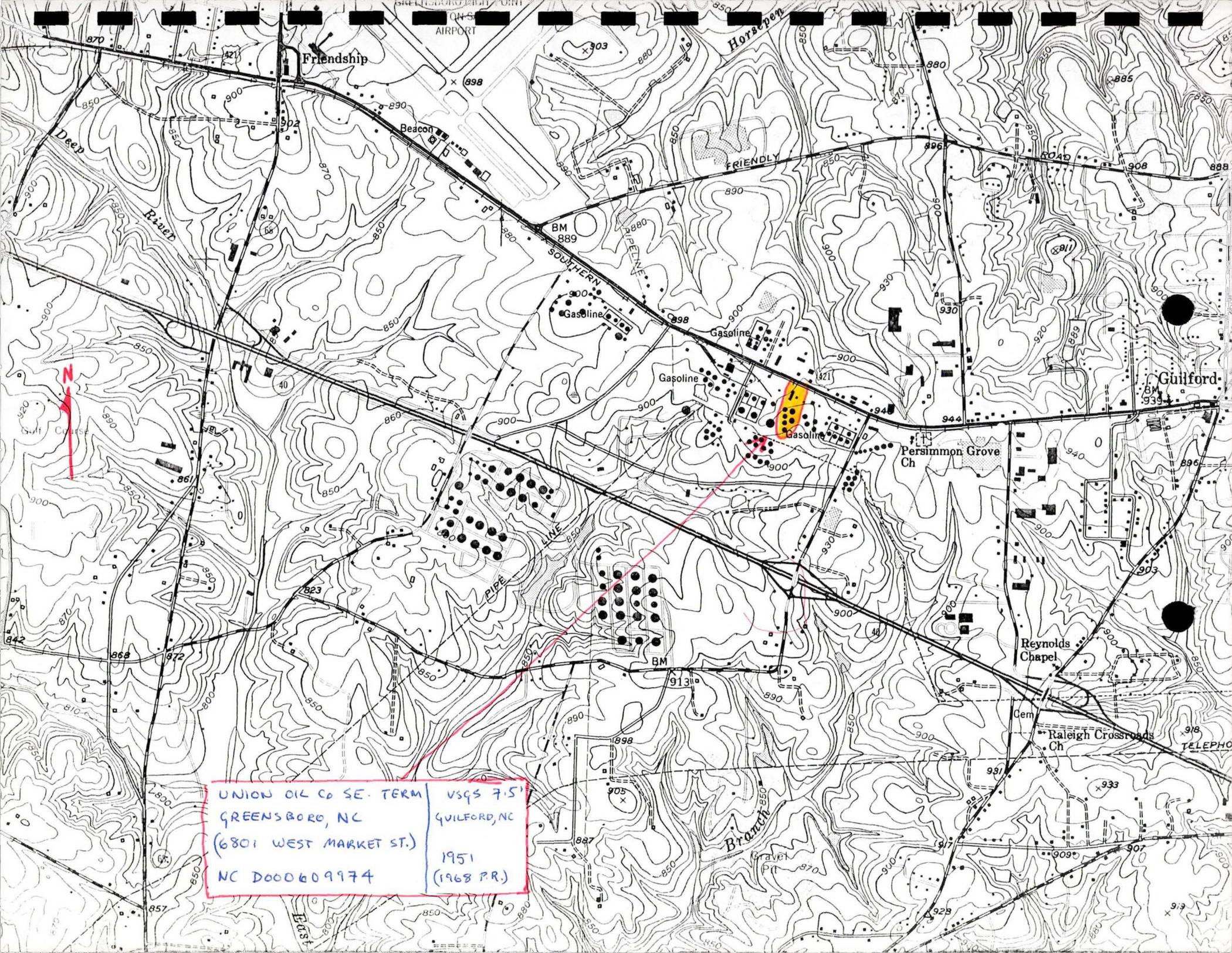
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
According to Mike Jennings (see sources), on-site disposal of tank sludges probably occurred between the period 1929 to 1980. Facility maintains an underground storage tank for API separator sludge.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
 A. HIGH (Inspection required promptly) B. MEDIUM (Inspection required) C. LOW (Inspect on time available basis) (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT J. H. Kimbell		02 OF (Agency/Organization) Union Oil Co. - Greensboro		03 TELEPHONE NUMBER (919) 299-2611	
04 PERSON RESPONSIBLE FOR ASSESSMENT Lee Crosby / D. Mark Durway		05 AGENCY NC DHR	06 ORGANIZATION S&HW	07 TELEPHONE NUMBER (919) 733-2178	08 DATE <u>1 / 22 / 85</u> MONTH DAY YEAR



UNION OIL Co SE. TERM VSQS 7.5'
GREENSBORO, NC GUILFORD, NC
(6801 WEST MARKET ST.) 1951
NC D000609974 (1968 P.R.)

Photocopy
~~cc.~~ cc. put in files

1-14-85

TO: 000609974

telephone conversation w MIKE JENNINGS, @ corporate

office for: GULF OIL CORP.

PO Box 11287

Richmond VA 23230

~~Richmond VA 23230~~

tel (804) 254-0200

re. Selma, NC Terminal NC D075557526

Jennings said:

① as of ³⁻¹⁻⁸⁵ ~~1-5-85~~, ownership of Gulf Terminals in Charlotte, Selma, and Greensboro will change hands to Standard Oil Company of OHIO (SOHIO) UNION OIL CO.

NEW CONTACT WILL BECOME:

GULF OIL CORP.
SOHIO
P.O. Box 717
Atlanta
30357

MR. J. W. (Jim) WATSON
ATLANTA, GA.
tel (404) 897-7825

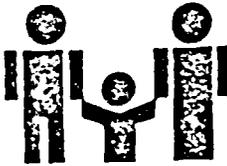
SOHIO
P.O. Box 717
Atlanta, GA
30357

② virtually every terminal in US disposed of tank sludges on-site prior to 1980 legislation.

③ @ SELMA:

① approx 6 monitoring wells

② cleaned tanks June 1984



Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

April 18, 1984

J. H. KIMBELL
Union Oil Co Southeast Terminal
PO Box 11007
Greensboro, NC 27409
EPA NUMBER: NCD000609974

(919) 299 2611

Dear J. H. KIMBELL:

The United States Environmental Protection Agency has granted the State of North Carolina Interim Authorization for Phase II Components A and B to operate the State's Hazardous Waste Management Program in lieu of the Federal Program under the RCRA.

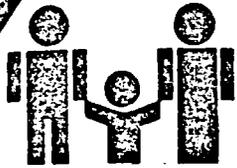
Section 3007(a) authorizes access to facilities which handle hazardous waste. Access is granted to 'duly designated' officers or employees of the EPA (or State, if that State has a hazardous waste program authorized under section 3006 of the Act.)

Pursuant to section 3006 and N.C.G.S. 130-166.18, an inspection was conducted 03/23/84 by Mr. Joseph H. Deakins, Solid and Hazardous Waste Management Branch. The inspection revealed compliance with the regulations. This office wishes to thank you for your cooperation. Please do not hesitate to contact us if we may be of future assistance.

Sincerely,


O. W. Strickland, Head
Solid and Hazardous Waste
Management Branch
Environmental Health Section

copy: Joseph H. Deakins

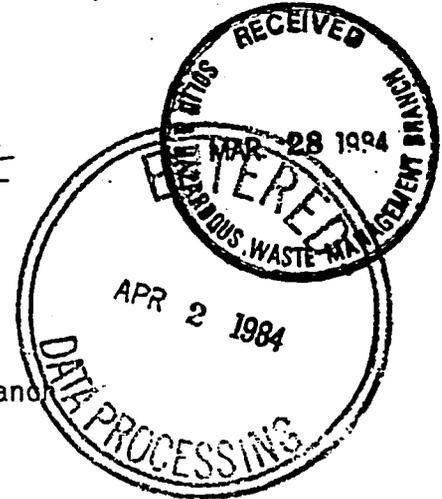


Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

WMP 3/23/84

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

Date: 3-23-84



MEMORANDUM

TO: O. W. Strickland, Head
Solid & Hazardous Waste Management Branch

FROM: J. H. Deakins
Waste Mgt. Spec.

NAME: Union Oil Co. Southeast Terminal
P.O. Box 18007 (City) Greensboro, N.C. 27419

EPA ID No.: NC D00609974
Contact: J. H. Kimbell

A RCRA (Generator, () Transporter, () Interim Status, () Final Status,
compliance inspection was conducted on 3-23-84. The in-
mo/day/yr

spection can be classified as a () annual inspection (Gen, Trans.),
() semi-annual inspection (TSD), (follow-up inspection, () other,
specify _____.

The above subject company was found (in full compliance () in violation
() all previous violations existing () previous violations existing along
with additional ones. (Note: You should complete a check sheet to signify
the additional violations).

DHS Form 3010 (Rev. 10-83)
Solid & Hazardous Waste

1) Facility Information

Union Oil Company Southeast Terminal
6801 W. Market Street
Greensboro, N.C. 27419

2) Facility Contact

J.H. Kimball, Jr., Terminal Foreman

3) Survey Participants

J.H. Kimball, Jr., Terminal Foreman
Robert Shifflet, Guilford County Health Department
J.H. Deakins, District Sanitarian

4) Date of Inspection

August 25, 1982

5) Applicable Regulations

40 CFR, Part 262, Standards for Generators

6) Scope of Survey

RCRA Interim Status Inspection

7) Facility Description

Union Oil Company is a fuel storage and distribution depot. The facility handles gasoline, fuel oil and heating oil. This facility handles Union and Gulf Oil products. Union Oil has 4 tanks with 185,000 barrel capacity and Gulf Oil has 7 tanks with 331,000 barrel capacity. The facility receives oil from Colonial Pipeline and distributes to trucks and tank cars. Hazardous waste from the operation is tank bottoms based on ignitability. The bottoms are cleaned by a private contractor and handled by Troy L. Griffin Oil, Inc., RFD 2, Jefferson, GA, 30549, ID#GAD991275934. This facility was in compliance with RCRA standards for generators on the date of this inspection.

8) Site Deficiencies

Union 76 Division Eastern Region

Union Oil Company of California
1650 East Golf Road, Schaumburg, Illinois 60196
Telephone: (312) 885-5555



R.F. Nootbaar
Senior Vice President,
Eastern Region

December 7, 1983

Solid and Hazardous Waste
Management Branch
Division of Health Services
P O Box 2091
Raleigh, N.C. 27602

Attention: Mr. Keith Lawson

Reference: Your Letter Dated November 3, 1983
Addressed to:
Mr. John T. Ross
Union Oil Company of California
South East Terminal
P O Box 11335
Greensboro, NC 27409

Gentlemen:

In answer to the above-referenced letter, Union Oil Company does not intend to file a part B application for status as a hazardous waste treatment, storage, or disposal (TSD) facility at our Greensboro, NC terminal.

Please refer questions or comments to:

Union Oil Company of California
P O Box 4147
Atlanta, GA 30302
Attention: L. P. Bates

Yours very truly,

R.F. Nootbaar

R. F. Nootbaar

cc: Mr. L. P. Bates

FORM 1
GENERAL
EPA
U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
 Consolidated Permits Program
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
 ENCT000609974

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED			SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NO*	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		YES	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

GULF OIL CORPORATION / UNION OIL CO SOUTHEAST TERMINAL

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) ROSS JOHN T PLANT MANAGER

B. PHONE (area code & no.) 919 292 3211

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX P O BOX 11335

B. CITY OR TOWN GREENSBORO

C. STATE NC

D. ZIP CODE 27409

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 6801 W MARKET STREET

B. COUNTY NAME GUILFORD

C. CITY OR TOWN GREENSBORO

D. STATE NC

E. ZIP CODE 27409

F. COUNTY CODE (if known)

X NPDES PERMIT EXPIRATION 6-30-8.

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	5	1	7	7			
PETROLEUM BULK STATION				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
SOUTHEAST TERMINALS												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)										
F - FEDERAL	M - PUBLIC (other than federal or state)	P (specify)		PRIVATE						C	A	9	1	9	2	9	2	6	1	1
S - STATE	O - OTHER (specify)																			
P - PRIVATE																				

E. STREET OR P.O. BOX											
P O BOX 11007											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
GREENSBORO						NC		27409		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
NC0026247						P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
U											
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
R											

XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

REDISTRIBUTION TERMINAL FOR PETROLEUM PRODUCTS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (Type or Print)				B. SIGNATURE				C. DATE SIGNED			
R. E. WOHLGEMUTH VICE PRESIDENT-NORTHERN REGION				<i>R. E. Wohlgemuth</i>				NOV. 07 1980			

COMMENTS FOR OFFICIAL USE ONLY

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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

DESIGN CAPACITY

- 2 - API SEPERATORS 3,000 GALLONS/DAY EACH
- 2 - API SEPERATOR SLOP OIL TANKS 1,000 GALLONS EACH
- DRUM STORAGE OF LEADED TANK SLUDGE 2,000 GALLONS

SEE ATTACHMENT FOR OPERATION PLAN

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W	N	C	T	0	0	6	0	9	9	7	4	1	W	DUP					T/A/C	2	DUP				
(IV) DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
	23	24	25	26	27	28	29		30	31	32	33	34	35	36	37	38	39	40	41					
1	K	0	4	9	0	TO	2000	G	S	0	2	T	0	1	SLOP OIL FROM API SEPARATOR										
2	K	0	5	1	0	TO	1000	G	S	0	1	S	0	2	TEMPORARY DRUM STORAGE OF API SEPARATOR SLUDGE										
3	K	0	5	2	0	TO	2000	G	S	0	1	TEMPORARY DRUM STORAGE OF LEADED TANK BOTTOMS													
4																									
5																									
6																									
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

S	F	N	C	T	0	0	6	0	9	9	7	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

35	16	37	N	← DOUBTFUL →	080	55	53	W
65	66	67	68	69 - 71	72	74	75	76
77	79							

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	GULF OIL CORPORATION	804	358	8406
13	15	55	56 - 58	59 - 61
		62		65

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	P.O. Box 11287	C	RICHMOND	VA	23230
13	15	45	47	49	51

IX. OWNER CERTIFICATION

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

R. E. WOHLGEMUTH VICE PRESIDENT-NORTHERN REGION	<i>R. E. Wohlgemuth</i>	NOV. 07 1980
--	-------------------------	--------------

X. OPERATOR CERTIFICATION

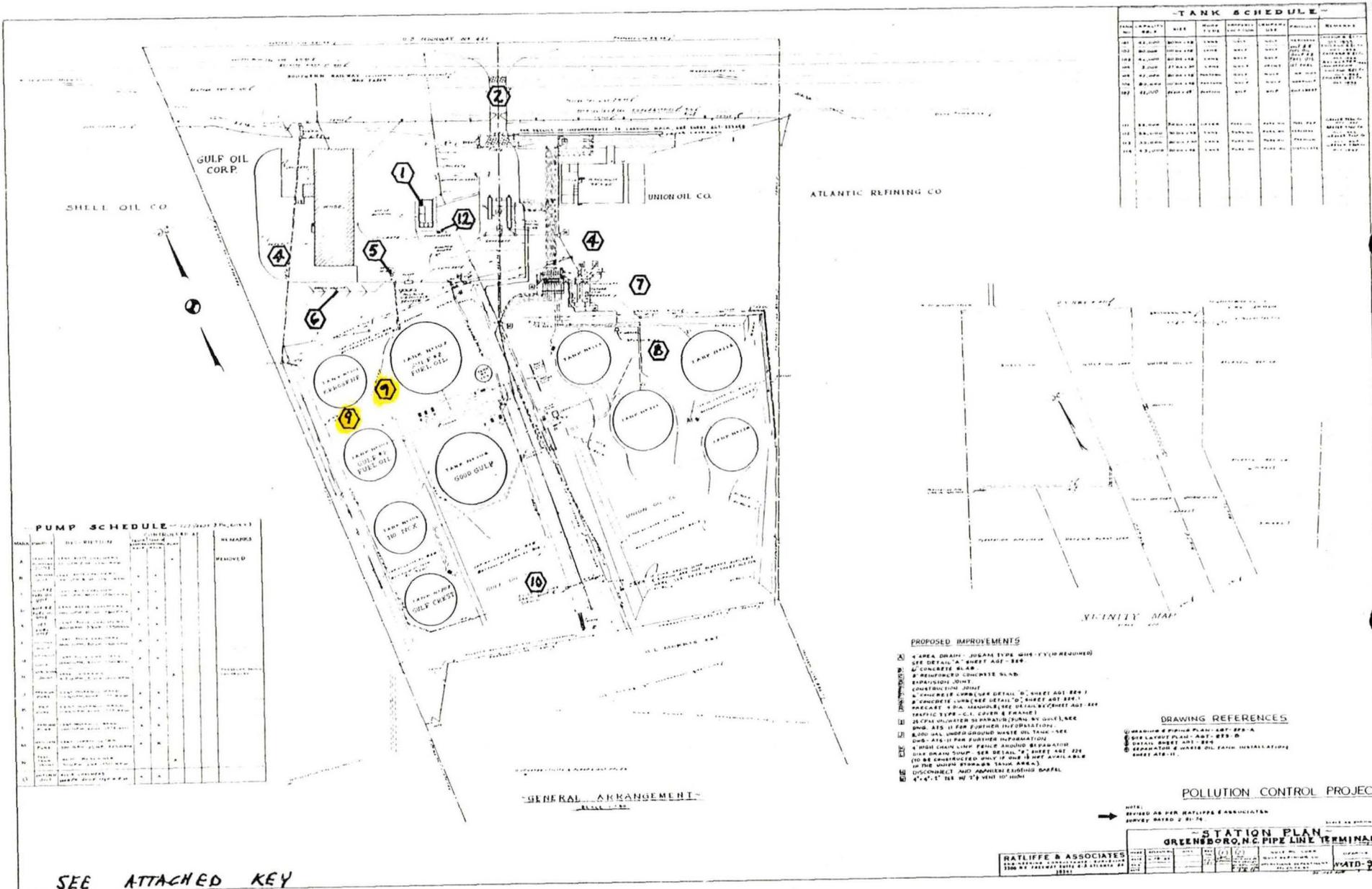
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

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NO.	CAPACITY G.P.G.	TYPE	CONCRETE	FOUNDATION	CONCRETE	REMARKS
101	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
102	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
103	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
104	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
105	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
106	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
107	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
108	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
109	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
110	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
111	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
112	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
113	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
114	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
115	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'
116	10,000	WATER	NO	NO	NO	SEE DETAIL 'A'

NO.	DESCRIPTION	CONCRETE	FOUNDATION	REMARKS
1				REMOVED
2				REMOVED
3				REMOVED
4				REMOVED
5				REMOVED
6				REMOVED
7				REMOVED
8				REMOVED
9				REMOVED
10				REMOVED
11				REMOVED
12				REMOVED

- PROPOSED IMPROVEMENTS**
- 1 AREA DRAIN - 10" DIA. TYPE 400 - 15' (IF REQUIRED) SEE DETAIL 'A' SHEET APT-359
 - 2 CONCRETE SLAB
 - 3 REINFORCED CONCRETE SLAB
 - 4 BRASS/STEEL JOINT
 - 5 CONCRETE JOINT
 - 6 CONCRETE CURB/UPPER DETAIL 'D' SHEET APT-359
 - 7 CONCRETE LOWER DETAIL 'D' SHEET APT-359
 - 8 CAST IRON MANHOLE/SEE DETAIL 'D' SHEET APT-359
 - 9 TRAFFIC TYPE - C.I. CURB & FRAMES
 - 10 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 11 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 12 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 13 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 14 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 15 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 16 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 17 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 18 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 19 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION
 - 20 24" DIA. UNDERGROUND WASTE OIL TANK - SEE SHEET APT-359 FOR FURTHER INFORMATION

- DRAWING REFERENCES**
- 1 GRADE & PIPING PLAN - APT-359-A
 - 2 SEE LAYOUT PLAN - APT-359-B
 - 3 DETAIL SHEET APT-359
 - 4 SEPARATION & WASTE OIL TANK INSTALLATION SHEET APT-359

SEE ATTACHED KEY

(9) = sewage septic tank field

POLLUTION CONTROL PROJECT

NOTES:
 REVISION AS PER RATLIFF & ASSOCIATES SURVEY DATED 2/21/74

RATLIFF & ASSOCIATES
 1000 W. TROST DRIVE, GREENSBORO, NC 27402

STATION PLAN GREENSBORO, NC PIPE LINE TERMINAL

DATE: 2/21/74

TERMINAL KEY

1. Office
2. Plant Entrance
3. Boilers
4. Drum Storage Area
5. Sewage Treatment (Septic Tank)
6. Sewage Outfall (Septic Field)
7. API Separators
8. API Separators - Outfall
9. Disposal Sites - Old
10. Storage Site - Porposed (Waste)
11. Water Holding Ponds or Areas
12. Water Wells

NOTE: Numbers shown on key that do not appear on the drawing do not exist.

OPERATION PLAN

The problems with this facility that are covered by RCRA are the disposal of leaded tank sludge, the disposal of API separator sludge, the disposal of chemical additive residue inside steel drums, the temporary storage of leaded tank sludge and/or API Separator sludge in steel drums, and the temporary storage of steel drums that have chemical additive residue inside them.

Leaded Tank Sludge - Due to the release of a recent EPA Regulation Information Memorandum (RIM) the storage tanks are not considered to be storage facilities for leaded tank sludge. In the event a tank is removed from service and requires the removal of leaded tank sludge, the leaded tank sludge will be:

- A. If hazardous carrier services are available and an approved disposal site is available, the leaded tank sludge will be shipped to the disposal site in accordance with RCRA provisions.
- B. If either hazardous carrier services or an approved disposal site is not available, the leaded tank sludge will be placed in steel drums for temporary storage until the requirements for off-site permanent disposal can be fulfilled. These drums will be stored on the "temporary storage" area on-site and above ground.

API Separator Sludge - The sludge from the API separator will be handled in the same manner as the leaded tank sludge.

The recovered product from the API separator is temporarily stored in a 1,000 gallon underground tank. Because surface active agents are kept from the API separator, there is never an emulsion of oil and water formed. This makes the recovery of product from the API separator very easy. The recovered product is blended into the next pipeline receipt of the appropriate product.

Temporary Storage Site - A temporary storage site will be provided on-site for drums containing either leaded tank sludge, API separator sludge, and/or drums with chemical residue. All drums will be stored above grade. Every effort will be made to store them in a manner that will prevent deterioration of the drums.

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES



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N. C. 1988 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

1. Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The

2. EPA ID Number: N C D 0 0 0 6 0 9 9 7 4

3. Name of Installation: Unocal Southeast Terminal

4. Location of Installation: 6801 West Market Street

(Street or Route Number)

Greensboro, Guilford, North Carolina 27419-8007

(City or Town) (County)

(State)

(Zip Code)

5. Installation Contact: C. E. Wells

919/299-2611

(Name)

(Area Code)

(Phone Number)

6. Other Name of Plant:

A. EPA ID Number	B. Description of Waste Chemical Name	C. Quantity Generated (LBS)	D. Handling Method/Quantity/Location Waste Shipped to			E. In Storage December 31, 1988	
			1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name	1. Storage Method Code	2. Quantity (LBS)
1	0001 Waste Flammable Liquid	NOS 42,000	T03	42,000	NCD086871282	N/A	0
2							
3	0001 Waste Flammable Liquid	NOS 33,600	T03	33,600	NCD086871282	N/A	0
4	0009						
5	0001 Waste Flammable Liquid	NOS 46,200	T03	46,200	KYD088438817	N/A	0
6							
7							
8							
9							
10							
11							
12							

if more space is needed check _____ and complete attachment 1

VI. List EPA ID Numbers for each Transporter used during reporting year: NCD980799142

VII. CERTIFICATION: 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David R. Keasey
(Print or Type Name)

3/13789
(Date Signed)

*Read instructions before completing form

HS 3036 (Revised 1-89) Do. No. 0351A
Hazardous Waste Branch