

UST Closure Inspection Checklist

Inspection Date: (Date) 12/16/08 Closure Type: Removal / Abandonment Facility ID# (Facility ID) 0-031447

I. Inspector Safety (Circle appropriate responses to the following questions)

31953

1. Fire Marshall present / notified of UST closure yes
2. Site Safety Plan is present: Yes / No (inspector should sign plan. If plan is not present inspector should leave site.)
3. Time of Inspector arrival: 1045 4. Time of Inspector departure: 1150 5. Inspector's Name: SNH, CS, BS

II. Ownership of Tanks

The Pentec, Inc.
 Owner's Name (Corporation, Individual, Public Agency, or other entity)
1801 Douglas Drive
 Street Address
Sanford NC 27330
 City State Zip Code
919 774 6700
 Area Code Phone Number
 Contact Person for UST Location Michael Shaw Phone # 704 578 5974
 Date became owner of the UST systems _____

III. Location of Tanks

The Pentec #832
 Facility Name
FDI Memorial Drive
 Street Address
Greenville NC 27858
 County City (nearest) Zip Code
 Number of UST systems on site (including non-regulated) 3
 Operator Name _____ Facility Phone # _____
 Current use of the site Vacant

IV. Contractor Information

Primary Consultant: Michael Shaw Phone #: 704 578-5974
 Address: 71548 S. Church St. City: Rocky Mt. State: NC ZIP: 27803
 General Contractor: Billy Bass Phone #: 252 446-2037
 Address: _____ City: _____ State: _____ ZIP: _____
 Laboratory: _____ Phone #: _____
 Address: _____ City: _____ State: _____ ZIP: _____

V. UST Information	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. Is the UST regulated? (Y/N)	yes	yes	yes			
2. Date last operated	2008	2008	2008			
3. Substance Stored (G-Gasoline, D-Diesel, etc.)	G	G	G			
4. Material of construction (Tanks)	FG	FG	FG			
5. Material of construction (Piping)	FG	FG	FG			
6. Dimensions of Tank (Diameter X Length (ft.))						

IV. UST Closure Information (Respond to the following questions with Yes, No, or I Did Not Observe)

1. Product removed from UST?	✓	✓	✓			
2. Vapors purged from UST?	✓	✓	✓			
3. UST filled with solid inert material (if abandoned)?						
4. Depth of UST below ground surface (ft.)?	4'	4'	4'			
5. Soil staining observed ABOVE tank?	no	no	no			
6. Holes in UST observed?	no	no	no			
7. Soil staining observed BELOW tank?	no	no	no			
8. Free product observed in excavation?	no	no	no			
9. Groundwater in excavation?	yes	yes	yes			
10. Bedrock at base of excavation?	no	no	no			

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VII. Sampling Procedures

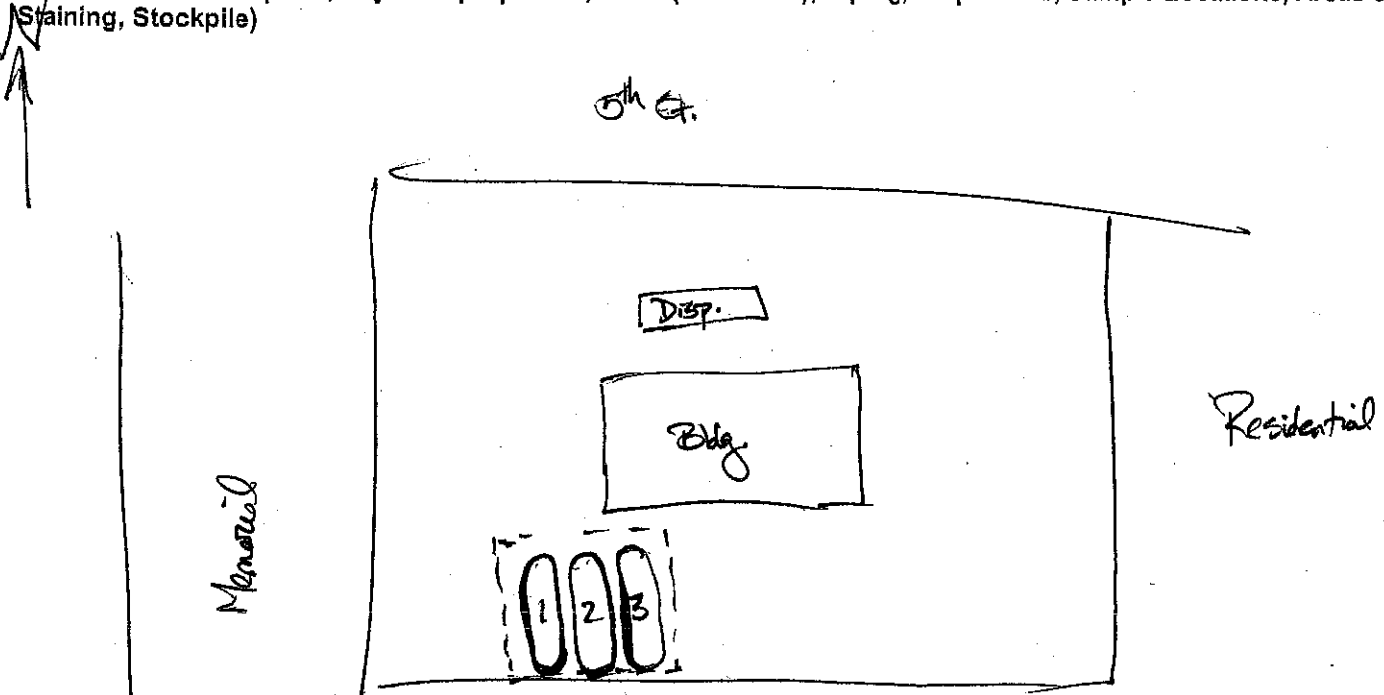
- 1. Sample Collection method (auger, backhoe, shovel, etc.)
not observed
- 2. Sample preservation method (ice, refrigerator, acid, etc.)
''
- 3. Number and location of samples appropriate for:
Tanks: Y N Piping: Y N Dispensers: Y N
- 4. Planned Lab analytical methods appropriate? Y N
- 5. Any samples collected by DENR personnel? Y N

VIII. Excavation and Stockpile

- 1. Final Excavation Dimensions (ft. X ft. X ft.) _____
- 2. Did excavation continue after tank removal? Yes No
- 3. Any indication excavation soils contaminated? Yes No
- 4. Stockpile properly constructed: Yes No
- 5. Stockpile samples collected: Yes No
- 6. Destination of Tank(s): _____
- 7. Destination of excavated soils: _____

Comments:

Site Map: (Show North Arrow, Roads (name), Buildings/Other landmarks, Utilities (overhead and subsurface), WSWs or other receptors, Adjacent properties, USTs (numbered), Piping, Dispensers, Sample Locations, Areas of Staining, Stockpile)



I, CVS property certify that all of the information given to (Inspector) on (Date) is true and accurate to the best of my belief.

SIGNATURE: _____

UST-3 Notice of Intent: UST Permanent Closure or Change-in-Service

Return completed form to:

The DWM Regional Office located in the area where the facility is located. Send a copy to the Central Office in Raleigh so that the status of the tank may be changed to "PERMANENTLY CLOSED" and your tank fee account can be closed out. SEE MAP ON THE BACK OF THIS FORM FOR THE CENTRAL AND REGIONAL OFFICE ADDRESSES.

STATE USE ONLY

I.D. # _____

Date Received _____

INSTRUCTIONS (READ THIS FIRST)

Complete and return at least **thirty (30) days** prior to closure or change-in-service activities. If a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports then at least a **five (5) working days** notice is acceptable.

Completed UST closure or change-in-service site assessment reports, along with a copy of the UST-2 form, should be submitted to the appropriate Division of Waste Management (DWM) Regional Office within thirty (30) days following closure activities. The UST-2 form should also be submitted to the Central Office in Raleigh so that the status of the tanks may be changed to permanently closed and your tank fee account can be closed out.

UST closure and change-in-service site assessments must be completed in accordance with the latest version of the *Guidelines for Tank Closure*. The *Guidelines for Tank Closure* can be obtained at www.wastenotnc.org.

You must make sure that USTs removed from your property are disposed of properly. When choosing a closure contractor, ask where the tank(s) will be taken for disposal. Usually, USTs are cleaned and cut up for scrap metal. This is dangerous work and must be performed by a qualified company. Tanks disposed of illegally in fields or other dumpsites can leak petroleum products and sludge into the environment. If your tanks are disposed of improperly, you could be held responsible for the cleanup of any environmental damage that occurs.

I. OWNERSHIP OF TANKS

II. LOCATION

Owner Name (Corporation, Individual, Public Agency, or Other Entity) The Pantry, Inc.		Facility Name or Company The Pantry #832	
Street Address 1801 Douglas Drive		Facility ID # (If known) 0-031447	
City Sanford	County Lee	Street Address 501 S. Memorial Drive	
State NC	Zip Code 27330	City Greenville	County Pitt
Phone Number 919-774-6700		Phone Number 919-774-6700	

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7.39249

III. CONTACT PERSONNEL

Name: Michael Shaw	Company Name: M D Shaw & Associates	Job Title: President	Phone Number: 704-578-5974
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IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE

- Contact local fire marshal.
- Plan entire closure event.
- Conduct Site Soil Assessment.
- If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks* and 1604 *Removal and Disposal of Used Underground Petroleum Storage Tanks*.
- Provide a sketch locating piping, tanks and soil sampling locations.
- Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation.
- If a release from the tanks has occurred, the site assessment portion of the tank closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing the signature and seal of the P.E. or L.G. If a release has not occurred, the supervision, signature or seal of a P.E. or L.G. is not required.
- Keep closure records for three (3) years.

V. WORK TO BE PERFORMED BY

Contractor Name: Billy Bass		Contractor Company Name: Bass Electric Co. Inc.	
Address: 1548 S. Church St, Rocky Mount		State: NC	Phone No: 252-446-2037
Primary Consultant Name: Michael Shaw, P.G.		Zip Code: 27803	Consultant Phone No: 704-578-5974
Primary Consultant Company Name: M D Shaw & Associates, P.C.			

VI. TANKS SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE


Tank ID No.	Size in Gallons	Last Contents	Proposed Activity		
			Closure		Change-in-Service New Contents Stored
			Removal	Abandonment in Place *	
1	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

* Prior written approval to abandon a tank in place must be received from a DWM Regional Office.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs.

Print name and official title:

Signature: 	Date Signed: 11/26/08	SCHEDULED REMOVAL DATE: 12/15/2008	Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes
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