



Harnett
COUNTY
NORTH CAROLINA



Emergency Services Department

www.harnett.org

Fire Marshal Division

P.O. Box 370
Lillington, NC 27546
910-893-7580

4 tanks

Application for Tank Removal or Abandonment

Application # FMEW1908-0005 Date: 08/14/2019

Applicant Harnett County Board of Education

Billing Address 1008 S 11th Street

City Lillington State NC Zip 27546

Phone # 910-893-8151

Location of Tank(s) 301 S 10th Street, Erwin, NC

Removal/Abandonment Date 08/20/19

Contractor Terracon Consultants Phone # _____

This application must be completed and returned to Central Permitting prior to the issuance of the permit. Please allow (7-10) working days for processing. A site inspection will be conducted to ensure compliance with applicable regulations. All fees shall be paid before permits will be issued. The following items are required to be submitted with this application:

- 1 Copy of North Carolina Department of Environment, Health and Natural Resources GW/UST-3 Notice of Closure Intent.
- 2 Number of tanks to be removed including the capacity and contents of each tank.
- 3 Information detailing the proposed disposition of the tanks after removal.

It is the applicants responsibility to ensure that conditions are in accordance with all applicable Federal, State and Local regulations.

[Signature]
Applicant Signature

8.14.19
Date

The tanks will be made inert, removed, cleaned, and transported to the Dunn Scrap Yard at 1604 S. Wilson Avenue in Dunn, NC.

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. Also send a copy to the Central Office in Raleigh.
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 a UST-3 form at least **thirty (30) days** prior to closure or change-in-service activities.

Completed UST closure or change-in-service site assessment reports, along with a copy of the UST-2A and/or 2B forms, 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. Note: Tank fees may be due for unregistered tanks.

UST closure and change-in-service site assessments must be completed in accordance with the latest version of the *Guidelines for Site Checks, Tank Closure and Initial Response*. The guidelines can be obtained at <http://dwm.nc.gov/about/divisions/waste-management/ust>. Note: To close tanks in place you must obtain prior approval from the DWM Regional office located in the region where the facility is located.

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) Hamett County Board of Education		Facility Name or Company Erwin Middle School (actually Erwin Elementary School)		
Street Address P.O. Box 1029		Facility ID # (If known) 00-0-0000027672		
City Lillington	County Hamett	Street Address 301 South 10 th Street		
State NC	Zip Code 27576	City Erwin	County Hamett	Zip Code 28339
Phone Number	Email smathews@hamett.k12.nc.us	Phone Number		

III. CONTACT PERSONNEL

Name: Justin Fabrizioani	Company Name: Terracon Consultants, Inc.	Job Title: Senior Scientist	Phone Number: 9197441039
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IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE

- | | | |
|--|---|--|
| 1. Contact local fire marshal. | 5. Provide a sketch locating piping, tanks and soil sampling locations. | 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. |
| 2. Plan entire closure event. | 6. Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation. | |
| 3. Conduct Site Soil Assessment. | 7. If a release from the tanks has occurred, the site assessment portion of the tank closure must be conducted under the supervision of | |
| 4. If removing tanks or closing in place, refer to API Publication 2015 <i>Cleaning Petroleum Storage Tanks</i> and 1604 <i>Removal and Disposal of Used Underground Petroleum Storage Tanks</i> . | 8. Keep closure records for three (3) years. | |

V. WORK TO BE PERFORMED BY

Contractor Name: Pat Beccaria		Contractor Company Name: Terracon Consultants, Inc.		
Address: 2401 Brentwood Road, Suite 107		State: NC	Zip Code: 27604	Phone No: 919-777-3929
Primary Consultant Name: Justin Fabrizioani		Primary Consultant Company Name: Terracon Consultants, Inc.		Consultant Phone No: 919-744-1039

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

Tank ID No.	Size in Gallons	Last Contents	Proposed Activity		
			Removal	Closure Abandonment in Place *	Change-In-Service New Contents Stored
1	3500	Heating Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	10000	Heating Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	10000	Heating Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	10000	Heating Oil	<input checked="" 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

Has a release from a UST system occurred at this location? Yes No Unknown

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

Print name and official title: Aaron L. Fleming, Superintendent

Signature 	Date Signed 8/13/19	SCHEDULED REMOVAL DATE 8/20/19	Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes
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Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Terracon Consultants, Inc	Property Owner	Harnett County Board of Ed
Home Address	2401 Brentwood Rd, # 107	Home Address	1008 S 11th Street
City, State, Zip	Raleigh, NC 27604	City, State, Zip	Lillington, NC 27546
Telephone	919-873-2211	Telephone	910-893-8151
Email		Email	

Address of Proposed Property	301 S. 10th Street, Erwin, NC 28339		
Parcel Identification Number(s) (PIN)	0597-83-4564.000	Estimated Project Cost	\$58,000.00
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	No construction / Existing site of the Erwin Elementary School / Educational		
Description of any proposed improvements to the building or property	Removal of 4 USTs (underground storage tanks).		
What was the Previous Use of the subject property?	Educational		
Does the Property Access DOT road?	Yes		
Number of dwelling/structures on the property already	6	Property/Parcel size	15.37 acres
Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MUST circle one that applies to property	Existing/Proposed Septic System <input type="checkbox"/> Or	Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>	

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

<u>Aaron L. Fleming</u> Print Name	<u>[Signature]</u> Signature of Owner or Representative	<u>8/14/19</u> Date
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For Office Use

Zoning District		Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback		Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: <u> </u>	Date Paid: <u> </u> Staff Initials: <u> </u>

Comments	
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Signature of Town Representative: <u>[Signature]</u>	Date Approved/Denied: <u>8/14/19</u>
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This is not an approval of the site plan.
- This is approval for the removal of 4 UST.
- Follow all guidelines set forth by Harnett County and the state of N.C.