



Fire Marshal Division

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

Application for Tank Removal or Abandonment

Application # _____ Date: 5/5/2021

Applicant Terraquest Environmental Consultants, P.C

Billing Address 100 East Ruffin Street

City Mebane State NC Zip 27302

Phone # 919-563-9091

Location of Tank(s) 359 NC HWY 24 Cameron, NC

Removal/Abandonment Date 6 / 3 / 2021

Contractor EarthX, Inc. Phone # 919-448-6262

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.

Mark J. B.
Applicant Signature

5 / 5 / 2021
Date

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

STATE USE ONLY

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.

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 <https://deg.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) AAMH, Inc.		Facility Name or Company Atkins Grocery	
Street Address PO Box 127		Facility ID # (If known) 00-0-000002318	
City Bunnlevel	County Harnett	Street Address 359 NC HWY 24	
State NC <input checked="" type="checkbox"/>	Zip Code 28323-0127	City Cameron	County Harnett <input checked="" type="checkbox"/> Zip Code 28326
Phone Number 910-814-2702	Email abadi812@yahoo.com	Phone Number 910-814-2702	

III. CONTACT PERSONNEL

Name: Joan Witters	Company Name: AAMH, Inc.	Job Title:	Phone Number: 910-814-2702
-----------------------	-----------------------------	------------	-------------------------------

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: Wesley Sorrells		Contractor Company Name: EARTH, Inc.	
Address: 403 Widgeon Way		State: NC <input checked="" type="checkbox"/>	Zip Code: 27302
Primary Consultant Name: Michael Brown		Primary Consultant Company Name: Terraquest Environmental Consultants, P.C.	
		Consultant Phone No: 919-563-9091	

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
001 Regular	6,000	Gasoline, Gas mix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
002 Plus	6,000	Gasoline, Gas mix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
003 Kerosene	1,000	Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

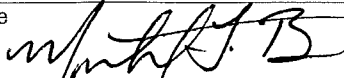
* Prior written approval to abandon a tank in place must be received from a DWM Regional Office.

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

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: Michael Brown, President

Signature 	Date Signed 5/5/2021	SCHEDULED REMOVAL DATE 6/3/2021	Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes
--------------------------------------------------------------------------------------------------	-------------------------	------------------------------------	---------------------------------------------------------------------------------------------