M67001.AR.004579
MCB CAMP LEJEUNE
5090.3a

UNITED STATES MARINE CORPS
MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

IN REPLY REFER TO:

6287
BEMD
18 DEC 1995

Charles Stehman, Ph.D., P.G.
North Carolina Department of Environment,
Health, and Natural Resources
Division of Environmental Management
Groundwater Section
127 Cardinal Drive
Wilmington, North Carolina 28405-3845

Dear Dr. Stehman:

Enclosed is the GW/UST-3 form indicating the location and general information concerning the five existing underground storage tanks at Building 25. These tanks will be removed during the month of January.

If you have any questions or comments, please contact Mr. Paul Humphrey, Installation Restoration Division, Environmental Management Department, at telephone (910) 451-5068.

Sincerely,

ROBERT L. WARREN
Assistant Chief of Staff
Environmental Management
By direction of
the Commanding General

Encl:
(1) GW/UST-3 Form

Copy to:
COMLANTNAVFACENGCOM (Code 1823, L. Laughmiller)
AC/S, Fac (ROICC, V. Marshburn)

(GW/UST-3) **Notice of Intent: UST Permanent Closure or Change-In-Service**

FOR TANKS IN **NC**

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I. D. Number _____
Date Received _____

INSTRUCTIONS
Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: MCB, CAMP LEJEUNE
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: PSC 20004
County: ONSLOW
City: CAMP LEJEUNE State: NC Zip Code: 28542
Tele. No. (Area Code): 910 451-5068

II. LOCATION OF TANK(S)

Facility Name or Company MCB, CAMP LEJEUNE
Facility ID # (if available) BUILDING 25
Street Address or State Road: _____
County: ONSLOW City: CAMLEJ Zip Code: 28542
Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: PAUL HUMPHREY Job Title: ENGINEER Telephone Number: (910)451-5068

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: OHM CORPORATION
Address: 5335 Triangle Pkwy Suite 450 State: Georgia Zip Code: 30092
Contact: Jim Dunn Phone: (404) 729-3900

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY: CLOSURE: Removal	CLOSURE: Abandonment In Place	CHANGE-IN-SERVICE: New Contents Stored
25-1	750	varsol	X		
25-2	750	varsol	X		
25-3	750	varsol	X		
25-4	750	varsol	X		
25-5	750	varsol	X		

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title
ROBERT L WARREN ASSISTANT CHIEF OF STAFF

*Scheduled Removal Date: JAN 22, 1996

Signature: [signature]

Date Submitted: 12/15/95