

State of North Carolina
Department of Environment,
Health and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Leesha Fuller, Regional Manager



January 28, 1994

CERTIFIED MAIL P-536 301 716
RETURN RECEIPT REQUESTED

Mr. Frank Medlin
Exxon Company, USA
P.O. Box 30451
Charlotte, NC 28230-0451

SUBJECT: LEGAL REQUIREMENTS
Exxon Company, USA, RAS #43998
4701 Market Street, Greensboro, North Carolina
Guilford County
Incident Number 10001

Dear Mr. Medlin:

This is to acknowledge receipt of your Comprehensive Site Assessment dated October 7, 1993, and to remind you of your legal requirements in regard to State Regulations. Under current Regulations, as responsible party, you are required to continue to take the steps necessary to clean up the site and restore the area to an environmentally safe condition.

A Corrective Action Plan to address the contamination released is required. This office may be able to assist in gaining off site access if provided with names and addresses of property owner. A Corrective Action Plan should be submitted within 60 days of receipt of this letter.

Our Groundwater Section is required to review projects in priority ranking order. Due to the priority of this site it may be an extended period of time before our staff can complete a review of your particular project. However, be assured that at some time in the future your site will be reviewed for compliance. If compliance of applicable regulations does not exist, we will have no recourse except to refer the matter for enforcement action. You should be aware that an enforcement action could result in civil fines of up to \$10,000.00 per violation for each day that you have allowed the situation to continue without taking the required action.

Any questions about your responsibility in this area should be referred to your legal counsel.

Sincerely,

Larry D. Coble

Larry D. Coble
Regional Supervisor

LDC/ahl

PS Form 3800, June 1985 U.S.G.P.O. 153-506

P-536 301 716
RECEIPT FOR CERTIFIED MAIL
INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Thank you for using Return Receipt Service

SNK

Sent to Exxon

Street and No

P.O., State and ZIP Code

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

RR002 R999 / Exxon Co RAS 43998 / 4701 MKX 34

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mr. Frank Medlin
Exxon Company, USA
P O Box 30451
Charlotte, NC 28230-0451

4a. Article Number
P 536 301 716

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
02-09-94

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

RR002 R999 / Exxon Co RAS 43998 / 4701 MKX 34

PS Form 3811, December 1991 U.S. GPO: 1993-382-714 DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?