



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

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

Margaret Plemmons Foster
Regional Manager

DIVISION OF ENVIRONMENTAL MANAGEMENT
GROUNDWATER SECTION

NOTICE OF VIOLATION OF SUBCHAPTER 2N
CRITERIA AND STANDARDS APPLICABLE TO
UNDERGROUND STORAGE TANKS

April 8, 1993

CERTIFIED MAIL NUMBER P 409 335 739
RETURN RECEIPT REQUESTED

Southeast Airport
6328 Monnett Road
Climax, NC 27233

SUBJECT: Southeast Airport, 6328 Monnett Road, Climax, Guilford
County, NC

Dear Sir or Madam:

On March 9, 1993, this office determined that an underground storage tank system (UST) at the subject location is not in compliance with North Carolina Administrative Code (NCAC Title 15A Subchapter 2N "Criteria and Standards Applicable to Underground Storage Tanks"). It is our understanding that you and/or your firm are the owner/operator of the UST System. If you feel that you are not responsible for the following violations, please notify this office within seven (7) working days.

The violation(s) is(are) as follows:

Failure to submit site investigation results following permanent closure as outlined in 15A NCAC 2N .0405. Within 30 days of receipt of this notice, you must: (a) submit to this office the above cited report or (b) file a notice of intent to permanently close the UST system and proceed with said closure or, (c) present documentation explaining why the tank is exempt from these requirements.

Southeast Airport
page 2

Failure to comply with any of the aforementioned criteria and standards may result in enforcement action against you which may include: (1) a civil penalty assessment of up to \$10,000 for each day of continuing violation (G.S. 143-215.6), (2) criminal penalty proceedings under circumstance as outlined under G.S. 143-215.6B, (3) referral of your site to the Federal Trust Fund which must seek cost recovery from responsible parties for any and all expenses incurred, (4) a request to the Attorney General to institute an action for injunctive relief and, (5) the issuance of a special order.

It is your responsibility to comply with these criteria and standards. Copies of 15A NCAC 2N are available at this office. Should you have questions concerning the notice or the requirements of the criteria and standards, please contact Sharon K. Cihak at P.O. Box 18807, Greensboro, NC 27419 or telephone (919) 373-7565.

Sincerely,

Larry D. Coble

Larry D. Coble
Regional Supervisor

cc: Office of Attorney General
Incident Management Unit
WSRO Files
Guilford County Emergency Services
Guilford County Emergency Management

P 409 335 739



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Is your RETURN ADDRESS completed on the reverse side?

2N NOV SOUTHEAST AIRPORT

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.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
SOUTHEAST AIRPORT
6328 MONNETT ROAD
CLIMAX, NC 27233

4a. Article Number
P 409 335 739

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee)
Valerie Stanley for SE Airport

6. Signature (Agent)

7. Date of Delivery
4/13/93

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

Sent to
SOUTHEAST AIRPORT

Net and No.
6328 MONNETT ROAD

City, State and ZIP Code
CLIMAX, NC 27233

Postage	\$
Registration Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom, City, and Addressee's Address	
Additional Postage Fees	\$
Postmark or Date	

Thank you for using Return Receipt Service.