RECEIVED
N.C. Dept. of EHNR
MAR 1 9 1999
Winston-Salem
Regional Office

S&ME

Celebrating 25 Years of Excellence

Certified Mail
Return Receipt Requested

March 9, 1999

Attention: Addressee

Reference: **STATE NOTIFICATION OF APPROVAL FOR NO FURTHER ACTION**
Groundwater Incident No. 10119
Former Unocal Corporation (Red Horse Truck Stop) Facility #9787-214
1342 Trollingwood Road, Mebane, N.C.
S&ME Project No. 1354-99-166

To Whom It May Concern:

As required by the North Carolina Department of Environment and Natural Resources (NCDENR) – Winston-Salem Regional Office, Division of Waste Management, S&ME, Inc. (S&ME) submits this public notification letter to you, on behalf of our client Speedway Super America LLC. The State's Division of Waste Management approved the January 4, 1999 Request for Site Closure prepared by S&ME, Inc., for the above referenced site (formerly Red Horse Truck Stop). The site was previously owned by Unocal Corporation and remediated to No Further Action Levels, as indicated in the January 4, 1999 Request for Site Closure Report (on file with NCDENR). Because the property that you own or occupy is located contiguous to an area containing low levels of petroleum constituents in soil and groundwater, the State rules governing groundwater classifications and standards (15A NCAC 2L.0115), require that you be informed of this Site Closure. The laboratory analytical results of soil and groundwater samples collected in November 1998 at the former Red Horse Truckstop site (now Speedway gas station) do not indicate that additional remediation or monitoring activities are necessary, thus the NCDENR approved No Further Action for this site. A copy of the No Further Action Letter is attached.

According to the August 10, 1998 NCDENR correspondence, "interested parties may examine the Site Closure Request by contacting Waddell Watters of the NCDENR at 336-771-4600. In addition, the DWM Winston-Salem Regional Office has other site information on file and available

S&ME, Inc. 9751 Southern Pine Boulevard, Charlotte, North Carolina 28273, (704) 523-4726, Fax (704) 525-3953
Mailing address: P.O. Box 7668, Charlotte, North Carolina 28241-7668

for public review. Interested parties may arrange to review this information by contacting the regional office as listed above. In addition, comments on the Site Closure may be submitted to:

Waddell Watters, NCDENR – Winston-Salem Regional Office, Division of Waste Management – UST Section, 585 Waughtown Street, Winston-Salem, NC 27107

A copy of this letter as well as a copy of the certified mail return receipt will be submitted to the NCDENR-UST Section, Winston-Salem Regional office. If you have any questions concerning this report, please contact us at your convenience at 704-523-4726.

Very truly yours,

S&ME, Inc.

Stewart Hines, L.G.
Project Manager

Al Quarles, L.G.
Senior Hydrogeologist

S:/.../Project/1999/99166/publicnotify.doc

NCDENR

JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

RECEIVED
FEB 3 1999

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
WINSTON-SALEM REGIONAL OFFICE
DIVISION OF WASTE MANAGEMENT
U S T SECTION

January 29, 1999

CERTIFIED MAIL NUMBER: P-536 312 309

A. Wayne Hall
UNOCAL Corporation
P.O. Box 4147
Atlanta, GA 30302

SUBJECT: Notice of No Further Action
15A NCAC 2L .0115(h), RISK-BASED ASSESSMENT AND CORRECTIVE ACTION FOR PETROLEUM UNDERGROUND STORAGE TANKS
Red Horse Truck Stop, 1342 Trollingwood Road, Mebane, Alamance County, Groundwater Incident Number 10119, Risk Classification LOW

Dear Mr. Hall:

On January 8, 1999, the Division of Waste Management (DWM) Winston-Salem regional office received a Soil & Groundwater Closure Report for the above-referenced site. A review of the report shows that soil contamination does not exceed the industrial/commercial maximum soil contaminant concentrations established in 15A NCAC 2L .0115(m) or the soil cleanup levels established by the Department in the "Groundwater Section Guidelines for the Investigation and Remediation of Soil and Groundwater" (March 1997). A review of the Soil Cleanup Report with Site Closure Request also shows that contaminated groundwater does not exceed gross contamination levels that were established in 15A NCAC 2L .0115(g).

Based on information provided to date, the DWM determines that no further action is required for this incident. This determination is conditional pending completion of the public notice specified below. Once proper public notice has been given, this determination will apply unless the DWM later determines that the discharge or release poses an unacceptable risk or a potentially unacceptable risk to human health or the environment.

Please be advised that because contaminated groundwater has not been restored to the level of the standard or interim standard established in 15A NCAC 2L .0202, groundwater within the area of contamination or within the area where contamination is expected to migrate, *is not suitable* for use as a water supply.

585 WAUGHTOWN STREET, WINSTON-SALEM, NORTH CAROLINA 27107
PHONE 336-771-4600 FAX 336-771-4632
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

Pursuant to 15A NCAC 2L .0115(e), you have a continuing obligation to notify the DWM of any changes that you know of or should know of, that might affect the level of risk assigned to the discharge or release. Such changes include, but are not limited to, changes in zoning of real property, use of real property or the use of groundwater that has been contaminated or is expected to be contaminated by the discharge or release, if such change could cause the DWM to reclassify the risk. Please note that this responsibility not only pertains to changes involving the property on which the release occurred, but to changes involving the surrounding properties as well.

Please be advised that you must comply with the public notice requirements of 15A NCAC 2L .0115(k) as specified below. If public notice is not provided as required, this no further action determination will be deemed invalid. Within thirty days of receipt of this no further action notice, you must provide a copy of this notice to the following persons:

- local health director;
- chief administrative officer (i.e., Mayor, Chairman of the County Commissioners, County Manager, City Manager or other official of equal or similar position) of each political jurisdiction in which the contamination occurs;
- all property owners and occupants within or contiguous to the area containing contamination; and
- all property owners and occupants within or contiguous to the area where the contamination is expected to migrate.

Copies of this no further action notice must be sent to the persons listed above by certified mail. If it is impractical to provide notice by certified mail to the occupants of apartment buildings, condominiums, office buildings, etc., you may post a copy of this notice in a prominent place where the occupants are most likely to see it.

Within sixty days of receiving this no further action notice, you must provide the DWM Winston-Salem regional office with proof of receipt of the copy of the notice or of refusal by the addressee to accept delivery of the copy of the notice. If a copy of the notice is posted, you must provide the DWM with a description of the manner in which the notice was posted.

Interested parties may examine the Soil Cleanup Report with Site Closure Request by contacting Waddell Watters at the letterhead address or telephone number. In addition, the DWM Winston-Salem regional office has the Soil Cleanup Report with Site Closure Request along with other site information on file and available for public review. Interested parties may arrange to review this information by contacting the regional office as listed below. In addition, comments on the Soil Cleanup Report with Site Closure Request may be submitted to the regional office.

W. Waddell Watters
Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107

Please be advised that you must close any monitoring wells or injection wells used to investigate or remediate this incident in accordance with 15A NCAC 2C .0113 and .0214, respectively. For guidance on closure of infiltration galleries, please contact Winston-Salem regional office.

Should you have any questions concerning this notice, please contact Waddell Watters at the letterhead address or telephone number.

Sincerely,

Cindy H. Rintoul

Cindy H. Rintoul
Regional Supervisor

Attachments: 15A NCAC 2C .0113
15A NCAC 2C .0214
Well Abandonment Form

cc: Fay Sweat - Central Office
WSRO Files

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Daniel& Lucinda Johnson
800 Cheeks Lane
Graham, NC 27253

4a. Article Number *Return Receipt*
Z 469 783 622

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

7. Date of Delivery
3-15-99

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

5. Received By: *(Print Name)*

MAR 1 1999

6. Signature: *(Addressee or Agent)*
X L R Johnson

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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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:

Autry & Medley Graves
1135 Crystal Lane
Mebane, NC 27302

4a. Article Number *Return Receipt*
Z 469 783 625

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

7. Date of Delivery
3/11/99

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

5. Received By: *(Print Name)*
Autry Graves

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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SENDER:
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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:

Annie Dunn
1468 Trollingwood Hawfld Rd.
Mebane, NC 27302

4a. Article Number: Return Receipt
Z 467 783 616

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

7. Date of Delivery: 3/11/99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X [signature] 3-11-99

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

3/15/99
Waddell
You more
receipt as they come
in. All wells abandoned
property. well abandonment
forms to be mailed to you
Soon also.
Thanks,
Stewart Hiner
State

Red-Hage
Truck Stop
Ticket # 10119

return this
s not
ber.
date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Article Number
Z 467-783 627

Service Type
Registered ☒ Certified
Express Mail ☐ Insured
Return Receipt for Merchandise ☐ COD

Date of Delivery
3/11/99

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

98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
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- Complete items 3, 4a, and 4b.
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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:

Speedway SuperAmerica, LLC
500 Speedway Drive
Enon OH 45323

4a. Article Number: Return Receipt
Z 467-783-628

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

7. Date of Delivery
3-15 99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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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:

James & Edna Graves Life Estate
Rt 1 Box 331
Mebane, NC 27302

4a. Article Number: Return Receipt
Z 467 783 617

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

7. Date of Delivery
3/15/99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X [signature]

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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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:

John Williams
1436 Trollingwood Hawfield Rd.
Mebane, NC 27302

4a. Article Number: Return Receipt
Z 467 783 615

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

7. Date of Delivery: 3-11-99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [signature]

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

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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:

Robert Gibson, Trustee
2039 Royce Drive
Mebane, NC 27302

4a. Article Number: Return Receipt
Z 467 783 624

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

7. Date of Delivery: 3-11-99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [signature]

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

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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:

Robert Wilson
Mebane City Manager
106 East Washington Street
Mebane, NC 27303

4a. Article Number: Return Receipt
Z 467 783 631

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

7. Date of Delivery: 3/11/99

5. Received By: *(Print Name)*
Tacker Morrow

6. Signature: *(Addressee or Agent)*
X

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

Thank you for using Return Receipt Service.

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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:

Bennie Rowland
909 Hawfields Trollingwood Rd.
Mebane, NC 27302

4a. Article Number: Return Receipt
Z 467 783 623

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

7. Date of Delivery: 3/11/99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [signature]

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

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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:

Camellia Dixon
1832 Edgewood Lane
Graham, NC 27253

4a. Article Number: Return Receipt Z 467 783 619

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

7. Date of Delivery: 3-11-99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Camellia Dixon

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
c/o Ralph Talay
JA Mar Family Limited
1139 E. Franklin Blvd.
Gastonia, NC 28054

4a. Article Number: Return Receipt Z 467 783 618

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

7. Date of Delivery: MAR 12 1999

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X T.C. Yates

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

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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:

David Cheek
Alamance County Manager
Alamance Courthouse Annex
124 West Elm St.
Graham, NC 27253

4a. Article Number: Return Receipt Z 467 783 633

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

7. Date of Delivery: 03 1/99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Tammy Y. Mann

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Tim Green
Alamance County Health Dir.
319 N. Grahm Hopdale Rd.
Burlington, NC 27217

4a. Article Number: Return Receipt Z 467 783-634

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

7. Date of Delivery: 3-11-99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Shanda Dewport

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.