

Macdonald, Janet K

From: Macdonald, Janet K
Sent: Thursday, May 05, 2016 11:15 AM
To: 'Johnstone, Paul S'
Cc: Afiegbe Aromake (PTNA/FCM); John Young (John.Young@us.bosch.com); Renn, Timothy
Subject: RE: RBTC Boone - NONCD0001139

Categories: Needs followup

Paul,

I received your scanned copies of the 13 certified mailing receipts (2 envelopes were marked as undeliverable), indicating that public notice of the proposed Remedial Action Plan (RAP) for the Vermont American site in Boone, Watauga County, NC was provided to interested parties. It appears that public notice has been completed satisfactorily as required by 15A NCAC 13C .0306(j).

According to your e-mail below, no comments from the public have been received by Amec Foster Wheeler plc. In addition, no comments from the public have been received by the Inactive Hazardous Sites Branch (Branch). You may now complete, certify, and submit the "Proposed Remedial Action Plan Completion Certification" form (Form WPC-III) and begin implementation of the RAP. Note that, in accordance with .0306(b), work phase completion form WPC-III must pre-date and be accompanied by Document Certification Forms DC-I and DC-II.

Note, when you submit the work phase completion form, you, as the RSM, will be approving the proposed RAP that is on file with the Branch.

Thank you for your cooperation. If you have any questions, please contact me.

Janet

Janet Macdonald
Phone: (919) 707-8349

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

From: Johnstone, Paul S [mailto:paul.johnstone@amecfw.com]
Sent: Thursday, May 05, 2016 9:34 AM
To: Macdonald, Janet K <janet.macdonald@ncdenr.gov>
Cc: Afiegbe Aromake (PTNA/FCM) <Aromake.Afiegbe@us.bosch.com>; John Young (John.Young@us.bosch.com) <John.Young@us.bosch.com>; Renn, Timothy <timothy.renn@amecfw.com>
Subject: RE: RBTC Boone - NONCD0001139

Janet,

The public notice period for the Proposed Soil Remedial Action Plan (RAP) for the subject site ended on May 3, 2016. I have attached the return receipts (green cards) for the list of affected properties. Please note that delivery was not successful for two of the affected parties: PS II LLC and Megan Carmody. As of May 3, 2016, we had not received any verbal or written comments or questions on the Proposed Soil RAP. Please advise if you have received any verbal or

7015 0640 0005 6962 2128

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BOONE, NC 28607 **OFFICIAL USE**

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

0273
11
Postmark
Here
03/29/2016

Sent To
Blue Skies Development, Inc.
Street and Apt. No., or PO Box No.
482 State Farm Rd.
City, State, ZIP+4®
Boone, NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Blue Skies Development, Inc.
482 State Farm Road
Boone, NC 28607



2. Article Number (Transfer from service label)
7015 0640 0005 6962 2128

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
B. Received by (Printed Name)
C. Date of Delivery 3/31/16

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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BOONE, NC 28607

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

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Postmark
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03/29/2016

Sent To Ms. Beth Lovette - Watauga Co. Health
 Street and Apt. No., or PO Box No. Grove
126 Poplar Grove Connector
 City, State, ZIP+4® Boone NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0005 6962 2111

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Beth Lovette, RN, MPH
 Watauga County Health Department
 126 Poplar Grove Connector
 Boone, NC 28607



9590 9402 1463 5329 2768 15

2. Article Number (Transfer from service label)

7015 0640 0005 6962 2111

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Imelda Grant Agent
 Addressee

B. Received by (Printed Name)

Imelda Grant

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

7015 0640 0005 6962 2104

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BOONE, NC 28607

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$7.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$0.49
Total Postage and Fees	\$6.74

0273
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Postmark
Here

03/29/2016

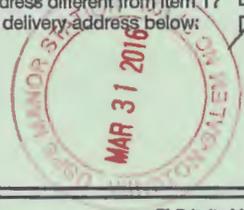
Sent To
 Street and Apt. No., or PO Box No. John Ward - Town of Boone
567 West King St.
 City, State, ZIP+4® Boone, NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse, so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <u>Nicole Worley</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Nicole Worley</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <p>John Ward, Town Manager Town of Boone 567 West King Street Boone, NC 28607</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1463 5329 2768 08</p> <p>7015 0640 0005 6962 2104</p>	<p>Restricted Delivery</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>												

7015 0640 0005 6962 2098

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
WINSTON SALEM, NC 27114 OFFICIAL USE	
Certified Mail Fee \$ 3.45 \$ Extra Services & Fees (check box, add fee as appropriate) \$ 2.80 <input type="checkbox"/> Return Receipt (hardcopy) \$ 0.00 <input type="checkbox"/> Return Receipt (electronic) \$ 0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Required \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	0273 11 Postmark Here 03/29/2016
Postage \$ 0.49 \$ Total Postage and Fees \$ 6.74 \$	
Sent To Ivy Terrace, LP Street and Apt. No., or PO Box No. P.O. Box 25168 City, State, ZIP+4® Winston Salem, NC 27114	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Ron Gillespie C. Date of Delivery 3/31/2016 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: Ivy Terrace, LP P.O. Box 25168 Winston Salem, NC 27114	
 9590 9402 1463 5329 2767 92	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label)	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



amec
foster
wheeler

37 Villa Road, Suite 201
Greenville, SC 29615
USA

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 0640 0005 6962 2081



1980



28607

U.S. POSTAGE
PAID
GREENVILLE, SC
29606
MAR 23 16
AMOUNT

\$6.74

R2303S102572-11

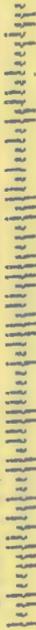
PS II, LLC
141 Doctors Drive
Boone, NC 28607

*Refused
C.B.*

NIXIE 274 FE 1 0004/06/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 29615303951 *2080-06597-06-27



29615303951

7015 0640 0005 6962 2081

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BOONE, NC 28607

OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

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Here

03/29/2016

Sent To PS II, LLC
Street and Apt. No., or PO Box No. 141 Doctors Dr.
City, State, ZIP+4® Boone, NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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FRAMINGHAM, MA 01701

Certified Mail Fee **\$3.45**
 \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ ~~\$2.80~~ **\$0.00**
 Return Receipt (electronic) \$ ~~\$0.00~~ **\$0.00**
 Certified Mail Restricted Delivery \$ ~~\$0.00~~ **\$0.00**
 Adult Signature Required \$ ~~\$0.00~~ **\$0.00**
 Adult Signature Restricted Delivery \$ ~~\$0.00~~ **\$0.00**

Postage **\$0.49**
 \$
 Total Postage and Fees **\$6.74**
 \$

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Postmark
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03/29/2016

Sent To
 Staples Inc.
 Street and Apt. No., or PO Box No.
 P.O. Box 9271
 City, State, ZIP+4®
 Framingham, MA 01701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0002 2361 3916

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Staples
 The Office Superstore East, Inc.
 P.O. Box 9271
 Framingham, MA 01701



9590 9402 1463 5329 2767 78

2. Article Number (Transfer from service label)

7015 1520 0002 2361 3916

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *R.C.*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-1-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7015 1520 0002 2361 3923

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RALEIGH NC 27606

OFFICIAL USE

Certified Mail Fee	\$3.45
\$	\$2.80
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$0.49
\$	\$6.74
Total Postage and Fees	
\$	\$6.74

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Postmark
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03/29/2016

Sent To Propertyco, LLC
 Street and Apt. No. 1 or PO Box No. 7220 Blaneys Bluffs Ln.
 City, State, ZIP+4® Raleigh NC 27606

PS Form 3800, April 21 15 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PROPERTYCO, LLC
 7220 Blaneys Bluffs Lane
 Raleigh, NC 27606



9590 9402 1463 5329 2767 61

2. Article Number (Transfer from service label)

7015 1520 0002 2361 3923

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Theresa Horne C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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BOONE, NC 28607

OFFICIAL USE

7015 1520 0002 2361 3930

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

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03/29/2016

Sent To Randolf & Iva Dean Phillips
 Street and Apt. No., or PO Box No. P.O. Box 3528
 City, State, ZIP+4® Boone, NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Randolf & Iva Dean Phillips
 P.O. Box 3528
 Boone, NC 28607

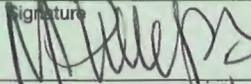


9590 9402 1463 5329 2767 54

2. Article Number (Transfer from service label)

7015 1520 0002 2361 3930

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

 B. Received by (Printed Name) RANDOLPH PHILLIPS C. Date of Delivery 3/29/16
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |



37 Villa Road, Suite 201
Greenville, SC 29615
USA

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL®



7015 1520 0002 2361 3947

29\$

U.S. POSTAGE
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GREENVILLE, SC
29606
MAY 29 16
AMOUNT
\$6.74
R2303S102572-11



28607



1000

2/4-6
K/4-16

Megan Marie Carmody
143 Sunnyside Drive
Boone, N

NIXIE 274 SE 1 0004/25/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 29615303951 *0292-03631-29-43



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
BOONE, NC 28607	
OFFICIAL USE	
Certified Mail Fee \$ 3.45 \$	0273 11 Postmark Here 03/29/2016
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ 2.80 <input type="checkbox"/> Return Receipt (electronic) \$ 0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Required \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 0.49 \$	
Total Postage and Fees \$ 6.74 \$	
Sent To <u>Megan Carmody</u> Street and Apt. No. or PO Box No. <u>143 Sunnyside Dr.</u> City, State, ZIP+4® <u>Boone, NC 28607</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 1520 0002 2361 3947

7015 1520 0003 2712 3687

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BOONE, NC 28607

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

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Postmark
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03/29/2016

Sent To: Faith Missionary Baptist Church
 Street and Apt. No., or PO Box No. 507 State Farm Rd.
 City, State, ZIP+4® Boone, NC 28607
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Faith Missionary Baptist Church
 c/o Pastor Younge
 507 State Farm Road
 Boone, NC 28607



9590 9402 1463 5329 2767 30

2. Article Number (Transfer from service label)
 7015 1520 0003 2712 3687

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Pastor Sonny Younge Addressee
 B. Received by (Printed Name) Pastor Sonny Younge
 C. Date of Delivery 4-4-16
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

7015 1520 0003 2712 3670

U.S. Postal Service™
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Domestic Mail Only

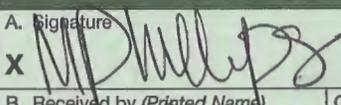
For delivery information, visit our website at www.usps.com®.

BOONE, NC 28607

OFFICIAL USE

Certified Mail Fee	\$3.45	0273
Extra Services & Fees (check box, add fee as appropriate)	\$2.80	11
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.49	03/29/2016
Total Postage and Fees	\$6.74	
Sent To	Anna W. Phillips Exempt Trust Street and Apt. No., or P.O. Box No. P.O. Box 3528 City, State, ZIP+4® Boone, NC 28607	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p>-Anna W. Phillips Exempt Trust P.O. Box 3528 Boone, NC 28607</p>	<p>B. Received by (Printed Name)</p> <p>Anna W. Phillips</p>												
	<p>C. Date of Delivery</p> <p>3/31/16</p>												
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0003 2712 3670</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>													

7015 1520 0003 2712 3663

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

CARY NC 27519 OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

0273
11
Postmark
Here
03/29/2016

Sent To
Dori Ann Babi
Street and Apt. No., or PO Box No.
873 Vandelia Dr.
City, State, ZIP+4®
Cary, NC 27519

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3/31</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Dory Ann Babi 873 Vandelia Drive Cary, NC 27519</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0003 2712 3663</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 1463 5329 2767 16</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7015 1520 0003 2712 3656

U.S. Postal Service™
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BOONE, NC 28607

OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.74

0273
11

Postmark
Here

03/29/2016

Sent To
 Templeton Properties, LP
 Street and Apt. No., or PO Box No.
 170 Meadowview Dr., Suite B
 City, State, ZIP+4®
 Boone, NC 28607

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Templeton Properties, LP
 170 Meadowview Drive, Suite B
 Boone, NC 28607



9590 9402 1463 5329 2648 50

2. Article Number (Transfer from service label)
 7015 1520 0003 2712 3656

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 James D. West

C. Date of Delivery
 3-31-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

written comments that need to be addressed; otherwise, please provide notice of approval and we will complete and certify the appropriate Work Phase Completion Statement. Thank you for your assistance in this matter.

Paul S. Johnstone, P.G.

Principal Geologist/Client Account Manager
Amec Foster Wheeler plc
Environment & Infrastructure Americas

37 Villa Road, Suite 201, Greenville, SC 29615
T +01.864.552.9624 | D +01.864.552.9626
M +01.864.616.4176 | VoIP #757-9626
E paul.johnstone@amecfw.com
amecfw.com

From: Johnstone, Paul S

Sent: Tuesday, March 29, 2016 12:39 PM

To: 'Macdonald, Janet K' <janet.macdonald@ncdenr.gov>

Cc: Afiegbe Aromake (PTNA/FCM) <Aromake.Afiegbe@us.bosch.com>; John Young (John.Young@us.bosch.com) <John.Young@us.bosch.com>

Subject: RBTC Boone - NONCD0001139

Janet,

Attached please find the Standard REC RAP Notice for Soil for the subject site. The notification letters are being sent today to the affected properties via United States Postal Service Certified Mail as shown on the list provided by the NCDEQ REC Program and appended to the notification letter. Based on a period of 35 days from today, responses will be due by May 3, 2016. Representatives of Robert Bosch Tool Corporation and Robert Bosch, LLC are copied on this e-mail. As soon as we receive a complete set of certified mail receipts (green cards), we will send them to you.

Paul S. Johnstone, P.G.

Principal Geologist/Client Account Manager
Amec Foster Wheeler plc
Environment & Infrastructure Americas

37 Villa Road, Suite 201, Greenville, SC 29615
T +01.864.552.9624 | D +01.864.552.9626
M +01.864.616.4176 | VoIP #757-9626
E paul.johnstone@amecfw.com
amecfw.com



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NOTICE OF REMEDIAL ACTION PLAN

Vermont American
482 State Farm Road
Boone, Watauga County, North Carolina
Site ID No. NONCD0001139

You are receiving this courtesy Notice on behalf of the North Carolina Department of Environmental Quality (DEQ) to inform you that an environmental cleanup is planned at the Vermont American site (Site) in Boone, Watauga County, North Carolina. This Notice has been prepared for nearby property owners and other parties that may be interested in the cleanup activities at the Site. In accordance with The Inactive Hazardous Sites Response Act [N.C.G.S. 130A-310.9(b) - 310.9(c)], Amec Foster Wheeler Environment & Infrastructure, Inc. (Amec Foster Wheeler) is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. Amec Foster Wheeler is a State-approved Registered Environmental Consultant (REC) for the Site. The Proposed RAP has been prepared in accordance with the REC Program rules [15A NCAC 13C .0300], and contains a description of the proposed remedial alternative that representatives of the REC intend to implement to address environmental soil contamination at the Site. Other remedial alternatives that were considered are also discussed in the Proposed RAP. The NCDEQ-Division of Waste Management (DWM) is authorized to implement the Inactive Hazardous Site Response Act, and the REC Program is an approved, privatized program under that authority. The remediator has entered into an Administrative Agreement with the DWM to implement a remedial action under the REC Program.

How to Review the Proposed RAP

Instructions for accessing file records online can be found at <http://portal.ncdenr.org/web/wm/sf/ihome>. Scroll down to 'Superfund' then select 'SF File Records' and then 'Access online Files'. If you have difficulty and need further assistance accessing the document electronically or would like a paper copy of the document mailed to you, please contact Mr. Scott Ross at (919) 707-8272 or Scott.Ross@ncdenr.gov. Please note that there may be a charge for photocopy and mailing expenses.

How to Ask Questions or Comment on the Proposed RAP

All *verbal* questions regarding the cleanup should be directed to the REC's Registered Site Manager, Mr. Paul Johnstone of Amec Foster Wheeler, at (864) 552-9624. All *written* comments regarding the RAP or questions about the REC Program should be directed to:

Ms. Janet K. Macdonald, P.G.
REC Program
NC Division of Waste Management
1646 Mail Service Center
Raleigh, North Carolina 27603
(919) 707-8349
Janet.Macdonald@NCDENR.gov

**ALL COMMENTS ON THE PROPOSED RAP MUST BE
SUBMITTED IN WRITING AND POSTMARKED NO LATER THAN
MAY 3, 2016.**

(35 days from REC's mailing date of Notice)

**Vermont American
482 State Farm Road
Boone, Watauga County, North Carolina**

Out of courtesy, the following adjacent property owners along with the County Health Director and a local government authority will be provided notification.

Mailing List:

MS. JANET MACDONALD – via email only

MEGAN MARIE CARMODY
143 SUNNYSIDE DRIVE
BOONE NC 28607

REMIEDIATING PARTY – via email is fine

BLUE SKIES DEVELOPMENT INC
482 STATE FARM ROAD
BOONE NC 28607

FAITH MISSIONARY BAPTIST CHURCH
C/O PASTOR YOUNGE
507 STATE FARM ROAD
BOONE NC 28607

MS. BETH LOVETTE, RN, MPH
WATAUGA COUNTY HEALTH DEPARTMENT
126 POPLAR GROVE CONNECTOR
BOONE NC 28607

ANNA W PHILLIPS EXEMPT TRUST
PO BOX 3528
BOONE NC 28607

JOHN WARD, TOWN MANAGER
TOWN OF BOONE
567 WEST KING STREET
BOONE NC 28607

DORY ANN BABI
873 VANDELIA DRIVE
CARY NC 27519

IVY TERRACE LIMITED PARTNERSHIP
PO BOX 25168
WINSTON SALEM NC 27114

TEMPLETON PROPERTIES LP
170 MEADOWVIEW DRIVE SUITE B
BOONE NC 28607

PS II LLC
141 DOCTORS DRIVE
BOONE NC 28607

STAPLES THE OFFICE SUPERSTORE EAST
INC
PO BOX 9271
FRAMINGHAM MA 01701

PROPERTYCO LLC
7220 BLANEYS BLUFFS LANE
RALEIGH NC 27606

RANDOLPH AND IVA DEAN PHILLIPS
PO BOX 3528
BOONE NC 28607

Macdonald, Janet K

From: Johnstone, Paul S <paul.johnstone@amecfw.com>
Sent: Thursday, March 24, 2016 2:54 PM
To: Macdonald, Janet K; Afiegbe Aromake (PTNA/FCM); John Young (John.Young@us.bosch.com)
Cc: Renn, Timothy; Ross, Scott
Subject: RE: RBTC Boone (NONCD0001139)

Categories: Needs followup

Janet,

I received the e-mail and understand the instructions. Thanks for your prompt attention to this matter.

Paul S. Johnstone, P.G.

Principal Geologist/Client Account Manager
Amec Foster Wheeler plc
Environment & Infrastructure Americas

37 Villa Road, Suite 201, Greenville, SC 29615
T +01.864.552.9624 | D +01.864.552.9626
M +01.864.616.4176 | VoIP #757-9626
E paul.johnstone@amecfw.com
amecfw.com

From: Macdonald, Janet K [mailto:janet.macdonald@ncdenr.gov]
Sent: Thursday, March 24, 2016 11:37 AM
To: Johnstone, Paul S <Paul.Johnstone@amec.com>; Afiegbe Aromake (PTNA/FCM) <Aromake.Afiegbe@us.bosch.com>; John Young (John.Young@us.bosch.com) <John.Young@us.bosch.com>
Cc: Renn, Timothy <timothy.renn@amec.com>; Ross, Scott <scott.ross@ncdenr.gov>
Subject: RE: RBTC Boone (NONCD0001139)

Paul,

A proposed Remedial Action Plan (RAP) for the above-referenced site was received on March 21, 2016. Pursuant to 15A NCAC 13C .0306(j) of the Registered Environmental Consultant (REC) Rules, the REC must provide public notice of the proposed RAP before it can be approved by the Registered Site Manager (RSM). The public notice procedures are also included in the Guidelines.

I have attached the text for the public notice and a list of recipients. Please enter the date, corresponding to 35 days after the mailing date for the notice, in the blank in order to designate the conclusion of the public notice period.

A copy of the notice must be sent by certified mail to each of the recipients that are listed as well as any additional parties that have expressed an interest in the site to the REC and/or remediator. You may send a copy to me and the Remediating Party electronically, if you prefer. Please e-mail me scanned copies the certified mail receipt cards (green cards) that are sent back to you to document that all interested parties have been notified. If envelopes were returned to you as undeliverable, please send a scanned image of those as well to document the parties that did not receive the notice.

After the public notice period has ended, I will e-mail you any written comments that the Branch received for your review and response. You will also need to address any verbal comments that you received from the public regarding the proposed RAP. After all public comments are satisfactorily addressed, I will notify you that the RAP may be approved and the "Proposed Remedial Action Plan Completion Certification" form (Form WPC-III downloaded from the REC website) may be completed and sent to the Branch.

Please reply to this e-mail so that I know you received these instructions. If you have any questions, please contact me.

Thanks,

Janet

Janet Macdonald
Phone: (919) 707-8349

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

From: Johnstone, Paul S [<mailto:paul.johnstone@amecfw.com>]
Sent: Wednesday, March 23, 2016 5:19 PM
To: Macdonald, Janet K <janet.macdonald@ncdenr.gov>
Cc: Renn, Timothy <timothy.renn@amecfw.com>
Subject: Re: RBTC Boone (NONCD0001139)

Thanks Janet!

On Mar 23, 2016, at 12:59 PM, Macdonald, Janet K <janet.macdonald@ncdenr.gov> wrote:

Hi Paul,

I will send you the Public Notice and the mailing list tomorrow.

Janet

Janet Macdonald
Phone: (919) 707-8349

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

From: Johnstone, Paul S [<mailto:paul.johnstone@amecfw.com>]
Sent: Thursday, March 17, 2016 1:21 PM
To: Macdonald, Janet K <janet.macdonald@ncdenr.gov>
Cc: Renn, Timothy <timothy.renn@amecfw.com>
Subject: RBTC Boone (NONCD0001139)

Janet,

We're sending you a Proposed Remedial Action Plan for Site Soils on CD for the subject site today via FedEx for delivery tomorrow. We would appreciate it if you could provide the draft notification letter and list of affected parties as soon as possible so we can get the public comment period started. Thanks in advance for your help and don't hesitate to give me a call if you have any questions.

Paul S. Johnstone, P.G.
Principal Geologist/Client Account Manager
Amec Foster Wheeler plc
Environment & Infrastructure Americas

37 Villa Road, Suite 201, Greenville, SC 29615

T +01.864.552.9624 | D +01.864.552.9626
M +01.864.616.4176 | VoIP #757-9626
E paul.johnstone@amecfw.com
amecfw.com

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