

ERM NC, Inc.

15720 Brixham Hill Avenue  
Suite 120  
Charlotte, NC 28226  
Tel no (704) 541-8345  
www.erm.com

October 15, 2016

Ms. Diane Thomas  
Inactive Hazardous Sites Branch - REC Program  
NCDEQ - Division of Waste Management  
217 West Jones Street  
Raleigh, North Carolina 27603  
Phone: (919) 707-8348  
[dianne.thomas@ncdenr.gov](mailto:dianne.thomas@ncdenr.gov)  
<http://portal.ncdenr.org/web/wm/sf/ihs/recprogram>



Subject: 3rd Quarter 2016 Progress Update,  
Former West Pharmaceutical Services Site  
2525 Rouse Road Extension  
Kinston, North Carolina  
Inactive Hazardous Site No. NCD000407582  
Docket No. 09-SF-290

Dear Ms. Thomas:

On behalf of West Pharmaceutical Services, Inc. (West), ERM NC, Inc. (ERM) is submitting this Quarterly Progress Report for the referenced Site.

During the three month period since the previous update, the following activities have been conducted:

- Planned full-scale bioremediation for the VOC-affected groundwater at the Site; and
- Prepared a Draft Remediation Preconstruction Report (RPCR) that covers the planned bioremediation. The RPCR will be submitted to the NCDEQ during the 4<sup>th</sup> quarter of 2016.

The work is progressing at the site in a manner suitable to achieve the mandatory work phase completion deadlines set out in 15A NCAC 13C .0302(h). Certification statements for the Remediating Party and RSM are attached.

Sincerely,

Rick Tarravechia, P.G., RSM  
Principal

cc: Mr. Douglas Bruno - West Pharmaceutical  
Mr. John P. Judge, Esquire, Land Air Water Legal Solutions, LLC

IHSB SITE NAME Former West Pharmaceutical Services Site NCD00047582

DATE & NAME OF DOCUMENT October 15, 2016 3rd Quarter 2016 Progress Report

TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

**REMEDIATING PARTY DOCUMENT CERTIFICATION STATEMENT (.0306(B)(2))**

"I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

West Pharmaceutical Services, Inc.

Name of Remediating Party

[Handwritten Signature]  
Signature of Remediating Party

10/11/16  
Date

**NOTARIZATION**

Pennsylvania (Enter State)

Chester COUNTY

I, Lisa Parker, a Notary Public of said County and State, do hereby certify that

John P. Judge did personally appear and sign before me this day, produced proper identification in the form of personally known, was duly sworn or affirmed, and declared that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this 11<sup>th</sup> day of October, 2016.

[Handwritten Signature]  
Notary Public (signature)

My commission expires: 8/9/17.

(OFFICIAL SEAL)

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
LISA PARKER, Notary Public  
Tredyffrin Twp., Chester County  
My Commission Expires August 9, 2017

IHSB SITE NAME Former West Pharmaceutical Services Site NCD00047582

DATE & NAME OF DOCUMENT October 15 2016 3rd Quarter 2016 Progress Report

TYPE OF SUBMITTAL (circle all that apply) Report, Work plan, Work Phase Comp. Statement, Schedule Change

**REGISTERED SITE MANAGER CERTIFICATION OF SIGNATURES**

As the Registered Environmental Consultant for the Site for which this filing is made, I certify that the signatures included herewith are genuine and authentic original handwritten signatures and/or true, accurate, and complete copies of the genuine and authentic original handwritten signatures of the persons who purport to sign for this filing. I further certify that I have collected through reliable means the originals and/or copies of said signatures from the persons authorized to sign for this filing who, in fact, signed the originals thereof. Those persons and I understand and agree that any copies of signatures have the same legally binding effect as original handwritten signatures, and I certify that any person for whom I am submitting a copy of their signature has provided me with their express consent to submit said copy. Additionally, I certify that I am authorized to attest to the genuineness and authenticity of the signatures, both originals and any copies, being submitted herewith and that by signing below, I do in fact attest to the genuineness and authenticity of all the signatures, both originals and copies, being submitted for this filing.

Rick Tarravechia, PG, RSM

Name of Registered Site Manager

[Signature]  
Signature of Registered Site Manager

10-12-16  
Date

**REGISTERED SITE MANAGER DOCUMENT CERTIFICATION STATEMENT (.0306(b)(1))**

"I certify under penalty of law that I am personally familiar with the information contained in this submittal, including any and all supporting documents accompanying this certification, and that the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete and complies with the Inactive Hazardous Sites Response Act N.C.G.S. 130A-310, et seq, and the remedial action program Rules 15A NCAC 13C .0300. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

Rick Tarravechia, PG, RSM

Name of Registered Site Manager

[Signature]  
Signature of Registered Site Manager

10-12-16  
Date

**NOTARIZATION**

North Carolina (Notar State)

Mecklenburg COUNTY

I, Debra C Pressley, a Notary Public of said County and State, do hereby certify that

Rick Tarravechia did personally appear and sign before me this day, produced proper identification in the form of NCDL, was duly sworn or affirmed, and declared that, he or she is the

duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certifications is true and accurate, and he or she then signed these Certifications in my presence.

WITNESS my hand and official seal this 12 day of October, 2016

[Signature]  
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 12/27/2017

