

**PROPOSED REMEDIAL ACTION PLAN COMPLETION CERTIFICATION
15A NCAC 13C.0306(b)(5)(C)**

Media (check all that apply): All Media Soil Ground water Surface water Sediment

REC is in compliance with both 15A NCAC 13C .0305(b)(2) and .0305(b)(3): [check]

Site Name Trion, Inc. Street Address 101 McNeill Road
 County Lee Sanford, NC 27330
 Site ID No. NONCD 0002843

The proposed remedial action plan, which is the subject of this certification has, to the best of my knowledge, been completed in compliance 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.

<u>Leonard Moretz</u> RSM Signature	<u>9-3-14</u> Date
<u>Leonard Moretz</u> RSM Name	<u>3334 Hillsborough St.</u> Mailing Address
<u>Hart & Hickman, PC</u> RSM Name	<u>Raleigh, NC 27607</u> Mailing Address
<u>00058</u> REC Name	<u>City, State, ZIP</u> City, State, ZIP
<u>REC No.</u>	

NOTARIZATION

North Carolina (Enter State)

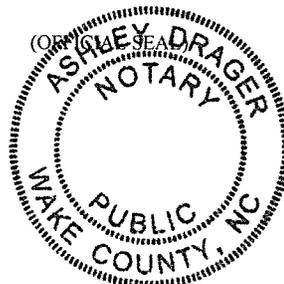
Wake COUNTY

I, Ashley Drager, a Notary Public of said County and State, do hereby certify that Leonard Moretz did personally appear and sign before me this day, produced proper identification in the form of personal ID, 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 certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this 3 day of September, 2014.

Ashley Drager
Notary Public (Signature)

My commission expires: 10/30/2017



IHSB SITE NAME Trion, Inc. Site NONCD 0002843

DATE & NAME OF DOCUMENT Sept. 3, 2014 Proposed RAP Comp. Certification Statement

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."

Joshua Bock
Name of Remediating Party


Signature of Remediating Party

9-4-14
Date

NOTARIZATION

Texas (Enter State)

Dallas COUNTY

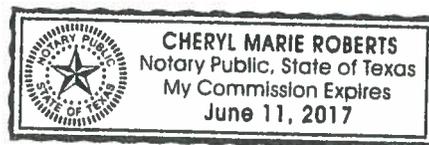
I, Cheryl Marie Roberts, a Notary Public of said County and State, do hereby certify that Joshua Bock did personally appear and sign before me this day, produced proper identification in the form of TX DL, was duly sworn or affirmed, and declared that, to the best of his or her knowledge and belief, 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 4th day of September, 2014.

Cheryl Marie Roberts
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 6/11/2017



IHSB SITE NAME Trion, Inc. NONCD 0002843

DATE & NAME OF DOCUMENT Sept 3, 2014 Proposed RAP Completion Certification State

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.

Leonard Moretz

Name of Registered Site Manager

Leonard Moretz

Signature of Registered Site Manager

Sept. 5, 2014

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 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."

Leonard Moretz

Name of Registered Site Manager

Leonard Moretz

Signature of Registered Site Manager

Sept. 5, 2014

Date

NOTARIZATION

North Carolina (Enter State)

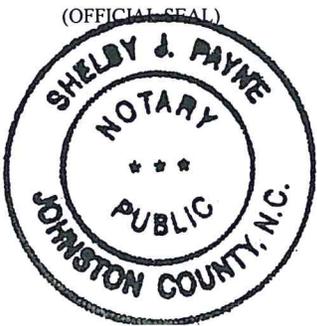
Johnston COUNTY

I, Shelby J Payne, a Notary Public of said County and State, do hereby certify that Leonard moretz did personally appear and sign before me this day, produced proper identification in the form of N.C. Driver license 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 5th day of September, 2014

Shelby J Payne
Notary Public (Signature)

My commission expires: May 10 2019



Aufman, Matt

From: Aufman, Matt
Sent: Tuesday, September 02, 2014 9:02 AM
To: 'Leo Moretz'
Cc: Dean, David; Josh Bock
Subject: RE: End of RAP Public Notice-Trion Inc. (NONCD0002843)

Hi Leo-

On August 21, 2014, the Branch received ten return receipt green cards and notice that two went missing, indicating that public notice of the proposed Remedial Action Plan (RAP) for the above referenced site was satisfactorily provided to interested parties as required by 15A NCAC 13C .0306(j). According to our e-mails below, no public comments on the RAP have been received.

You may now complete, certify, and submit the "Proposed Remedial Action Plan Completion Certification" (Form WPC-III) and begin implementation of the RAP. Note that, in accordance with .0306(b), work phase completion form WPC-III must be accompanied by Document Certification Forms DC-I and DC-II.

Thank you for your cooperation. If you have any questions, please contact me at (919) 707-8349.
Regards,
Matt

Matthew Aufman
Inactive Hazardous Sites Branch - REC Program
NCDENR - Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
Phone: (919) 707-8348
matt.aufman@ncdenr.gov
<http://portal.ncdenr.org/web/wm/sf/ihs/recprogram>

Matthew Aufman
Phone: (919) 707-8348
<http://portal.ncdenr.org/web/wm/sf/ihs/recprogram>

From: Leo Moretz [<mailto:lmoretz@harthickman.com>]
Sent: Tuesday, September 02, 2014 8:50 AM
To: Aufman, Matt
Subject: RE: End of RAP Public Notice-Trion Inc. (NONCD0002843)

Thx Matt. I received no comments on the RAP.
Leo

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----
From: "Aufman, Matt"
Date:09/02/2014 8:45 AM (GMT-05:00)
To: Leo Moretz

Cc: "Dean, David" ,Josh Bock
Subject: End of RAP Public Notice-Trion Inc. (NONCD0002843)

Hi Leo-

The public comment period for the above-referenced site ended on August 28, 2014, so all public comments regarding the proposed RAP for the above site are due. For our file records, please respond regarding any public comments that you received for the proposed RAP. The Branch received no comments by the public. After I receive your reply to this e-mail, assuming there are no public comments that need to be addressed, I will inform you that the Proposed Remedial Action Plan Completion Certification Form can be completed and submitted.

If you have any questions, please contact me at your convenience if you would like to discuss the project and procedures.

Regards,
Matt

Matthew Aufman
Inactive Hazardous Sites Branch - REC Program
NCDENR - Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
Phone: (919) 707-8348
matt.aufman@ncdenr.gov
<http://portal.ncdenr.org/web/wm/sf/ihs/recprogram>

netCare DoubleCheck identified this as **CLEAN**. Give feedback: [This is SPAM](#) · [More](#)

Via E-mail

August 12, 2014

NC DENR
Division of Waste Management
IHSB - REC Program
217 West Jones Street
Raleigh, North Carolina 27603

Attn: Mr. Matt Aufman

Re: Public Notice of Remedial Action Plan
Trion, Inc. Site
Sanford, Lee County, North Carolina
Site ID No. NONCD0002843

Dear Mr. Aufman,

In accordance with the 15A NCAC 13C .0306(j) Registered Environmental Consultant (REC) Rules, attached are the certified mail return receipts from the appropriate parties that were provided public notice concerning the proposed RAP for the Trion, Inc. Site. Please let me know if you have any questions.

Sincerely,
Hart & Hickman, PC

Leonard C. Moretz

Leonard Moretz, PG, RSM
Project Director/Raleigh Office Manager

Attachments

Cc: Josh Brock
Barrier Advisors, Inc.
As Plan Administrator for Trion, Inc. and
Trustee of the FC Term Lenders Liquidating Trust

David Dean, Esq.
Consultant to Barrier Advisors, Inc.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JEFF WERWIE
 DIRECTOR OF ENVIRONMENTAL AFFAIRS
 JOHNSON CONTROLS INC
 507 E MICHIGAN STREET
 MILWAUKEE WI 53202

2. Article Number
(Transfer from service label)

7012 3050 0001 2571 4998

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name) *Rychecky* C. Date of Delivery *7-28-14*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

TERRELL JONES
 LEE COUNTY HEALTH DIRECTOR
 106 HILLCREST DRIVE
 BOX 1528
 SANFORD NC 27331

2. Article Number
(Transfer from service label)

7012 3050 0001 2571 4981

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name) *Brenda Hancock* C. Date of Delivery *7-29-14*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HAL HEGWER, CITY MANAGER
 PO BOX 3729
 SANFORD NC 27331

2. Article Number
(Transfer from service label)

7012 3050 0001 2571 4974

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name) *L. Bergin* C. Date of Delivery *7-29-14*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Terry Lewis</i>	C. Date of Delivery 8-5-14
1. Article Addressed to: INVESTMENT RECOVERY SERVICES INC 3421 N SYLVANIA AVE FORT WORTH TX 76111	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED AUG 11 2014 </div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 3050 0001 2571 4899		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>C Peterson</i>	C. Date of Delivery
1. Article Addressed to: CCS REALTY CO 2800 CLOVERLEAF CT SIOUX CITY IA 51111	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 3050 0001 2571 4905		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>George R Perkins</i>	C. Date of Delivery
1. Article Addressed to: GEORGE PERKINS JR PO BOX 525 SANFORD NC 27330	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 3050 0001 2571 4929		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MACK AND MARGIE NIXON
 PO BOX 295
 SANFORD NC 27331

2. Article Number

(Transfer from service label)

7012 3050 0001 2571 4936

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thelma H. Wall* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/31/14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

KRISTY PATTON
 PO BOX 1584
 SANFORD NC 27331

2. Article Number

(Transfer from service label)

7012 3050 0001 2571 4943

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jordan Patton* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SMITH RESIDENTIAL BUILDER LLC
 274 CUMNOCK ROAD
 SANFORD NC 27330

2. Article Number

(Transfer from service label)

7012 3050 0001 2571 4950

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *April Smith* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

RUSCAR PROPERTIES LLC
2369 EVERETT DOWDY ROAD
SANFORD NC 27330

2. Article Number
(Transfer from service label)

7012 3050 0001 2571 4967

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Candy Underwood Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/28/10

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

NOTICE OF REMEDIAL ACTION PLAN

Trion, Inc.
Sanford, Lee County, North Carolina
Site ID No. NONCD0002843

You are receiving this courtesy Notice on behalf of the North Carolina Department of Environment and Natural Resources (NCDENR) to inform you that an environmental cleanup is planned at the Trion, Inc. site (Site), located at 101 McNeill Road in Sanford, Lee 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)], Hart & Hickman, PC is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. Hart & Hickman 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 contamination (e.g., contaminated soil, groundwater, surface water, etc.) at the Site. Other remedial alternatives that were considered are also discussed in the Proposed RAP. The NCDENR-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

You may access an electronic version of the Proposed RAP using the following link:

<https://edm.nc.gov/DENR-Portal/>

Once you are connected to the DENR Portal, enter the site's "name/subject" or "ID" shown at the top of this Notice into the corresponding fields under "Property criteria". Click the "SEARCH" button and the Site documents will be displayed in chronological order. Right-click on the most recent RAP to view or download the document. Additional instructions for accessing file records online can be found at <http://portal.ncdenr.org/web/wm/sf/ihs/home>. 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.

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. Leo Moretz of Hart & Hickman, at (919) 847-4241.

All *written* comments regarding the RAP or questions about the REC Program should be directed to:

Mr. Matt Aufman
REC Program
Inactive Hazardous Sites Branch
Superfund Section
NC Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
(919) 707-8348
matt.aufman@ncdenr.gov

ALL COMMENTS ON THE PROPOSED RAP MUST BE SUBMITTED IN WRITING AND POSTMARKED NO LATER THAN
AUGUST 28, 2014

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

Aufman, Matt

From: Leo Moretz <lmoretz@harthickman.com>
Sent: Tuesday, July 22, 2014 2:20 PM
To: Aufman, Matt
Cc: Josh Bock; Dean, David
Subject: RE: Remedial Action Plan Public Notice - Trion, Inc., Sanford, NC - NONCD 0002843

Hi Matt – I got the instructions and we'll proceed with the public notice as outlined below and in accordance with the REC Guidelines.

Thanks,
Leo

From: Aufman, Matt [<mailto:matt.aufman@ncdenr.gov>]
Sent: Tuesday, July 22, 2014 2:15 PM
To: Leo Moretz
Cc: Josh Bock; Dean, David
Subject: Remedial Action Plan Public Notice - Trion, Inc., Sanford, NC - NONCD 0002843

Hi Leo,

A proposed Remedial Action Plan (RAP) for the above-referenced site was received on July 22, 2014. 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). 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. Please provide copies of the certified mail receipt cards (green cards) to the Branch (to my attention via e-mail) to document that all interested parties have been notified.

After the public notice period has ended, I will send to you any written comments that the Branch received for your review and response. You will also need to address satisfactorily any 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 (Appendix G, Form WPC-III) in the Registered Environmental Consultant Program Implementation Guidance (Guidance) may be completed and sent to the Branch. You can also refer to the Guidance regarding the public notice procedures.

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

Regards,
Matt

Matthew Aufman
Inactive Hazardous Sites Branch - REC Program
NCDENR - Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
Phone: (919) 707-8348
matt.aufman@ncdenr.gov
<http://portal.ncdenr.org/web/wm/sf/ihs/recprogram>

NOTICE OF REMEDIAL ACTION PLAN

Trion, Inc.
Sanford, Lee County, North Carolina
Site ID No. NONCD0002843

You are receiving this courtesy Notice on behalf of the North Carolina Department of Environment and Natural Resources (NCDENR) to inform you that an environmental cleanup is planned at the Trion, Inc. site (Site), located at 101 McNeill Road in Sanford, Lee 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)], Hart & Hickman, PC is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. Hart & Hickman 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 contamination (e.g., contaminated soil, groundwater, surface water, etc.) at the Site. Other remedial alternatives that were considered are also discussed in the Proposed RAP. The NCDENR-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.

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You may access an electronic version of the Proposed RAP using the following link:

<https://edm.nc.gov/DENR-Portal/>

Once you are connected to the DENR Portal, enter the site's "name/subject" or "ID" shown at the top of this Notice into the corresponding fields under "Property criteria". Click the "SEARCH" button and the Site documents will be displayed in chronological order. Right-click on the most recent RAP to view or download the document. Additional instructions for accessing file records online can be found at <http://portal.ncdenr.org/web/wm/sf/ihome>. 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.

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. Leo Moretz of Hart & Hickman, at (919) 847-4241.

All *written* comments regarding the RAP or questions about the REC Program should be directed to:

Mr. Matt Aufman
REC Program
Inactive Hazardous Sites Branch
Superfund Section
NC Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
(919) 707-8348
matt.aufman@ncdenr.gov

ALL COMMENTS ON THE PROPOSED RAP MUST BE SUBMITTED IN WRITING AND POSTMARKED NO LATER THAN

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

**PUBLIC NOTICE MAILING LIST
 TRION, INC
 NONCD0002843
 101 MCNEILL ROAD
 SANFORD, LEE COUNTY, NORTH CAROLINA**

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

Name	Street Address	City	State	Zip	Comments
Matt Aufman, REC Program, Inactive Hazardous Sites Branch, Superfund Section, NC Division of Waste Management	217 West Jones Street	Raleigh	NC	27603	
INVESTMENT RECOVERY SERVICES INC .	3421 N SYLVANIA AVE	FORT WORTH	TX	76111	
CCS REALTY CO	2800 CLOVERLEAF CT.	SIOUX CITY	IA	51111	
FRO SPIN NC, LLC	50 ROCKEFELLER PLAZA	NEW YORK	NY	10020	
GEORGE PERKINS JR	PO BOX 525	SANFORD	NC	27330	
MACK AND MARGIE NIXON	PO BOX 295	SANFORD	NC	27331	
KRISTY PATTON	PO BOX 1584	SANFORD	NC	27331	
SMITH RESIDENTIAL BUILDER, LLC	274 CUMNOCK ROAD	SANFORD	NC	27330	
RUSCAR PROPERTIES, LLC	2369 EVERETT DOWDY ROAD	SANFORD	NC	27330	
HAL HEGWER, SANFORD CITY MANAGER	PO BOX 3729 225 E WEATHERSPOON ST	SANFORD	NC	27331	
TERRELL JONES, LEE COUNTY HEALTH DIRECTOR	106 HILLCREST DRIVE BOX 1528	SANFORD	NC	27331	
JEFF WERWIE, DIRECTOR OF ENVIRONMENTAL AFFAIRS	JOHNSON CONTROLS, INC 507 E MICHIGAN STREET	MILLWAUKEE	WI	53202	