ERM NC, Inc.

15720 Brixham Hill Avenue
Suite 120
Charlotte, NC 28277
Tel no (704) 541-8345
www.erm.com

July 15, 2015

Mr. Matt Aufman
Inactive Hazardous Sites Branch - REC Program
NCDENR - Division of Waste Management
217 West Jones Street
Raleigh, North Carolina 27603
Phone: (919) 508-8446

Subject: **Work Phase Completion - Proposed Remedial Action Plan**
Engineered Controls International, LLC (ECI)
100 Rego Drive
Elon, Alamance County, North Carolina
Docket No. 10-SF-367
NONCD0002904

Dear Mr. Aufman: ***Via Email***

On behalf of ECI, ERM NC, Inc. (ERM) is providing the required work phase completion certifications for the completed Remedial Action Plan prepared for voluntary remedial action at the referenced site. Also attached are the returned certified mail receipts and a summary of the comments received.

Work is progressing at the site in a manner to achieve the mandatory work phase completion deadline set out in 15 NCAC 13C .0302(h). Work Phase Certification statements are attached.

We appreciate your assistance with this project. Please contact ERM with any questions regarding this project.

Sincerely,

Thomas M Wilson

Thomas M. Wilson, PG, RSM

Cc: Jimmy McCandies – ECI

REC PROGRAM DOCUMENT CERTIFICATION FORM - PAGE 1 OF 2

IHSB SITE NAME Engineered Controls International - Elon (Docket No. 13-SF-367, NONCD0002904)

DATE & NAME OF DOCUMENT July 8, 2015 Proposed Remedial Action Plan Completion 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."

Mr. Jimmy McCandies

Name of Remediating Party

Jimmy McCandies

Signature of Remediating Party

07-08-15

Date

NOTARIZATION

North Carolina (Enter State)

Alamance **COUNTY**

I, Patricia J. Hill, a Notary Public of said County and State, do hereby certify that Jimmy McCandies 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 8 day of July, 2015.

Patricia J. Hill

Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 2-7-17

OFFICIAL SEAL
PATRICIA T. HILL
Notary Public • North Carolina
ALAMANCE COUNTY
My Commission Expires

Patricia T. Hill

Document Certification Form No. DC - I
(Revised 8/11)

REC PROGRAM DOCUMENT CERTIFICATION FORM - PAGE 2 OF 2
IHSB SITE NAME Engineered Controls International - Elon (Docket No. 13-SF-367, NONCD0002904)
DATE & NAME OF DOCUMENT July 1, 2015 Proposed Remedial Action Plan Completion Statement
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.

Tom Wilson, PG, RSM
Name of Registered Site Manager

Thomas M Wilson
Signature of Registered Site Manager

7-15-2015
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."

Thomas M Wilson
Name of Registered Site Manager

Thomas M Wilson
Signature of Registered Site Manager

7-15-2015
Date

NOTARIZATION

North Carolina (Enter State)
Mecklenburg COUNTY

I, Debra C Pressley, a Notary Public of said County and State, do hereby certify that Thomas M Wilson 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 15 day of July, 2015.

Debra C Pressley
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 10/27/2017

DEBRA C PRESSLEY
Notary Public
North Carolina
Union County

Document Certification Form No. DC - II
(Revised 8/11)

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: Engineered Controls International - Elon
County: Alamance County
Site ID No.: Docket No. 13-SF-367, NONCD0002904

Street Address: 100 Rego Drive
Elon, NC 27244

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.

Thomas M Wilson
RSM Signature

7-15-2015
Date

Thomas M. Wilson
RSM Name

ERM NC, Inc.
REC Name

00055
REC No.

15720 Brixham Hill Ave., Suite 120
Mailing Address

Charlotte, NC 28277
City, State, ZIP

NOTARIZATION

North Carolina (Enter State)

Mecklenburg **COUNTY**

I, Debra C Pressley, a Notary Public of said County and State, do hereby certify that Thomas M Wilson 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 certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this 15 day of July, 2015.

Debra C Pressley
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 10/27/2017

DEBRA C PRESSLEY
Notary Public
North Carolina
Union County

Work Phase Completion Form No. WPC – III
(Revised 12/13)

PUBLIC NOTICE MAILING LIST
Engineered Controls International
NONCD0002904
100 Rego Drive
Elon, Alamance County, North Carolina

1) Out of courtesy, the following adjacent property owners along with the County Health Director & a local government

Name	Street Address	City	State	Zip	Comments	Green Card Returned	Cert Mail #	Comments
Scott Ross, DWM File Room					Via email only (scott.ross@ ncdenr.gov)		NA - Sent Via Email	
Matt Aufman, REC Program, Inactive Hazardous Sites Branch, Superfund Section, NC Division of Waste Management	217 West Jones Street	Raleigh	NC	27603		**Yes**	7014 2120 0001 2965 3056	
Stacie R. Saunders, Alamance County Health Director	319B N Graham Hopedale Road, Suite B	Burlington	NC	27217		**Yes**	7014 2120 0001 2965 2974	
Craig Honeycutt, Alamance County Manager	Alamance County Office Building, 124 West Elm Street	Graham	NC	27253		**Yes**	7014 2120 0001 2969 0341	
Richard White III, Elon Town Manager	104 S. Williamson Avenue, P.O. Box 595	Elon	NC	27244		**Yes**	7014 2120 0001 2965 2998	
FBD, LLC, C/O Elizabeth Landis	1147 S. Edgemont Avenue	Gastonia	NC	28054		**Yes**	7014 2120 0001 2965 3018	5-28-2015: TW received phone call from Tom Gray (704-923-1564) who is the son of FB Dickson, his mother. Wanted to know if any action or reply was required. Wanted to know if any activities were going to take place on his mother's property, and if the renters (leased to Elon University) needed to be informed. The FB Dickson property is the parcel to the west of Rego Drive.
Stewart Wimberley Enterprises, LLC	6805 Palomino Ridge Court	Summerfield	NC	27358		**Yes**	7014 2120 0001 2965 2967	
Villane Inc.	136 Eugene Street	Gibsonville	NC	27249		**Yes**	7014 2120 0001 2965 2929	
800 West Mini Storage, LLC	100 E Lake Drive	Greensboro	NC	27403		**Yes**	7014 2120 0001 2965 3049	
Elon University	100 Campus Drive, Campus Box 2285	Elon	NC	27244		**Yes**	7014 2120 0001 2969 0365	
Kenneth & Patricia Cox	104 Westgate Drive	Elon	NC	27244		**Yes**	7014 2120 0001 2965 3001	
Annie Slade	P.O. Box 824	Elon	NC	27244		**Yes**	7014 2120 0001 2965 3032	
William Slade & Lawanda Cooper	102 Legacy Court, Unit B	Elizabethtown	KY	42701		**Yes**	7014 2120 0001 2965 2912	
Evelyn Cromartie, et al	3501 Sandown Cove	Suffolk	VA	23435		**Yes**	7014 2120 0001 2965 3025	6-15-2015: TW received phne call from Evelyn Cromartie (757-641-5309) who owns 2 parcels on Haggard St. She asked if any action or reply was required. She had no other questions. She indicated that she planned to access the Site documents via the DENR Portal.
Doris Byrd	602 W Haggard Avenue	Elon	NC	27244		**Yes**	7014 2120 0001 2969 0358	
Susie Adkins	516 W Haggard Avenue	Elon	NC	27244		**Yes**	7014 2120 0001 2965 2950	
Sonoco Products Co.	1 N 2nd Street	Hartsville	SC	29550		**Yes**	7014 2120 0001 2965 2981	
Terrance Covington	P.O. Box 411	Elon	NC	27244		**Yes**	7014 2120 0001 2965 2943	
Timberline Station, LLC	P.O. Box 578	Elon	NC	27244		**Yes**	7014 2120 0001 2965 2936	

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
RALEIGH, NC 27603
Postage $ $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $ $6.49
0171 12
Postmark Here
Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800
05/22/2015
Matt Aufman, REC Program, IHSB
Superfund Section, NC DWM
217 West Jones Street
Raleigh, NC 27603
7014 2120 0001 2965 3056

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:

Matt Aufman, REC Program, IHSB
Superfund Section, NC DWM
217 West Jones Street
Raleigh, NC 27603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Matt Aufman
C. Date of Delivery 5/28/15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 3056

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
BURLINGTON, NC 27217
Postage $ $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $ $6.49
0171 12
Postmark Here
Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800
Stacie R. Saunders, Alamance County
Health Director
319B N Graham Hopedale Road, Suite B
Burlington, NC 27217
7014 2120 0001 2965 2974

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:

Stacie R. Saunders, Alamance County
Health Director
319B N Graham Hopedale Road, Suite B
Burlington, NC 27217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karen Hall
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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2974

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
GRAHAM, NC 27253
Postage $ $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $ $6.49
0171 12
Postmark Here
Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July
Craig Honeycutt, Alamance County
Manager
Alamance County Office Building,
124 West Elm Street
Graham, NC 27253
7014 2120 0001 2969 0341

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:

Craig Honeycutt, Alamance County
Manager
Alamance County Office Building,
124 West Elm Street
Graham, NC 27253

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jeff Nelson
C. Date of Delivery 5-26-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2969 0341

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here 0171 12 05/22/2015

Sent To: Richard White III, Elon Town Manager
Street & Apt. No., or PO Box No.: 104 S. Williamson Avenue, P.O. Box 595
City, State, ZIP+4: Elon, NC 27244

PS Form 3800, July 2008

7014 2120 0001 2965 2998

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:

Richard White III, Elon Town Manager
104 S. Williamson Avenue, P.O. Box
595
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): David Murphy
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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2965 2998

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
GASTONIA, NC 28054

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here 0171 12 05/22/2015

Sent To: FBD, LLC, C/O Elizabeth Landis
Street & Apt. No., or PO Box No.: 1147 S. Edgemont Avenue
City, State, ZIP+4: Gastonia, NC 28054

PS Form 3800, July 2008

7014 2120 0001 2965 3018

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:

FBD, LLC, C/O Elizabeth Landis
1147 S. Edgemont Avenue
Gastonia, NC 28054

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Tom Gray
C. Date of Delivery: 5/28/2015

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

MAY 28 2015
GASTONIA NC POST OFFICE

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2965 3018

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
SUMMERFIELD, NC 27358

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here 0171 12 05/22/2015

Sent To: Stewart Wimberley Enterprises, LLC
Street & Apt. No., or PO Box No.: 6805 Palomino Ridge Court
City, State, ZIP+4: Summerfield, NC 27358

PS Form 3800, July 2008

7014 2120 0001 2965 2967

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:

Stewart Wimberley Enterprises, LLC
6805 Palomino Ridge Court
Summerfield, NC 27358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery: 5-27-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2965 2967

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
GIBSONVILLE, NC 27249

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here
0171 12
05/22/2015

Sent To
Villane Inc.
136 Eugene Street
Gibsonville, NC 27249

Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, J

7014 2120 0001 2965 2929

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:

Villane Inc.
136 Eugene Street
Gibsonville, NC 27249

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ginger Brown ☒ Agent ☐ Addressee

B. Received by (Printed Name): GINGER BROWN
C. Date of Delivery: 5-26-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2965 2929

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
GREENSBORO, NC 27403

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here
0171 12
05/22/2015

Sent To
800 West Mini Storage, LLC
100 E Lake Drive
Greensboro, NC 27403

Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form

7014 2120 0001 2965 3049

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:

800 West Mini Storage, LLC
100 E Lake Drive
Greensboro, NC 27403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lois Wattington ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery: 5-26-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2965 3049

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Postmark Here
0171 12
05/22/2015

Sent To
Elon University
100 Campus Drive, Campus Box 228
Elon, NC 27244

Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 20

7014 2120 0001 2969 0365

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:

Elon University
100 Campus Drive, Campus Box 2285
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 2120 0001 2969 0365

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
Kenneth & Patricia Cox
104 Westgate Drive
Elon, NC 27244

PS Form 3800, July 2013

7014 2120 0001 2965 3001

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:

Kenneth & Patricia Cox
104 Westgate Drive
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patty Cox ☐ 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 3001

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
Annie Slade
P.O. Box 824
Elon, NC 27244

PS Form 3800, July 2013

7014 2120 0001 2965 3032

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:

Annie Slade
P.O. Box 824
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marilyn Slade ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/4/15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 3032

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELIZABETHTOWN, KY 42701
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
William Slade & Lawanda Cooper
102 Legacy Court, Unit B
Elizabethtown, KY 42701

PS Form 3800, July 2013

7014 2120 0001 2965 2912

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:

William Slade & Lawanda Cooper
102 Legacy Court, Unit B
Elizabethtown, KY 42701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William B Slade ☐ Agent ☐ Addressee

B. Received by (Printed Name) William B Slade C. Date of Delivery 5-27-15

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2912

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
SUFFOLK VA 23435
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, Ju

Evelyn Cromartie, et al
3501 Sandown Cove
Suffolk, VA 23435

7014 2120 0001 2965 3025

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:

Evelyn Cromartie, et al
3501 Sandown Cove
Suffolk, VA 23435

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Evelyn Cromartie ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Evelyn Cromartie 5/30/15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 3025

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON NC 27244
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, Ju

Doris Byrd
602 W Haggard Avenue
Elon, NC 27244

7014 2120 0001 2969 0358

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:

Doris Byrd
602 W Haggard Avenue
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Doris Byrd ☐ 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2969 0358

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON NC 27244
0171 12
Postmark Here
05/22/2015

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+
PS Form 3800

Susie Adkins
516 W Haggard Avenue
Elon, NC 27244

7014 2120 0001 2965 2950

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:

Susie Adkins
516 W Haggard Avenue
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susie F. Adkins ☐ 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® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2950

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
HARTSVILLE, SC 29550
Postage $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $6.49
0171 12
Postmark Here
05/22/2015
Sent To
Sonoco Products Co.
1 N 2nd Street
Hartsville, SC 29550
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 2014
See reverse for instructions
7014 2120 0001 2965 2981

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:

Sonoco Products Co.
1 N 2nd Street
Hartsville, SC 29550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Finley Yarbrough ☐ Agent ☐ Addressee

B. Received by (Printed Name) FINLEY YARBROUGH
C. Date of Delivery 5-26

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2981

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244
Postage $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $6.49
0171 12
Postmark Here
05/22/2015
Sent To
Terrance Covington
P.O. Box 411
Elon, NC 27244
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 2014
7014 2120 0001 2965 2943

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:

Terrance Covington
P.O. Box 411
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tim Zent ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5/26

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2943

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
ELON, NC 27244
Postage $0.49
Certified Fee $3.30
Return Receipt Fee (Endorsement Required) $2.70
Restricted Delivery Fee (Endorsement Required) $0.00
Total Postage & Fees $6.49
0171 12
Postmark Here
05/22/2015
Sent To
Timberline Station, LLC
P.O. Box 578
Elon, NC 27244
Street & Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, July 2014
7014 2120 0001 2965 2936

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:

Timberline Station, LLC
P.O. Box 578
Elon, NC 27244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 6/5

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0001 2965 2936

PS Form 3811, July 2013 Domestic Return Receipt

From: Aufman, Matt
To: "Tom Wilson"
Cc: "Ed Hollifield"; "JMccandi@regoproducts.com"
Subject: End of RAP Public Notice, ECI Elon (NONCD0002904)
Date: Monday, June 29, 2015 7:51:00 AM

Hi Tom, Ed,
The public comment period for the above site ended on June 26, 2015, 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. Please submit the green card return receipts stubs for the file (via email), to verify the receipts were delivered. Please scan any that were "returned to sender".

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

INTERACTIVE MAPS WITH DWM SITES AND PERMITTED FACILITIES:
http://portal.ncdenr.org/web/wm/gis/maps
ONLINE ACCESS TO SUPERFUND SECTION DOCUMENTS:
http://portal.ncdenr.org/web/wm/sf-file-records

RECEIVED
MAY 28 2015
Superfund Section

NOTICE OF REMEDIAL ACTION PLAN

Engineered Controls International
Elon, Alamance County, North Carolina
Site ID No. NONCD0002904

You are receiving this Public 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 Engineered Controls International site (Site), located at 100 Rego Drive in Elon Alamance 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)], ERM NC, Inc. (ERM) is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. ERM 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/ihshome. If you have difficulty and need further assistance accessing the document electronically, please contact Mr. Scott Ross at (919) 707-8272 or Scott.Ross@ncdenr.gov. If you would like a paper copy of the document mailed to you, please provide your mailing address. Note, charges for photocopies and postage may apply.

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. Tom Wilson of ERM, at (704) 541-8345.

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

Mr. Matthew S. 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 __ JUNE 26, 2015 _____.
(35 days from REC's mailing date of Notice)

Aufman, Matt

From: Aufman, Matt
Sent: Wednesday, May 20, 2015 10:55 AM
To: Tom Wilson
Cc: 'Ed Hollifield'; 'JMccandi@regoproducts.com'
Subject: Remedial Action Plan Public Notice, ECI Elon (NONCD0002904)
Attachments: ECI-Elon RAP Notice. 5-20-15.doc; ECI-Elon.PublicNoticeMailList.5-15.ods

Hi Tom, Ed,
A proposed Remedial Action Plan (RAP) for the above-referenced site has been received. 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 **return** 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. Please note document certification forms DC-I and DC-II are required with the work phase form. 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

INTERACTIVE MAPS WITH DWM SITES AND PERMITTED FACILITIES:
http://portal.ncdenr.org/web/wm/gis/maps
ONLINE ACCESS TO SUPERFUND SECTION DOCUMENTS:
http://portal.ncdenr.org/web/wm/sf-file-records

NOTICE OF REMEDIAL ACTION PLAN

Engineered Controls International
Elon, Alamance County, North Carolina
Site ID No. NONCD0002904

You are receiving this Public 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 Engineered Controls International site (Site), located at 100 Rego Drive in Elon Alamance 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)], ERM NC, Inc. (ERM) is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. ERM 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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https://edm.nc.gov/DENR-Portal/

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

Mr. Matthew S. 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
Engineered Controls International
NONCD0002904
100 Rego Drive
Elon, Alamance 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
Scott Ross, DWM File Room					Via email only (scott.ross@ncdenr.gov)
Matt Aufman, REC Program, Inactive Hazardous Sites Branch, Superfund Section, NC Division of Waste Management	217 West Jones Street	Raleigh	NC	27603	
Stacie R. Saunders, Alamance County Health Director	319B N Graham Hopedale Road, Suite B	Burlington	NC	27217	
Craig Honeycutt, Alamance County Manager	Alamance County Office Building, 124 West Elm Street	Graham	NC	27253	
Richard White III, Elon Town Manager	104 S. Williamson Avenue, P.O. Box 595	Elon	NC	27244	
FBD, LLC, C/O Elizabeth Landis	1147 S. Edgemont Avenue	Gastonia	NC	28054	
Stewart Wimberley Enterprises, LLC	6805 Palomino Ridge Court	Summerfield	NC	27358	
Villane Inc.	136 Eugene Street	Gibsonville	NC	27249	
800 West Mini Storage, LLC	100 E Lake Drive	Greensboro	NC	27403	
Elon University	100 Campus Drive, Campus Box 2285	Elon	NC	27244	
Kenneth & Patricia Cox	104 Westgate Drive	Elon	NC	27244	
Annie Slade	P.O. Box 824	Elon	NC	27244	
William Slade & Lawanda Cooper	102 Legacy Court, Unit B	Elizabethtown	KY	42701	
Evelyn Cromartie, et al	3501 Sandown Cove	Suffolk	VA	23435	
Doris Byrd	602 W Haggard Avenue	Elon	NC	27244	
Susie Adkins	516 W Haggard Avenue	Elon	NC	27244	
Sonoco Products Co.	1 N 2nd Street	Hartsville	SC	29550	
Terrance Covington	P.O. Box 411	Elon	NC	27244	
Timberline Station, LLC	P.O. Box 578	Elon	NC	27244	