



AECOM
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December 21, 2015

Dianne Thomas
REC Program
Inactive Hazardous Sites Branch
Superfund Section
North Carolina DENR
1646 Mail Service Center
Raleigh, North Carolina 27699-1646

RE: Registered Environmental Consultant (REC) Program
January 2016 Quarterly Status Report
Ardee Translite
639 Washburn Switch Road
Shelby, NC
NCDENR Site ID #NONCD0002881
AECOM Project No. 60302815

Dear Ms. Thomas:

AECOM is pleased to submit this quarterly letter status report, due by January 15, 2016, to summarize work performed this past quarter at the above-referenced site. In summary, the work completed this past quarter includes the following activities: (1) collect and analyze biological natural attenuation parameters in groundwater at selected wells; (2) perform slug tests at selected wells where groundwater constituents are present; and (3) continue work on the RI Report. This quarterly status report confirms that work is progressing in a manner to achieve the mandatory work phase completion deadlines set out in 15A NCAC 13C .0302(h).

Attached to this document is the RP Document Certification Statement for this status report. If you have any questions regarding this quarterly letter status report, please feel free to contact me by phone at 864-234-3560 or by email at dave.oliphant@aecom.com.

Very truly yours,

AECOM of North Carolina, Inc.

David R. Oliphant, CHMM
Registered Site Manager
dave.oliphant@aecom.com

cc: Ms. Dianne Murphy, Genlyte Thomas Group
Mr. Bill Bremen, AECOM

REC PROGRAM DOCUMENT CERTIFICATION FORM - PAGE 1 OF 2

IHSB SITE NAME Ardee Translite, 639 Washburn Switch Road, Shelby, NC

DATE & NAME OF DOCUMENT January 2016 Quarterly 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."

Genlyte Thomas Group
Name of Remediating Party

Dianne Murphy
Signature of Remediating Party

12/21/15
Date

NOTARIZATION

New Jersey (Enter State)
Somerset COUNTY

I, Genevieve G. Iskra, a Notary Public of said County and State, do hereby certify that Dianne Murphy did personally appear and sign before me this day, produced proper identification in the form of Knowledge individual, 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 21st day of December, 2015

Genevieve G. Iskra
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires 5/18/2020

Genevieve G. Iskra
Notary Public of New Jersey
Commission Expires May 18, 2020

REC PROGRAM DOCUMENT CERTIFICATION FORM - PAGE 2 OF 2
IHSB SITE NAME Ardee Transite, 639 Washburn Swithc Road, Shelby, NC
DATE & NAME OF DOCUMENT January 2016 Quarterly 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.

David R. Oliphant

Name of Registered Site Manager

David R. Oliphant

Signature of Registered Site Manager

1-7-16

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 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."

David R. Oliphant

Name of Registered Site Manager

David R. Oliphant

Signature of Registered Site Manager

1-7-16

Date

NOTARIZATION

SOUTH CAROLINA (Enter State)

GREENVILLE COUNTY

I, CATHERINE R. GEOR, a Notary Public of said County and State, do hereby certify that David R. Oliphant did personally appear and sign before me this day, produced proper identification in the form of SC 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 4 day of January, 2016.

Catherine R. Geor
Notary Public (signature)

My commission expires: 9/29/16

