



PAT MCCRORY

Governor

DONALD R. VAN DER VAART

Secretary

LINDA CULPEPPER

Director

Return Receipt Requested

December 14, 2015

Mr. William T. Sanders
C/O Dan Barker Trustee
2 Scotch Bonnet Lane
Wrightsville Beach, NC 28480

Re: 636 Robeson Street
Fayetteville, Cumberland County, NC

Dear Mr. Sanders:

The Division of Waste Management (DWM) of the North Carolina Department of Environmental Quality has identified pesticide and chlorinated solvent groundwater contamination on your property and at this time the source of this contamination has not been determined. Pursuant to N.C.G.S. § 130A-310.1(f)(1) & (2), the DWM has the authority to require that persons furnish to the DWM all information related to the identification, nature and quantity of material that has been or is generated, stored, or disposed at a site and all information related to the nature of a release or threatened release of a hazardous substance or hazardous waste from a site.

Under this authority we are asking that you furnish to the DWM a copy of all information, that you have regarding:

1. The use of this property since the time it was acquired by you. This should include, at minimum, the names of all businesses or individuals that the property was leased to or used by, the nature of those businesses and approximate dates of operation.
2. The use, storage, disposal or releases of hazardous substances including pesticides and chlorinated solvents on your property by you and if known, by any other individual or company that leased or occupied the property since it was acquired by you.

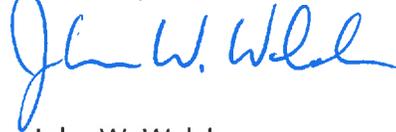


Please submit this information, by **January 22, 2016**, to me at the following address

NC Division of Waste Management
1646 Mail Service Center
Raleigh, NC 27699-1646

If you have any questions, please call me at (919) 707-8356. Thank you in advance for your cooperation.

Sincerely,



John W. Walch
Eastern Unit Supervisor
Inactive Hazardous Sites Branch



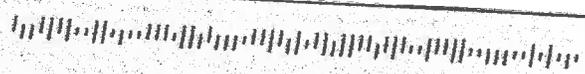
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JOHN WALCH
INACTIVE HAZARDOUS SITES BRANCH
NC SUPERFUND SECTION
1646 MAIL SERVICE CENTER
RALEIGH NC 27699-1646



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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 William T. Sanders Agent Addressee

B. Received by (Printed Name) *W. SANDERS*

C. Date of Delivery *12/17/15*

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

1. Article Addressed to:

7013 1090 0000 8750 3497
MR WILLIAM T SANDERS
C/O DAN BARKER TRUSTEE
2 SCOTCH BONNET LANE
WRIGHTSVILLE BEACH NC 28480

- Priority Mail Express™
- Return Receipt for Merchandise
- Insured Mail
- Collect on Delivery

2. Article Number
(Transfer from service label)

7013 1090 0000 8750 3497

PS Form 3811, July 2013

Domestic Return Receipt