North Carolina Department of Environment and Natural Resources
Division of Waste Management
Superfund Section
Inactive Hazardous Sites Branch

NOTIFICATION OF AN INACTIVE HAZARDOUS SUBSTANCE OR WASTE DISPOSAL SITE

Please read instructions before completing and type or print in black ink.

I. SITE NAME AND LOCATION:

Site Name (one site per form) FORMER CORNELL-DUBILIER ELECTRONICS & BOB BARKER COMPANY WAREHOUSE

Location (street address) 118 E. JONES STREET

City FUQUAY-VARINA, NC 27526 US EPA ID# (if known) NO ID

County WAKE

Directions to Site

FROM RALEIGH, NC:

17.62 MILES - NORTH DAWSON ST./US-70 EAST/US-401 SOUTH TO US-401 SOUTH/MAIN STREET, FUQUAY-VARINA, NC

0.06 MILES - TURN LEFT ON EAST JONES STREET.

118 E. JONES STREET IS SECOND BUILDING ON RIGHT

Attach a USGS topographic map or map of equal or reasonably similar scale (1 inch = 2000 ft.) showing the location and vicinity of the site or facility. Label map with the site name.

II. PERSON COMPLETING FORM:

Name JAMES WALLACE

Mailing Address 400 CROSS LAKE DR

City FUQUAY-VARINA State NC Zip Code 27526

Telephone (910) 443-2313

Present Owner

Past Owner

Present Operator

Past Owner

Other ENVIRONMENTAL CONSULTANT

(*specify*) SOUTHEAST TECHNICAL SERVICES, PC

III. PRESENT OWNER:

Individual Owner or Company Name JONES STREET, LLC

Executive Officer ROBERT J. BARKER, SR.

Mailing Address 401 N. WOODROW ST.

City FUQUAY-VARINA State NC Zip Code 27526

Telephone (919) 417-0120

Corporation

Partnership

Individual

Government Unit

Other LIMITED LIABILITY

(*specify*) CORPORATION

IV. CURRENT SITE USE:

Check the item or items which describe the current use of the site.

Residential	____	Farm Land	____	Retirement Home	____
Business	____	Farm Land	____	Other	X
Industrial	____	School/Day Care	____	*(specify)*	MULTI-USE
Pasture Land	____	Hospital	____	WAREHOUSE	

V. ON-SITE RESIDENTS:

Are there any on-site residents? ____ Yes X No

Number of children (<7 years old) living on site ____ Number of adults ____

VI. SURROUNDING PROPERTY USE:

Check the appropriate description of the area surrounding the site (*More than one may apply.*)

Residential	X	Farm Land	____	Retirement Home	____
Business	X	Farm Land	____	Other	____
Industrial	____	School/Day Care	____	*(specify)*	____
Pasture Land	____	Hospital	____	____	

VII. Site Operations (*More than one may apply*):

		Current	Previous
1.	Mining		
2.	Paper and wood production		
3.	Textiles		
4.	Fertilizer		
5.	Printing/Painting		
6.	Leather tanning		
7.	Iron/Steel foundry		
8.	Chemical, general		
9.	Plating/Polishing		
10.	Military/ammunition		
11.	Firing range		
12.	Rubber/plastics		
13.	Utility companies/transformer		
14.	Sanitary/refuse		
15.	Photo finishing		
16.	Lab/hospital		
17.	Wood treating		
18.	Battery reclamation		
19.	Pesticides formulation, packaging and/or distribution		
20.	Herbicide formulation, packaging and/or distribution		
21.	Other agricultural formulation, packaging and/or distribution		
22.	Dry cleaning		
23.	Petrochemical processing or refining		
24.	Furniture manufacturing or finishing		
25.	Drum reconditioning		
26.	Unknown		
27.	Other (*specify*)	X	

MULT-USE WAREHOUSE & FORMER MANUFACTURING

VIII. ENVIRONMENTAL PERMITS:

List all previous and current environmental permits below:

Type of Permit (e.g. landfill, nondischarge, etc.)	Past Present (circle one)	Permit Number	Date Issued	Issuing Agency
	Past Present			
MONITORING WELL CONSTRUCTION	Past (Present)	WM0501116	8-10-15	NCDENR - DWR
	Past Present			
	Past Present			
	Past Present			
	Past Present			
	Past Present			

IX. KNOW OR SUSPECTED RELEASES OF HAZARDOUS SUBSTANCES OR WASTE TO THE ENVIRONMENT:

List all on-site spills, disposals and other releases of hazardous substances or materials containing hazardous substances.

Material/ Chemical Released (known and suspected)	Physical State of Material (Use codes below)	Approx. Volume Released	Date of Release	Suspected Contaminants (Use codes below)	Source of Release (e.g. tank, buried drums, landfill, product spill, etc)	Known or Suspected Contamination: Ground water	Surface water	Sediment	Soil
						<Enter "K" if Known and "S" if Suspected>			
TRICHLOROETHENE	L	UNKNOWN	UNKNOWN	O	SPILL	K			K
1,2-DICHLOROETHENE	L	UNKNOWN	UNKNOWN	O	SPILL/CHEM. TRANS.	K			K

Physical State Codes

G – Containerized Gas
L – Liquid
S – Solid/Powder
Sl – Sludge

A – Acids
ab – Asbestos
Am – Ammonia
B – Bases
C – Cyanide

Codes for Suspected Contaminants

D – Dioxins
M – Metals
Mu – Mixed Municipal Waste
O – Organic Chemicals
P – PCBs
Pe – Petroleum Products
Ps - Pesticides
W – Waste Oil

X. TOTAL AREA OF ALL DISPOSALS, SPILLS, OR RELEASESES OF HAZARDOUS SUBSTANCES OR WASTE:

__X__ less than 1 acre
_____ 1 acre or more, but less than 5 acres
_____ 5 acres or more, but less than 10 acres
_____ 10 acres or more
_____ Unknown

XI. AVAILABILITY OF ENVIRONMENTAL ANALYTICAL DATA:

Do any environmental reports or laboratory analytical data exist for the site? __X__ Yes ____ No
If yes, attach reports or data to this form. REPORT ATTACHED

XII. IDENTIFY WHETHER ANY OF THE FOLLOWING ARE PRESENT OR WERE PRESENT IN THE PAST AT THE SITE *(More than one may apply):*

____ Debris pile(s)	____ Tanks(s) above ground	____ Spill(s)
____ Land treatment of sludges	____ Septic tanks (s)	____ Wastewater lagoons(s)
____ Landfill(s) or buried waste	____ Surface impoundments(s)	__?__ Drums(s)
____ Tanks(s) underground	____ Underground injection of waste	

____ Other (*specify*)_____

XIII. ACCESSIBILITY OF SITE *(More than one may apply):*

____ 24-hour security guard
____ Security guard < 24-hour/day
____ Physical barrier (steep bank, creek, walls, etc.)
Describe physical barriers_____

____ Site completely surrounded by fence
____ Site partially surrounded by fence
____ Locked gate
____ Unlocked gate
____ No control of access to site
__X__ Other (*specify*) LOCKED ACCESS ALL FACILITY DOORS. CONTACT REQUIRED FOR ENTRY.

XIV. WATER SUPPLY SOURCES:

Identify whether the following are present on site or on adjacent property.

	Present on site		Present on Adjacent Property	
	Yes	No	Yes	No
Spring	____	X	____	X
Well	____	X	____	X
Surface Water Intake	____	X	____	X

XV. SITE SURFACE WATER:

Indicate whether any surface water bodies (e.g. streams and lakes) exist on the site or the property adjacent to the site.

EPHEMERAL INTERMITTENT HEAD WATER DRAINAGE DITCH OF KENNETH CREEK LOCATED ON ADJACENT RESIDENTIAL PROPERTY IMMEDIATELY EAST OF WAREHOUSE AND SOUTH FLUGAY AVENUE.

XVI. CERIFICATION AND SIGNATURE:

I certify that to the best of my knowledge and belief, the information supplied on this form is complete and accurate.

Signature Robert J Barker Sr Date 2/17/2016

Name and Title *(Type or Print)* Robert J. Barker, Sr Fuquay-Varina Arts Foundation

Mailing Address 401 N. Woodrow St
Fuquay-Varina, NC 27526

NC STATE

Wake COUNTY

I, Pamala Williams, a Notary Public for said County and State, do hereby certify that Robert J Barker Sr personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this 17th day February, 2016.

(Official Seal)

Pamala Williams
NOTARY PUBLIC

My commission expires 01-27-18, _____.

Revised April 1, 2014