North Carolina Department of Environmental Quality 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.

Site Name (one site per form	1)		
Location (street address)			
City		US EPA ID# (if kno	own)
County			
Directions to Site			
Attach a USGS tonographic	c man or man of equ	al or reasonably simil	lar scale (1 inch – 2000 ft) sl
location and vicinity of the	site or facility. Labe	al or reasonably simil I map with the site na	
location and vicinity of the PERSON COMPLETING	site or facility. Laber	l map with the site na	Present Owner
location and vicinity of the PERSON COMPLETING Name	site or facility. Labe	l map with the site na	Present Owner Past Owner
location and vicinity of the PERSON COMPLETING Name Mailing Address	site or facility. Labe	l map with the site na	Present Owner Past Owner Present Operator
PERSON COMPLETING Name Mailing Address	site or facility. Labe	l map with the site na	Present Owner Past Owner Present Operator Past Owner
PERSON COMPLETING Name Mailing Address City	FORM: State	l map with the site na	Present Owner Past Owner Present Operator Past Owner Other
location and vicinity of the PERSON COMPLETING Name Mailing Address City	FORM: State	l map with the site na	Present Owner Past Owner Present Operator Past Owner
location and vicinity of the PERSON COMPLETING Name Mailing Address City Telephone ()	FORM: State	l map with the site na	Present Owner Past Owner Present Operator Past Owner Other
PRESENT OWNER:	site or facility. Label FORM: State	I map with the site na	Present Owner Past Owner Present Operator Past Owner Other (specify)
location and vicinity of the PERSON COMPLETING Name Mailing Address City Telephone () PRESENT OWNER:	site or facility. Labe FORM: State ny Name	Zip Code	Present Owner Past Owner Present Operator Past Owner Other (specify) Corporation
PRESENT OWNER: Individual Owner or Compar	site or facility. Labe FORM:State ny Name	I map with the site na	Present Owner Past Owner Present Operator Past Owner Other (specify) Corporation Partnership
PRESENT OWNER: Individual Owner or Compar Executive Officer	site or facility. Laber FORM:State	I map with the site na	Present Owner Past Owner Present Operator Past Owner Other (specify) Corporation Partnership Individual
location and vicinity of the PERSON COMPLETING Name Mailing Address City Telephone () PRESENT OWNER: Individual Owner or Compar	site or facility. Labe FORM: State ny Name	Zip Code	Present Owner Past Owner Present Operator Past Owner Other (specify) Corporation Partnership

IV.	CURRENT SITE USE:			
	Check the item or items wh	ich describe the current use of the site.		
	Residential	Farm Land	Retirement Home	_
	Business	Farm Land	Other	
	Industrial	School/Day Care	(specify)	
	Pasture Land			_
	1 asture Land			_
V.	ON-SITE RESIDENTS:			
	Are there any on-site reside	ents?No		
	Number of children (<7 year	ars old) living on siteN	Tumber of adults	
¥7 T	CLIDDOLINIDING BRODE	NDW HOD		
VI.	SURROUNDING PROPI	IXIY USE: ription of the area surrounding the site (<i>N</i>	Agra than one may apply	
		F. 1.1		
	Residential	Farm Land		_
	Business	Farm Land	Other	_
	Industrial	School/Day Care	(specify)	_
	Pasture Land	Hospital		
VII.	Site Operations (More tha	n one may apply):		
			Current	Previous
1.	Mining			
2.	Paper and wood production		<u></u>	
3.	Textiles		······ <u></u>	
4.				
5.				
6.	-			
7.				
8.				
9.				
10.	•			
11.				
12.	Rubber/plastics			
13.		ner		
14.				
15.				
16.				
17.				
18.				
19.		kaging and/or distribution		
20.		kaging and/or distribution		
21.		ion, packaging and/or distribution		
22.				
23.		r refining		
24.		finishing		
25.				
26.				
27.	Other (specify)			

III. ENVIRONMEN	NTAL PERMITS:						
List all previous	and current environ	mental permits	s below:				
	of Permit , nondischarge, etc.)	_	Past I <u>(circle o</u>	Present	Permit Number	Date Issued	Issuing Agency
		I	Past I	Present			·
		I	Past I	Present			
		I	Past Present	Present			
		I	Past I	Present			
		I	Past I	Present			
		I	Past I	Present			
		I	Past I	Present			
Material/ Chemical Released known and suspected)	State of Material (Use codes <u>below)</u>	Approx. Volume Released	Date of Release	Suspected Contaminants (Use codes _below)	Source of Release (e.g. tank, buried drums, landfill, product spill, etc)	Ground water	Surface water Sediment Soil "if Known and "S" if Suspected>
nysical State Codes					Codes for Suspected C	Contominants	
-					•	ontammants	
- Containerized Gas			A – Acids		D – Dioxins		P – PCBs
- Liquid			ab – Asbe		M – Metals		Pe – Petroleum Products
- Solid/Powder			Am – Amr		Mu – Mixed Municipa		Ps - Pesticides
– Sludge		I	B - Base	S	O – Organic Chemica	als	W – Waste Oil

C - Cyanide

VIII.

Site completely surrounded by fence Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES: Identify whether the following are present on site or Present on site Yes No Spring Well Surface Water Intake SITE SURFACE WATER:		operty	
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES: Identify whether the following are present on site or Present on site Yes No Spring Well	on adjacent property. Present on Adjacent Pr	operty	
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES: Identify whether the following are present on site or Present on site Yes No Spring	on adjacent property. Present on Adjacent Pr	operty	
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES: Identify whether the following are present on site or Present on site Yes No	on adjacent property. Present on Adjacent Pr	operty	
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES: Identify whether the following are present on site or Present on site	on adjacent property. Present on Adjacent Pr	operty	
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Site partially surrounded by fence Locked gate Unlocked gate No control of access to site Other (specify) WATER SUPPLY SOURCES:			
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site			
Site partially surrounded by fence Locked gate Unlocked gate No control of access to site			
Site partially surrounded by fence Locked gate Unlocked gate			
Site partially surrounded by fence Locked gate			
Site partially surrounded by fence			
Site completely surrounded by fence			
Describe physical barriers			
24-hour security guard			
ACCESSIBILITY OF SITE (More than one may a	apply):		
Other (specify)			
	nderground injection of w		
Landfill(s) or buried waste Su	urface impoundments(s)		
	eptic tanks (s)		
Debris pile(s) Ta	nnks(s) above ground		Spill(s)
Land treatment of sludges Segment Landfill(s) or buried waste Summarks(s) underground Unde	eptic tanks (s) Inface impoundments(s) Inderground injection of w Impuly): etc.)	/aste	Wastewater lago(

XVI. CERIFICATION AND SIGNATURE:

ignature	Date
Tame and Title (Type or Print)	
Tailing Address	
STATE	
SIME	
COUNTY	
Ι,	
tate, do hereby certify that	
e this day and acknowledged the due execution of the forego	oing instrument.
Witness my hand and official seal, this	_day
,	
Official Seal)	
	NOTARY PUBLIC
My commission expires	