

IMAGED 1/25/2005

BOB ANTHONY
Commissioner

ED APPLE
Commissioner

DENISE A. BODE
Commissioner



OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
(405) 521-4683 FAX: (405) 521-4945

JIM THORPE BUILDING, RM 238 • PO BOX 52000-2000 • OKLAHOMA CITY, OK 73152-2000

January 5, 2001

Case ID # 064-1385
Facility ID # 37-06847
Final Closure

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE NUMBER 7000 0520 0023 5167 6314

E.F.McCarty Estate
Attn: Mr. Terry J. Lix
P.O. Box 47
Enid, Oklahoma 73702

RE: Quick Stop
S.E. Corn. Hwy 51 & Mitchell
Hennessey, Oklahoma

Dear Mr. Lix:

Based upon the review of the Final Closure Report and the Oklahoma Risk-Based Corrective Action Report, this case is closed. If in the future, levels of Chemicals of Concern are discovered to exceed those determined appropriate for this site, the case will be reopened. A copy of this letter is being sent to your consultant.

If you have any questions, please discuss them with your consultant or call me at (405) 521-1428 between 8:00 a.m. and 4:30 p.m. Monday through Friday. Please reference the appropriate OCC Facility Number and Case Number on all correspondence.

Sincerely,

Keith Menees
Project Environmental Analyst

KM:gs

cc: Summit Environmental Services, Inc.
Attn: Mr. Wesley Hill
1625 W. Owen K. Garriott, Ste. D
Enid, Oklahoma 73703

"Copies to Susan Dawson, Darla Wollitz, Claim, tech and IF files"

NOTE: The applicable Corporation Commission rule is found in the Oklahoma Administrative Code at 165:25-3-79. If you need a copy, please call us and we will send you one.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 1-5
- 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:
 E. F. McCarty Estate
 Attn: Mr. Terry J. Lix
 P.O. BOX 47
 ENID, OK. 73702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Terry Lix* B. Date of Delivery *1-8-01*

C. Signature *[Signature]* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0520 0023 5167 6314 CASE # 064-1385

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

7000 0520 0023 5167 6314

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4