

North Carolina Department of Environmental Quality

Pat McCrory  
Governor

Donald R. van der Vaart  
Secretary

PROPERTY ACCESS & SAMPLING PERMISSION

I am the owner of the property located at 2128 Mingus Cabin Lane Charlotte, NC 28214. I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples as indicated below from my property.

\_\_\_ Potable Well. Does your well have a treatment system (Yes/No)? \_\_\_\_\_  
How many wells are located on your property? \_\_\_\_\_

x Soil

\_\_\_ Soil Gas Probes

x Groundwater

\_\_\_ Crawlspace Vapor Sampling

\_\_\_ Indoor Air Vapor Sampling

\_\_\_ Other (Include Description) \_\_\_\_\_

FRANK BOLTER  
(Print Name)

704-791-9020  
(Telephone Number)

  
(Signature)

4-18-16  
(Date)

Please return this signed form in the enclosed stamped envelope to:

Collin Day, Western Unit Supervisor  
North Carolina Department of Environmental Quality  
Division of Waste Management  
Inactive Hazardous Sites Branch  
450 West Hanes Mill Rd., Suite 300  
Winston-Salem, NC 27105

Tom Sadler Road Wells  
Charlotte, Mecklenburg  
NCD986231967

# North Carolina Department of Environmental Quality

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## PROPERTY ACCESS & SAMPLING PERMISSION

I am the owner of the property located at 1820 Gum Branch Rd. Charlotte, NC 28214. I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples as indicated below from my property.

Potable Well. Does your well have a treatment system (Yes/No)? \_\_\_\_\_  
How many wells are located on your property? \_\_\_\_\_

Soil

Soil Gas Probes

Groundwater

Crawlspace Vapor Sampling

Indoor Air Vapor Sampling

Other (Include Description) \_\_\_\_\_

Kelly Green-Sing  
(Print Name)

704-641-6494  
(Telephone Number)

[Signature]  
(Signature)

4/19/16  
(Date)

Please return this signed form in the enclosed stamped envelope to:

Collin Day, Western Unit Supervisor  
North Carolina Department of Environmental Quality  
Division of Waste Management  
Inactive Hazardous Sites Branch  
450 West Hanes Mill Rd., Suite 300  
Winston-Salem, NC 27105

Tom Sadler Road Wells  
Charlotte, Mecklenburg  
NCD986231967

To: Katie Tatum  
# 919-715-1117



Waste Management  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL E. SCOTT  
*Acting Director*

March 30, 2016

Kelly Renee Green  
1820 Gum Branch Rd  
Charlotte, NC 28214

Re: Request to Collect Samples  
1820 Gum Branch Rd. Charlotte NC 28214  
Tom Sadler Road Wells  
NCD986231967

Dear Ms. Green:

The North Carolina Department of Environmental Quality, Division of Waste Management (Division) is currently conducting an investigation of contamination in the general area of your property located at 1820 Gum Branch Rd in Charlotte, Mecklenburg County, North Carolina. The purpose of this letter is to request permission to collect groundwater samples from your property. To perform this sampling, the Division would like to install 1 small diameter temporary boring to collect groundwater samples on your property. The sampling process typically takes 2 days. At the conclusion of our investigation, the monitoring well will be removed. Any disturbance to the land surface will be restored to its original condition. This sampling will be performed by Division staff or the Division's contractor at no cost to you. The laboratory results will be forwarded to you as soon as possible.

The Department is conducting this investigation to ensure that residents in the area are not being exposed to hazardous vapors related to groundwater contamination in the area. To allow the Division to collect samples from your property, please sign the attached permission form and return it to our office in the enclosed stamped envelope within 14 days. Upon receipt we will coordinate with you on the planned date of sampling. Please contact the Project Manager George Adams at (704) 235-2187 or by email at [George.adams@ncdenr.gov](mailto:George.adams@ncdenr.gov) or Collin Day, Western Unit Supervisor at (336) 776-9675 if you have any questions.

Sincerely,

Katie Tatum  
Environmental Specialist  
Inactive Hazardous Sites Branch

Attachment: Owner Access Permission Form and Self Addressed Stamped Envelope.

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How many wells are located on your property? \_\_\_\_\_

Soil

Soil Gas Probes

Groundwater

Crawlspace Vapor Sampling

Indoor Air Vapor Sampling

Other (Include Description) \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please return this signed form in the enclosed stamped envelope to:**

Collin Day, Western Unit Supervisor  
Division of Waste Management  
Inactive Hazardous Sites Branch  
450 West Hanes Mill Rd.  
Winston-Salem, NC 27105

Tom Sadler Road Wells  
Charlotte, Mecklenburg  
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*Acting Director*

March 30, 2016

MBM Investment Properties  
Att: Frank Bolter  
P.O. Box 5328  
Concord, NC 28027

Re: Request to Collect Samples  
2128 Mingus Cabin Lane Charlotte, NC 28214  
Tom Sadler Road Wells  
NCD986231967

Dear Mr. Bolter:

The North Carolina Department of Environmental Quality, Division of Waste Management (Division) is currently conducting an investigation of contamination in the general area of your property located at 2128 Mingus Cabin Lane in Charlotte, Mecklenburg County, North Carolina. The purpose of this letter is to request permission to collect groundwater and soil samples from your property. To perform this sampling, the Division would like to install 4 small diameter temporary borings to collect groundwater and soil samples on your property. The sampling process typically takes 2 days. At the conclusion of our investigation, the monitoring well will be removed. Any disturbance to the land surface will be restored to its original condition. This sampling will be performed by Division staff or the Division's contractor at no cost to you. The laboratory results will be forwarded to you as soon as possible.

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Sincerely,

Katie Tatum  
Environmental Specialist  
Inactive Hazardous Sites Branch

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Groundwater

Crawlspace Vapor Sampling

Indoor Air Vapor Sampling

Other (Include Description) \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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