



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

October 29, 2012

Re: Access Authorization Request for Soil Gas Study
Willow Street
Charlotte, NC

Dear Owner:

I wrote to you and other Owners/Residents in a letter dated October 5, 2012 about a soil gas study to be conducted at **potentially** affected residences along Willow Street. I have included a copy of that letter as an attachment for your ease of reference.

Your property is one of the ten properties that I have selected for the soil gas study. It is important that soil gas be sampled from your property and analyzed to assess whether groundwater contamination has the potential to cause indoor air contamination at your property.

Please complete the attached Access Authorization Form to Conduct Sampling Activities and return it to me in the Self Addressed Stamped Envelope included. Time is of the essence as sampling activities are currently scheduled to begin the week of November 12 and hopefully will only take a few days.

If at any point you have questions about this soil gas study and/or environmental conditions in the Willow Street neighborhood, please feel free to contact me at (704) 235-2173 or by email at david.ramey@ncdenr.gov .

Sincerely,

David Ramey, Hydrogeologist
Inactive Hazardous Sites Branch
Superfund Section



North Carolina Department of Environment and Natural Resources
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October 5, 2012

Re: Soil Gas Study to be Conducted
Willow Street
Charlotte, NC

Dear Owner/Resident:

This letter serves to inform you of groundwater contamination found to be present in your neighborhood. DuPont Corporation has been testing soil and groundwater at its former leased property at 2246 Old Steele Creek Road as part of a contaminant assessment and cleanup being conducted through the North Carolina Department of Environment and Natural Resources' (NCDENR) Division of Waste Management.

While conducting these activities, DuPont installed and tested groundwater monitoring wells along Primrose Avenue and Willow Street to determine whether chemical contaminants such as tetrachloroethylene (PCE) and other volatile organic compounds (VOCs) were present in groundwater in the area. DuPont's sample results found that groundwater in the Primrose Avenue and Willow Street area is contaminated with VOCs. The source of the contamination is not known at this time.

It is important to note that drinking water in the area comes from the municipal (city) water supply and is safe to drink - it does not come from the groundwater at the site. DuPont will be releasing the results of their study to you in the immediate future in a separate correspondence. If you are using a well on your property as the source of your drinking water, please call Mr. David Ramey with the Division of Waste Management at (704) 235-2173.

The contaminant concentrations detected in the groundwater test wells in the neighborhood were found to exceed screening levels for potential vapor intrusion into buildings. **These are screening levels only, and this does not mean that there are contaminants present in your home.** Vapor intrusion is the process by which gas from the dissolved groundwater chemicals can **potentially** enter a building through foundation cracks, sump pump wells, or openings in the basement where utility pipes enter.

The purpose of this letter is to make you aware that the state intends to conduct below-ground soil vapor testing in the near future at **potentially** affected residences along Willow Street and will be contacting residents for permission to access their property for testing soon. The soil vapor testing will be conducted by a contractor (S&ME) for the NCDENR under the oversight of the state's project manager (Mr. David Ramey).

In summary: (1) **Drinking water in the area comes from the municipal (city) water supply and is safe to drink- it does not come from the groundwater at the site.** (2) A vapor intrusion study will be conducted to determine if there are below-ground contaminant vapors of concern and to evaluate the **potential** for indoor air contamination from groundwater in the area.

If you have any additional questions about this process, please contact me at (704) 235-2173 or by email at david.ramey@ncdenr.gov.

Sincerely,

A handwritten signature in blue ink that reads "David Ramey". The signature is written in a cursive style with a large, looped 'D' and 'R'.

David Ramey, Hydrogeologist
Inactive Hazardous Sites Branch
Superfund Section

Access Authorization Form to Conduct Sampling Activities

1. I, _____, am the current owner (or tenant) of the property located at _____ (the "Property"), and, as such, I am authorized to sign this document.

2. I grant authorization to the North Carolina Department of Environment and Natural Resources (NC DENR) their officers, employees, contractors and other authorized representatives to enter upon and have continued access to the Property. This authorization allows NC DENR, its officers, employees, contractors and other authorized representatives to have access to the Property to conduct certain sampling activities. NC DENR's activities at the Property may include, but are not limited to, the following:
 - a. Soil vapor testing, requiring the installation of temporary soil probes.

3. The consent for access and use granted herein will begin on October 29, 2012, and will continue through January 31, 2013.

4. By granting this authorization, I do not admit any liability in relation to the Property and do not waive any rights to which I may be entitled.

5. The costs of the sampling activities shall be borne by the NC DENR.

6. Data collected during the activities on the Property shall be made available to me upon request.

7. Data collected during the activities on the Property may be a matter of public record in accordance with state and/or federal law. The NC DENR and its contractors shall not be construed to be my agent, employee or contractor.

8. NC DENR or its contractors will employ reasonable efforts to return the Property to pre-investigation conditions.

Date: _____

Printed Name of Owner: _____

Signature of Owner: _____

Or:

Printed Name of Tenant: _____

Signature of Tenant: _____

Is there someone we should notify before we come to the Property? Yes: ___ No: ___

Contact Information for the person/people who we should notify before we come to the Property:

Name(s): _____

Phone Number(s): _____

Email Address(es): _____

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Restricted Delivery Fee (Endorsement Required)	



Tony Lestingi
 DIG REALTY LLC
 1100 GEST ST
 CINCINNATI, OH 45203

14K-DR

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Tony Lestingi DIG REALTY LLC 1100 GEST ST CINCINNATI, OH 45203 10-29-12 14K-DR</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p> <p>7007 0710 0005 2882 3701</p>	

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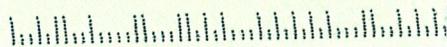
DENR DWM 1114
610 E. Center Ave., Ste. 301
Mooreville NC 28115

NC DENR MPO IHSB

NOV 05 2012

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2811532578 0005



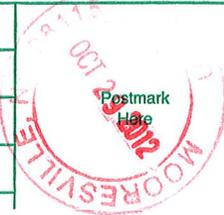
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Restricted Delivery Fee (Endorsement Required)	



To: NATAKI STINSON
 Ser: 3231 DENSON PL
 Str or P: CHARLOTTE, NC 28215
 City: 1H11-DR

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATAKI STINSON
 3231 DENSON PL
 CHARLOTTE, NC 28215

10-29-12 1H11-DR

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) CAROL SAMUEL S
 C. Date of Delivery 10/30/12

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 (Transfer from service label) 7007 0710 0005 2882 3718

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CHARLOTTE NC 28201

30 OCT 2012 PM 5:1



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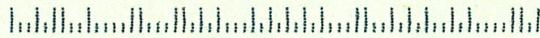
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Mooresville NC 28115

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
LEROY DANZY 2424 FABER ST CHARLOTTE, NC 28208 1H14-DR		

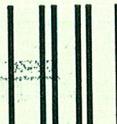
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1. Article Addressed to:	B. Received by (Printed Name) <i>Leroy Danzy</i>
LEROY DANZY 2424 FABER ST CHARLOTTE, NC 28208 10-29-12 1H14-DR	C. Date of Delivery <i>10-31-12</i>
2. Article Number (Transfer from ser)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
7007 0710 0005 2882 3725	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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102595-02-M-1540	

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31 OCT 2012 PM 5:1

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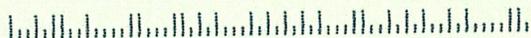
• Sender: Please print your name, address, and ZIP+4 in this box •

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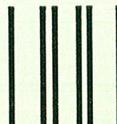
TPM PROPERTIES LP
 3816 MOORELAND FARMS RD
 CHARLOTTE, NC 28226

1 HW-DR

PS Form 3800, August 2006 See Reverse for Instructions

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<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Mark Willey</i></p> <p>B. Received by (Printed Name) <i>MARK WILLEY</i></p> <p>C. Date of Delivery <i>10/30/12</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>26033 QB</i> <i>12:50pm</i></p>
<p>1. Article Addressed to:</p> <p>TPM PROPERTIES LP 3816 MOORELAND FARMS RD CHARLOTTE, NC 28226</p> <p><i>10-29-12 1 HW-DR</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv)</p> <p>7007 0710 0005 2882 3732</p>	<p></p>

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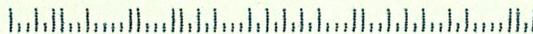
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To **AMY JAMISON**
PO BOX 2741
HUNTERSVILLE, NC 28070

Sen
 Sire
 or F
 City

1 HW-DR

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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1. Article Addressed to:

AMY JAMISON
 PO BOX 2741
 HUNTERSVILLE, NC 28070

10-29-12 1HW-DR

2. Article Number
 (Transfer from)

7007 0710 0005 2882 3749

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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



NORTH CAROLINA DEPARTMENT OF
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 MOORESVILLE NC 28115

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NC 282



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 0003181127 OCT 29 2012
 MAILED FROM ZIP CODE 28115

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NOV 20 2012

NCDENR MRO HSB

1st NOTICE 10/30
 2nd NOTICE
 RETURNED

AMY JAMISON
 PO BOX 2741
 HUNTERSVILLE, NC 28070

NIXIE 282 5E 1 00 11/17/12
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 28115257899

28070274142578

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Restricted Delivery Fee (Endorsement Required)	

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MARK T CHAPPELL & KELLY S CHAPPELL
 PO BOX 4398
 LANCASTER, CA 93539

1HW-DR

PS Form 3800, August 2006

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1. Article Addressed to:

MARK T CHAPPELL & KELLY S CHAPPELL
 PO BOX 4398
 LANCASTER, CA 93539

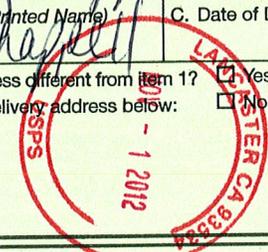
10-29-12 1HW-DR

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kelly Chappell Agent Addressee

B. Received by (Printed Name) Kelly Chappell C. Date of Delivery

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

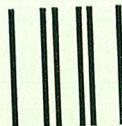


3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7007 0710 0005 2882 3756

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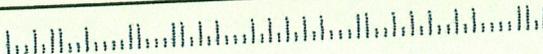
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NCDENR DWM - (HW)
610 East Center Avenue, Suite 301
Mooresville, NC 28115

NCDENR DWM - (HW)

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SFH FINANCIAL LLC

PO BOX 2741

HUNTERVILLE, NC 28070

1HW-DR

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1. Article Addressed to:

SFH FINANCIAL LLC
PO BOX 2741
HUNTERVILLE, NC 28070

10-29-12 1HW-DR

2. Article Number
(Transfer from service label)

7007 0710 0005 2882 3763

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- A. Signature Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery
- 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 No



NORTH CAROLINA DEPARTMENT OF
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 MOORESVILLE REGIONAL OFFICE
 610 EAST CENTER AVENUE, SUITE 301
 MOORESVILLE NC 28115

DWM/IHW

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 0003181127 OCT 29 2012
 MAILED FROM ZIP CODE 28115

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NOV 20 2012

NCDENR MRO IHSB

SFH FINANCIAL LLC

PO BOX 2741

HUNTERSVILLE, NC 28070

1st NOTICE 10/30
 2nd NOTICE 11/12
 RETURNED

NIXIE 282 10/30 11/12/12
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 28115257899



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Return Receipt Fee (Endorsement Required)	595	
Restricted Delivery Fee (Enc)		
To: ROBERTA BILLY DINKINS & ROBERTA DINKINS 3715 ATLAS DR CHARLOTTE, NC 28269		
Sen.		
Stre or P	1 HW-DR	
City, State, ZIP+4		

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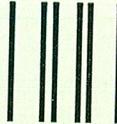
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Harris <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ROBERTA BILLY DINKINS & ROBERTA DINKINS 3715 ATLAS DR CHARLOTTE, NC 28269</p> <p>10-29-12 1 HW-DR</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from st)</p> <p>7007 0710 0005 2882 3770</p>	

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NC 282

30 OCT 2012

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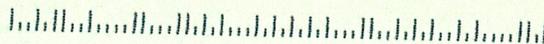
• Sender: Please print your name, address, and ZIP+4 in this box •

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610 East Center Avenue, Suite 301
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Restricted Delivery Fee (Endorsement Required)		

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 12308 SILVEROAK LN
 CHARLOTTE, NC 28277

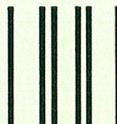
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NC 28277
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PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jennifer Parsells</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Jennifer Parsells</i></p> <p>C. Date of Delivery <i>11/1/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>APIV ENTERPRISES LLC 12308 SILVEROAK LN CHARLOTTE, NC 28277</p> <p><i>10-29-12 1HW-DR</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer) <i>7007 0710 0005 2882 3787</i></p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

NCDENR DWM 1414
610 East Center Avenue, Suite 301
Mooresville, NC 28115

NCDENR DWM

NOV 02 2012

RECEIVED

