

5/16/2016

Access For Sampling Request Log

12:08 PM

Site Name Rocky Mount Landfill
 City, County Rocky Mount, Nash
 IHSB ID# NONCDD0000455

Community Drive
 Rocky Mount NC

Property Address	Owner Name	Owner Mailing Address	Date Request Letter Mailed	Date Owner Rec'd	Date Owner Response Rec'd by DENR	2nd Request Mailed	Access * (Y/N)	Property Visit Date
4837 Community Dr Rocky Mount NC 27804	Timothy Jones	4837 Community Dr Rocky Mount NC 27804	12/16/2015	2/2/2016	2/9/2016	1/20/2016	Y	4/14/2016
4825 Community Dr Rocky Mount NC 27804	Eloise Hedgepeth	4825 Community Dr Rocky Mount NC 27804	12/16/2015	12/21/2015	12/28/2015		Y	4/14/2016
4832 Community Dr Rocky Mount NC 27804	Barbara Kinder	5800 Valley View Dr Alexandria VA 22310	12/16/2015	12/22/2015	12/28/2015		Y	4/14/2016
4844 Community Dr. Rocky Mount, NC 27804	Eva Alston	4844 Community Dr. Rocky Mount, NC 27804	12/16/2016		mail returned - tax records indicate returned mail on county tax as well	1/20/2016		Home appears to be abandoned

*Permission form completed by owner and mailed or hand delivered at site to DEQ



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

LINDA CULPEPPER
Director

December 16, 2015

Timothy Jones
4837 Community Dr.
Rocky Mount, NC 27804

Re: Water Supply Well Sampling
4837 Community Dr. Rocky Mount, NC 27804
Rocky Mount Landfill
NONCD0000455

Dear Mr. Jones:

The North Carolina Department of Environmental Quality, Division of Waste Management (Division) is currently conducting an investigation of groundwater contamination in the area of your property located at 4837 Community Dr. in Rocky Mount, Nash County, NC. The purpose of this letter is to request your permission to sample the water supply well located on your property. This sampling will be performed by Division staff or the Division's contractor at no cost to you. You do not have to be present to have your well sampled. Samples will be collected from either a faucet at the well or on the exterior of your home. The laboratory results will be forwarded to you as soon as possible. To provide the Division permission to sample your well, please sign the attached permission form and return it to our office in the enclosed stamped envelope within 14 days. Upon receipt we will notify you of the planned date of sampling.

If you do not wish to grant the Division permission to sample your well, we recommend you have it tested for metals and volatile organic contaminants by a private laboratory or the local health department because of the concerns for contamination in the area. The private lab or health department will likely charge a fee for this sampling. Please contact Cheryl Marks at (919) 707-8333 or at Cheryl.marks@ncdenr.gov or Katie Tatum at (919) 707-8155 or at Katie.tatum@ncdenr.gov if you have any questions.

Sincerely,

Katie Tatum

Environmental Specialist
Division of Waste Management, NCDEQ

Attachment PERMISSION FORM & ADDRESSED STAMPED ENVELOPE



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

LINDA CULPEPPER
Director

January 20, 2016

Eva Alston
4844 Community Dr.
Rocky Mount, NC 27804

Re: Water Supply Well Sampling (2nd Request)
4844 Community Dr. Rocky Mount, NC 27804
Rocky Mount Landfill
NONCD0000455

Dear Ms. Alston:

The North Carolina Department of Environmental Quality, Division of Waste Management (Division) is currently conducting an investigation of groundwater contamination in the area of your property located at 4844 Community Dr. in Rocky Mount, Nash County, NC. The purpose of this letter is to request your permission to sample the water supply well located on your property. This sampling will be performed by Division staff or the Division's contractor at no cost to you. You do not have to be present to have your well sampled. Samples will be collected from either a faucet at the well or on the exterior of your home. The laboratory results will be forwarded to you as soon as possible. To provide the Division permission to sample your well, please sign the attached permission form and return it to our office in the enclosed stamped envelope within 14 days. Upon receipt we will notify you of the planned date of sampling.

If you do not wish to grant the Division permission to sample your well, we recommend you have it tested for metals and volatile organic contaminants by a private laboratory or the local health department because of the concerns for contamination in the area. The private lab or health department will likely charge a fee for this sampling. Please contact Cheryl Marks at (919) 707-8333 or at Cheryl.marks@ncdenr.gov or Katie Tatum at (919) 707-8155 or at Katie.tatum@ncdenr.gov if you have any questions.

If your property is on city or county water and does not utilize a potable well or if you do not grant the Division permission to test your well, please fill out and return the attached No Potable Well form. This will allow the Division to update our records.

Sincerely,

Katie Tatum

Environmental Specialist
Division of Waste Management, NCDEQ

Attachment PERMISSION FORM, NO POTABLE WELL NOTIFICATION & ADDRESSED STAMPED ENVELOPE



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 4825 Community Dr. Rocky Mount, NC 27804. 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.

Rain Soft water Treatment System in the house
2 (1 usable)

- Potable Well. Does your well have a treatment system (Yes/No)?
How many wells are located on your property? 2 (1 usable)
- Soil (Surface Grab Sample)
- Soil Gas Probes
- Groundwater (Installation of monitoring wells)
- Crawlspace Vapor Sampling
- Indoor Air Vapor Sampling
- Other (Include Description) _____

Eloise Hedgcock
(Print Name)

252-443-9796
~~12-21-15~~
(Telephone Number)

Eloise Hedgcock
(Signature)

12-21-15
(Date)

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

Katie Tatum; Environmental Specialist
Division of Waste Management
Inactive Hazardous Sites Branch
1646 Mail Service Center
Raleigh, North Carolina 27699

Rocky Mount Landfill
Rocky Mount, Nash
NONCD0000455

RECEIVED

DEC 28 2015

Superfund Section

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 4832 Community Dr. Rocky Mount, NC 27804. 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)? No
How many wells are located on your property? 1

Soil (Surface Grab Sample)

Soil Gas Probes

Groundwater (Installation of monitoring wells)

Crawlspace Vapor Sampling

Indoor Air Vapor Sampling

Other (Include Description) _____

Barbara Kunder
(Print Name)

703-922-5490
(Telephone Number)

Barbara Kunder
(Signature)

22 Dec 2015
(Date)

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

Katie Tatum; Environmental Specialist
Division of Waste Management
Inactive Hazardous Sites Branch
1646 Mail Service Center
Raleigh, North Carolina 27699

RECEIVED

Rocky Mount Landfill
Rocky Mount, Nash
NONCD0000455

DEC 28 2015

Superfund Section

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 4837 Community Dr. Rocky Mount, NC 27804. 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)? don't know
How many wells are located on your property? 1
- Soil (Surface Grab Sample)
- Soil Gas Probes
- Groundwater (Installation of monitoring wells)
- Crawlspace Vapor Sampling
- Indoor Air Vapor Sampling
- Other (Include Description) _____

Timothy Jones
Debra Jones
(Print Name)

252 366 5478
(Telephone Number)

Timothy & Debra Jones
(Signature)

2-2-16
(Date)

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

Katie Tatum; Environmental Specialist
Division of Waste Management
Inactive Hazardous Sites Branch
1646 Mail Service Center
Raleigh, North Carolina 27699

Rocky Mount Landfill
Rocky Mount, Nash
NONCD0000455

RECEIVED
FEB 9 2016

Superfund Section