

*M.D. Shaw & Associates, P.C.*

Limited Site Assessment Report

Received  
Woro DVM  
FEB 13 2009

A. Site Identification

2-11

DATE OF REPORT: 1-29-2009

Facility I.D.: 0-031447

Site Name: The Panty #832

Site Location: 501 South Memorial Drive

Nearest City/Town: Greenville

County: Pitt

UST Owner: The Panty, Inc.

Address: Po Box 1410, Sanford, North Carolina 27330

Phone: 919-774-6700

UST Operator: The Panty, Inc.

Address: Po Box 1410, Sanford, North Carolina 27330

Phone: 919-774-6700

Property Owner: Scales, Peter

Address: 13829 Bear Valley Trail Redding, California 96003

Phone: ???

Property Occupant: Vacant

Consultant/Contractor: M.D. Shaw and Associates, P.C.

Address: 8501 Fox Tail Lane, Huntersville, NC 28078

Phone: 704-578-5974

Release Information

Date Discovered: 01/08/2009

Latitude: 35.61240N

Longitude: 77.39279W

Estimated Quantity of Release: Unknown

Cause of Release(s): UST

Source of Release(s) (e.g., Piping/UST): UST

Sizes and contents of UST system(s) from which the release occurred):

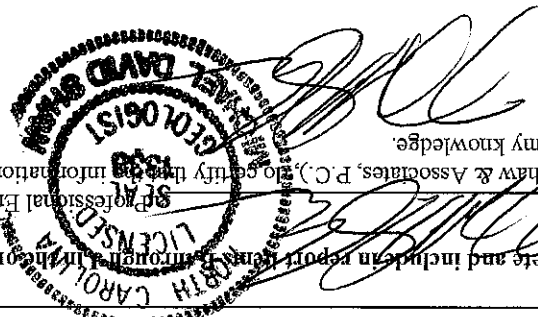
(3) 1 0,000-gallon Gasoline UST's

Complete and include in report items in the order listed.

I, SP7A Professional Engineer (Licensed Geologist (circle one) for

M.D. Shaw & Associates, P.C.), do certify that the information contained in this report is correct and accurate to the

best of my knowledge.



(Please Affix Seal and Signature)

*MP Shaw & Associates, PC.*

**B. Risk Characterization**

Submit the following questionnaire in its entirety. Answer all questions completely. Attach additional pages as needed to fully explain answers. Base answers/explanations on information known or required to be obtained during the Limited Site Assessment.

**NOTE:** Source area means point of release from a USF system.

**Limited Site Assessment Risk Classification and Land Use Form**

**Part I - Groundwater/Surface Water/Vapor Impacts**

**High Risk**

1. Has the release contaminated any water supply well including any well used for non-drinking purposes? **YES/NO**

2. Is a water supply well used for drinking water located within 1,000 feet of the source area of the release? **YES/NO**

3. Is a water supply well not used for drinking water (e.g., irrigation, washing cars, industrial cooling water, filling swimming pools) located within 250 feet of the source area of the release? **YES/NO**

4. Does groundwater within 500 feet of the source area of the release have the potential for future use (there is no other source of water supply other than the groundwater)? **YES/NO**

5. Do vapors from the release pose a threat of explosion because of accumulation of the vapors in a confined space or pose any other serious threat to public health, public safety or the environment? **YES/NO**

6. Are there any other factors that would cause the release to pose an imminent danger to public health, public safety, or the environment? **YES/NO**

7. Is a surface water body located within 500 feet of the source area of the release? **YES/NO**

If YES, does the maximum groundwater contaminant concentration exceed the surface water quality standards and criteria found in 15A NCAC 2B .0200 by a factor of 10? **YES/NO**

8. Is the source area of the release located within a approved or planned wellhead protection area as defined in 42 USC 300h-7(e)? **YES/NO**

If yes, describe.

9. Is the release located in the Coastal Plain physiographic region as designated on a map entitled "Geology of North Carolina" published by the Department in 1985? **YES/NO**

*Should be yes*

*MPS Shaw & Associates, PC.*

If YES, is the source area of the release located in an area in which there is recharge to an unconfined or semi-confined deeper aquifer that is being used or may be used as a source of drinking water?  
If YES, describe.  
YES/NO

10. Do the levels of groundwater contamination for any contaminant exceed the gross contamination levels (see Table 9) established by the Department?  
YES/NO

Part II - Land Use

Property Containing Source Area of Release

The questions below pertain to the property containing the source area of the release.

1. Does the property contain one or more primary or secondary residences (permanent or temporary)?  
Describe.  
YES/NO

The property is a petroleum retail and convenience store.

2. Does the property contain a school, daycare center, hospital, playground, park, recreation area, church, nursing home, or other place of public assembly?  
Describe.  
YES/NO

The property is a petroleum retail and convenience store.

3. Does the property contain a commercial (e.g., retail, warehouse, office/business space, etc.) or industrial (e.g., manufacturing, utilities, industrial research and development, chemical/petroleum bulk storage, etc.) enterprise, an inactive commercial or industrial enterprise, or is the land undeveloped?  
Describe.  
YES/NO

The property is a petroleum retail and convenience store.

4. Do children visit the property?  
Explain.  
YES/NO

As a petroleum retail convenience store, the site is open to the general public.

Is access to the property reliably restricted consistent with its use (e.g., by fences, security personnel or both)?  
Explain.  
YES/NO

The site is open to the general public and access is not restricted.

5. Do pavement, buildings, or other structures cap the contaminated soil?  
Describe.  
YES/NO

The entire site is capped with concrete.

If yes, what mechanisms are in place or can be put into place to ensure that the contaminated soil will remain capped in the foreseeable future?  
The entire site is capped with concrete and asphalt.

6. What is the zoning status of the property?  
The property is zoned commercial/retail.

*MP Shaw & Associates, PC.*

YES/ NO

7. Is the use of the property likely to change in the next 20 years?

Explain.

Future plans for the site is not known.

**Property Surrounding Source Area of Release**

The questions below pertain to the area within 1,500 feet of the source area of the release (excludes property containing source area of the release):

1. What is the distance from the source area of the release to the **nearest** primary or secondary residence (permanent or temporary)?

The nearest primary residence is 430-feet northwest of the release area.

2. What is the distance from the source area of the release to the **nearest** school, daycare center, hospital, playground, park, recreation area, church, nursing home or other place of public assembly?

The City of Greenville Public Park is located 400 feet Northeast of the site.

3. What is the zoning status of properties in the surrounding area?

The area surrounding the site is zoned residential and business.

4. Briefly characterize the use and activities of the land in the surrounding area.

The release area is on a petroleum retail convenience store. The area surrounding the subject site is primarily commercial/business and residential.

**B. Receptor Information**

1. Water Supply Wells (Complete and attach Table B-5 and attach map showing well locations)

2. Public Water Supplies

Are public water supplies available within 1,500 feet of the source area of the release?  YES/ NO

If yes, where is the location of the nearest public water lines and the source(s) of the public water supply. (indicate on map) Describe.

Public Water is supplied by the Greenville Utilities Department.

3. Surface Water

Identify all surface water bodies (e.g., ditch, pond, stream, lake, river) within 1,500 feet of the source area of the release. This information must be shown on the USGS topographic map.

*MP Shaw & Associates, PC.*

4.5 Wellhead Protection Areas

Identify all planned or approved wellhead protection areas (e.g., ditch, pond, stream, lake, river) within 1,500 feet of the source area of the release. This information must be shown on the USGS topographic map. Wellhead protection areas are defined in 42 USC 300h-7(e).

5. Describe Deep Aquifers in the Coastal Plain Physiographic Region (refer to page 19 of the guidelines):

NOTE: This requirement only pertains to releases in the Coastal Plain physiographic region as designated on a map entitled "Geology of North Carolina" published by the Department in 1985.

6. Describe Subsurface Structures (refer to page 19 of the guidelines):

There are no subsurface vaults, basements or septic tanks or leach fields near the release area. Under ground utilities do intersect the UST pit. A collection of underground vapors is not anticipated at the site.

7. Property Owners and Occupants

Attach Table B-6, listing the names and addresses of property owners and occupants within or contiguous to the area containing contamination and all property owners and occupants within or contiguous to the area where the contamination is expected to migrate.

- Discuss other relevant aspects of the site and nearby areas, including receptors. Provide data from available sources and/or site investigations concerning the following: Land use information, including the uses and activities (involving possible human exposure to contamination) that occur at the site and adjacent properties;
- Indicate on the site map other possible routes of exposure to contamination such as sewers, utility lines, conduits, basements, septic tanks, drainfields, etc.
- Distance to nearest body of surface water (e.g., ditch, pond, stream, river, etc.).

NOTE: See the instructions for a water supply well survey on page 4-12:

D. Site Geology and Hydrogeology

Describe the soil and geology encountered at the site. Discuss the effects of soil and geological characteristics on the migration and attenuation of contaminants. Include information obtained during assessment activities (e.g., lithologic descriptions made during drilling, probe surveys, tank closure, etc). If a Phase II investigation is required a discussion of groundwater flow direction and hydraulic gradient (vertical and horizontal).

MDSA installed one monitoring well on December 29, 2008 subsequent to UST removal activities. The site is located in the Yorktown Formation of the Coastal plain. While boring the well, the soil samples collected indicated that a tanish sandy silt to med. sand was encountered from below the grade level to approximately 20 feet below grade. Bed rock was not encountered at the site. Well MW-1 was placed adjacent to the UST bed and groundwater was encountered at a depth of approximately 10-feet below grade. Soil samples were not collected during the installation of MW-1.

MDSA gauged the monitoring well on December 30, 2007 with a oil/water interface probe. Free product was not encountered in the monitoring wells. Groundwater elevation is shown in Table B-7.

*No Free Product*

*MB Shaw & Associates, PC.*

**E. Sampling Results**

**Phase I Investigation**

**NOTE:** Responsible parties for all releases must perform a Phase I investigation.

A Phase I investigation includes the installation of one monitoring well in the source area of a release. Soil samples are to be collected every five feet in the unsaturated zone and should be analyzed in accordance with the methods specified in Table 5 (Analytical Methods for Petroleum Contaminated Soil). If the water table is encountered at 25 feet or greater from the land surface, samples for laboratory analysis should be collected every 10 feet in the unsaturated zone.

1. Describe all soil sampling performed during the installation of the source well(s) (use maps and tables whenever possible) and include:
  - location of soil samples;
  - type of soil samples (from excavation, borehole, geoprobe, etc.);
  - Complete and attach Table B-3.
  - If multiple source areas have been identified, use individual tables for each source well installation.

On December 29, 2008, MDSA mobilized to The Panty # 832 site to install one monitoring well (MW-1). The monitoring well was installed in an effort to comply with NCDENR regulations on UST removal guidelines (groundwater was encountered in the process of UST removal). Soil samples were not collected during the installation of the monitoring well. MDSA returned to the site on January 21, 2008 and collected two soil samples (MW-A and MW-B) using a decontaminated hand auger to a depth of 10 feet below ground surface (bgs) in the vicinity of MW-1. Soil samples were collected at five foot intervals until the water table was encountered. The Well Installation Records and Monitoring Well Diagram are included in the appendix. The soil samples were submitted to a North Carolina Certified Laboratory for analyses by EPA Method 8260 (VOCs) and Massachusetts Department of Environmental Protection (MADDP)-Volatile Petroleum Hydrocarbons (VPH). Laboratory analyses indicate each soil sample contained laboratory detectable concentrations of petroleum hydrocarbon compounds above the Soil-to-Groundwater Maximum Soil Contaminant Concentration (MSCC).

2. Describe any groundwater sampling from the source area monitoring well(s). Use maps and tables whenever possible and include:
  - location of groundwater samples/monitoring wells/water supply wells;
  - Complete and attach Table B-4.
  - If multiple source areas have been identified, use individual tables for each source well.

On December 30, 2008 MDSA mobilized to The Panty #832 to sample the groundwater monitoring well (MW-1). Groundwater samples were collected after purging three times the water volume of the well using an electric pump. The groundwater samples were then collected with a new disposable bailer and poured into laboratory provided glass containers with appropriate preservatives. The samples were then shipped to a NC certified laboratory in a chilled cooler following proper chain of custody procedures. Laboratory analyses indicate the groundwater sample contained petroleum hydrocarbon concentrations above 15A NCAC 2 L Standards. Laboratory analysis detected a benzene concentration of 137 ug/L which is ten times 15A NCAC 2 L.

Note: If free product is present, do not sample the monitoring well. Report the estimated thickness, type, and quantity of free product present.

*GW was encountered during UST removal at 9.5 ft.*

*MPSHOW & Associates, PC.*

3. Monitoring well construction information  
 Complete and attach Table B-7.

**Phase II Investigation (If required)**

**NOTE:** A Phase II investigation should only be conducted if the release is from a commercial UST and the levels of groundwater contamination detected in the source area monitoring well exceed the groundwater standards or interim standards by a factor of 10.

The Phase II investigation includes the installation of additional monitoring wells to be installed as follows: one upgradient of the source of contamination, and two down gradient of the source of contamination. The up gradient and down gradient wells must be placed so that groundwater flow direction can be determined.

1. Monitoring well construction information  
 Complete and attach Table B-7.

2. Describe any groundwater sampling from the monitoring well(s). Use maps and tables whenever possible and include:  
 Location of groundwater samples/monitoring wells/water supply wells;  
 Complete and attach Table B-4;  
 If multiple source areas have been identified, use individual tables for each area.

Note: If free product is present, do not sample the monitoring well. Report the estimated thickness, type, and quantity of free product present.

**F. Conclusions and Recommendations**

Discuss the risk criteria that apply to the release and identify any other site-specific factors related to the release that may pose a risk to human health and the environment. Also, discuss any site-specific conditions or possible actions that could result in lowering the level of risk posed by the release.

On December 29, 2008, MDSA mobilized to The Panty # 832 site to install one monitoring well (MW-1). The monitoring well was installed in an effort to comply with NCDENR regulations on UST removal guidelines (groundwater was encountered in the process of UST removal). Soil samples were not collected during the installation of the monitoring well. MDSA returned to the site on January 21, 2008 and collected two soil samples (MW-A and MW-B) using a decontaminated hand auger to a depth of 10 feet below ground surface (bgs) in the vicinity of MW-1. Soil samples were collected at five foot intervals until the water table was encountered. The *Well Installation Record and Monitoring Well Diagram* are included in the appendix. The soil samples were submitted to a North Carolina Certified laboratory for analyses by EPA Method 8260 (VOCs) and Massachusetts Department of Environmental Protection (MADPEP)-Volatile Petroleum Hydrocarbons (VPH). Laboratory analyses indicate each soil sample contained laboratory detectable concentrations of petroleum hydrocarbon compounds above the Soil-to-Groundwater Maximum Soil Contaminate Concentration (MSCC) but below the Residential MSCC.

On December 30, 2008 MDSA gauged the well with a properly decontaminated Oil/Water Interface Probe. Free product was not encountered in the monitoring well. Groundwater was encountered at a depth of 10.5 feet below grade. Groundwater samples were collected after purging three times the water volume of the well using a disposable bailer. The groundwater samples were then collected with a new disposable bailer and poured into laboratory provided glass containers with appropriate preservatives.

*MPSHOW & Associates, PC.*

The samples were then shipped to a NC certified laboratory in a chilled cooler following proper chain of custody procedures. Laboratory analyses indicate the groundwater sample contained petroleum hydrocarbon concentrations above 15A NCAC 2 L Standards but below the Gross Contaminant Levels (GCL's). Laboratory analysis detected a benzene concentration of 137 ug/L, which is ten times 15A NCAC 2 L

MDSA performed a Receptor Survey within 1,000 feet of the release area. MDSA walked the area within 1,000 feet of the site. Water supply wells were not identified during the walking reconnaissance. Water supply survey forms were sent to all properties within 500 feet of the site. Returned water supply well survey forms did not indicate the presence of water supply wells. A copy of the water supply well letter and returned water supply well questionnaires are included in the Appendix. Surface waters were not identified within 500 feet of the release area.

No wells  
No surface water

Laboratory analyses indicate groundwater collected from MW-1 at the site contains petroleum hydrocarbon concentrations exceeding the 2L Standards, but below Gross Contaminant Levels (GCL's). Potential receptors and a water supply wells were not identified within 1,000 feet of the release area. Based on the aforementioned site conditions, NCDENR will likely classify the site low risk.

6-22  
> 2L

Based on Laboratory data and the absence of potential receptors, MDSA recommends a Notice of Residual Petroleum (NORP) restricting groundwater use at the subject site be filed. Subsequent to filing the NORP, MDSA request a letter of No Further Action be issued for the subject site.



*M.P. Shaw & Associates, PC.*

**G. Free Product Investigation/Recovery (if applicable)**  
If free product is still present or is discovered during the limited site assessment, continue or begin free product recovery immediately in accordance with 15A NCAC 2N. 0705 and submit an up-to-date Free Product Recovery Report (Report B-4).

**H. Site History:**

Update site history information provided in the 20-Day Report as necessary.  
Using the format in Table B-1, list all UST systems currently or previously located at the site including UST system number, product, capacity, date installed, date removed or closed, and whether a release was discovered. UST system numbers should correspond to the site map information requested below.  
Using the format in Table B-2, list the names, addresses, telephone numbers, and dates of ownership/operation of all previous UST owners and operators of the UST system(s).

**I. Figures (Please attach the following figures)**

7 1/2 minute USGS topographic quadrangle map copy showing an area within a 1,500-foot radius of the source area of the release and depicting the site location as well as all schools, daycare centers, hospitals, playgrounds, parks, recreation areas, churches, nursing homes, or other places of public assembly. Also identify the zoning status of the area within the 1,500-foot radius.  
Site map with UST systems location(s) including piping and pump islands, site boundaries, buildings, named roads, subsurface utilities, basements, adjacent properties, scale, and north arrow.

Site map showing the results of all soil sampling conducted. Indicate sample identifications, sampling depths, and analytical results.

Site map showing the results of all groundwater sampling conducted. Indicate sample identifications, sample locations, monitoring well identifications, and analytical results.

Site map showing the elevation of groundwater in the monitoring wells and the direction of groundwater flow. **NOTE:** This requirement applies to the Phase II investigation only.

**NOTE:** If possible, use a single base map to prepare site maps using a map scale of 1 inch = 40 feet (or a smaller scale for large sites, if necessary). Maps and figures should include conventional symbols, notations, labeling, legends, scales, and north arrows and should conform to generally accepted practices of map presentation such as those enumerated in the USGS Geological Survey pamphlet, "Topographic Maps."

**J. Other Information (Please attach the following information)**

- ≡ Boring logs and lithologic descriptions;
- ≡ Well construction records (Table B-7);
- ≡ Field measurements (e.g., pH, dissolved oxygen, specific conductivity, temperature) made during groundwater sampling);
- ≡ Standard procedures used at site for sampling, field equipment decontamination, field screening, etc.;
- ≡ Disposal manifests; and All laboratory reports and chain-of-custody documents.

*MP Shaw & Associates, PC.*

Notes

**TABLES**

Table B-1: Site History - UST/AST System Information

Revision Date:

Incident Number and Name:

| UST ID Number | Current/Last Contents | Previous Contents | Capacity (gallons) | Construction Details   | Tank Dimensions | Description of Associated Piping and Pumps | Date Tank Installed | Status of UST                   | Was Release Associates with the UST System? |
|---------------|-----------------------|-------------------|--------------------|------------------------|-----------------|--------------------------------------------|---------------------|---------------------------------|---------------------------------------------|
| 541767        | Gasoline              | Gasoline          | 10,000             | Single Wall Fiberglass | 8' x 26'        | Fiberglass Lines                           | 6/30/1989           | Closed by Removal<br>12/16/2008 | Unknown                                     |
| 541770        | Gasoline              | Gasoline          | 10,000             | Single Wall Fiberglass | 8' x 26'        | Fiberglass Lines                           | 6/30/1989           | Closed by Removal<br>12/16/2008 | Unknown                                     |
| 541781        | Gasoline              | Gasoline          | 10,000             | Single Wall Fiberglass | 8' x 26'        | Fiberglass Lines                           | 6/30/1989           | Closed by Removal<br>12/16/2008 | Unknown                                     |

| AST ID Number                  | Current/Last Contents | Previous Contents | Capacity (gallons) | Construction Details | Tank Dimensions | Description of Associated Piping and Pumps | Date Tank Installed | Status of AST | Was Release Associates with the AST System? |
|--------------------------------|-----------------------|-------------------|--------------------|----------------------|-----------------|--------------------------------------------|---------------------|---------------|---------------------------------------------|
| None Associated With This Site |                       |                   |                    |                      |                 |                                            |                     |               |                                             |

Table B-2: Site History - UST Owner and Operator Information  
 Revision Date: 02/10/2009  
 Incident Number and Name: The Pantry #832

|                                           |                     |                    |                    |
|-------------------------------------------|---------------------|--------------------|--------------------|
| UST ID Number                             |                     | Facility ID Number | 0-031447           |
| Name of Owner                             | The Pantry, Inc     |                    |                    |
| Dates of Operation (MM/DD/YY to MM/DD/YY) | 06/11/97 to Current |                    |                    |
| Street Address                            | 1801 Douglas Drive  |                    |                    |
| City                                      | State               | Zip                | Telephone Number   |
| Sanford                                   | NC                  |                    | 27330 919-774-6700 |
| Name of Operator                          | The Pantry, Inc.    |                    |                    |
| Dates of Operation (MM/DD/YY to MM/DD/YY) | 06/11/97 to Current |                    |                    |
| Street Address                            | 1801 Douglas Drive  |                    |                    |
| City                                      | State               | Zip                | Telephone Number   |
| Sanford                                   | NC                  |                    | 27330 919-774-6700 |
| UST ID Number                             |                     | Facility ID Number | 0-031447           |

|                                           |                      |                    |                    |
|-------------------------------------------|----------------------|--------------------|--------------------|
| UST ID Number                             |                      | Facility ID Number | 0-031447           |
| Name of Owner                             | Freshway Food Stores |                    |                    |
| Dates of Operation (MM/DD/YY to MM/DD/YY) | Unknown to 06/11/97  |                    |                    |
| Street Address                            | 2731 Memorial Drive  |                    |                    |
| City                                      | State                | Zip                | Telephone Number   |
| Greenville                                | NC                   |                    | 27834 919-256-1185 |
| Name of Operator                          | Freshway Food Stores |                    |                    |
| Dates of Operation (MM/DD/YY to MM/DD/YY) | Unknown to 06/11/97  |                    |                    |
| Street Address                            | 2731 Memorial Drive  |                    |                    |
| City                                      | State                | Zip                | Telephone Number   |
| Greenville                                | NC                   |                    | 27834 919-256-1185 |
| UST ID Number                             |                      | Facility ID Number | 0-031447           |

**Table B-3 Summary of Soil Sampling Results**

Revision Date: 1/30/2009 Incident Number and Name: The Pantry #832

Facility ID# 0-031447

| Analytical Method (e.g. VOC by EPA 8266) |                |             |                       | MADDP          |       |       |        | EPA Method 8260B |       |         |        |        |        |
|------------------------------------------|----------------|-------------|-----------------------|----------------|-------|-------|--------|------------------|-------|---------|--------|--------|--------|
| Contaminant of Concern                   |                |             |                       |                |       |       |        |                  |       |         |        |        |        |
| Sample ID                                | Date collected | Source Area | Sample Depth (ft BGS) | Incident Phase |       |       |        |                  |       |         |        |        |        |
| MW-A                                     | 1/23/2009      | UST         | 5                     | Phase III LSA  | 1.1   | 0.319 | 1.81   | 0.532            | 0.022 | 0.00067 | 0.0076 | 0.0014 | 0.0014 |
| MW-B                                     | 1/23/2009      | UST         | 1, 10                 | Phase III LSA  | 1.2   | 2.61  | 2.460  | 0.930            | 0.72  | 0.068   | 0.14   | 0.049  | 0.026  |
| Soil to Groundwater MSCC (mg/kg)         |                |             |                       |                | 72    | 72    | 3255   | 34               | 3     | 0.02    | 0.0074 | 5      | 0.92   |
| Residential MSCC (mg/kg)                 |                |             |                       |                | 939   | 939   | 9386   | 469              | 1564  | 85      | 12     | 3129   | 156    |
| Industrial/commercial MSCC (mg/kg)       |                |             |                       |                | 24528 | 24528 | 245280 | 12264            | 40880 | 763     | 110    | 81760  | 4088   |

MSCC = maximum soil contaminant concentration

10 ppm

ft BGS = feet below ground surface

Results in mg/kg

> 0.00076

Table B-4 Summary of Groundwater and Surface W

Revision Date: 01/30/2009 Incident No./Name: The Panty #832

Facility ID# 0-031447

| Analytical Method (e.g. EPA 821) | Contaminant of Concern | Incident No./Name      | EPA Method 6210D | 3030c |
|----------------------------------|------------------------|------------------------|------------------|-------|
|                                  |                        | MADEP VPH              |                  |       |
| Sample ID                        | Date Collected         | Incident Phase         |                  |       |
| MW-1                             | 12/30/2008             | Phase I USA            |                  |       |
| 2L Standard                      |                        |                        |                  |       |
| GCL = gross contamination level  |                        |                        |                  |       |
|                                  |                        |                        |                  |       |
|                                  |                        | VPH C5-C8 Aliphatics   | 398              | 1.5   |
|                                  |                        | VPH C9-C10             | 420              | 1.5   |
|                                  |                        | VPH C9-C18 Aliphatics  | 284              | 1.5   |
|                                  |                        | VPH C9-C12             | 4200             | 1.5   |
|                                  |                        | C9-C22 Aromatics       | 2100             | 1.5   |
|                                  |                        |                        | 210              | 1.5   |
|                                  |                        |                        | 4200000          | 1.5   |
|                                  |                        |                        | 210000           | 1.5   |
|                                  |                        |                        | 137              | 1.5   |
|                                  |                        | Benzene                | 1                | 1.5   |
|                                  |                        |                        | 1000             | 1.5   |
|                                  |                        | Toluene                | 4                | 1.5   |
|                                  |                        |                        | 84.2             | 1.5   |
|                                  |                        | Ethylbenzene           | 550              | 1.5   |
|                                  |                        |                        | 174              | 1.5   |
|                                  |                        | Xylenes, Total         | 530              | 1.5   |
|                                  |                        |                        | 200              | 1.5   |
|                                  |                        | Methyl-t-butyl ether   | 65.9             | 1.5   |
|                                  |                        |                        | 107              | 1.5   |
|                                  |                        | 1,2,4-Trimethylbenzene | 350              | 1.5   |
|                                  |                        |                        | 41.9             | 1.5   |
|                                  |                        | 1,3,5-Trimethylbenzene | 350              | 1.5   |
|                                  |                        |                        | 25000            | 1.5   |
|                                  |                        | Chloromethane          | 4.6              | 1.5   |
|                                  |                        |                        | 2.6              | 1.5   |
|                                  |                        |                        | 2600             | 1.5   |
|                                  |                        | Isopropylbenzene       | 7.7              | 1.5   |
|                                  |                        |                        | 70               | 1.5   |
|                                  |                        | Naphthalene            | 43.4             | 1.5   |
|                                  |                        |                        | 21               | 1.5   |
|                                  |                        | n-Propyl Benzene       | 18               | 1.5   |
|                                  |                        |                        | 70               | 1.5   |
|                                  |                        | Diisopropyl ether      | 3.5              | 1.5   |
|                                  |                        |                        | 70000            | 1.5   |
|                                  |                        | Lead                   |                  | 1.5   |

GCL = gross contamination level  
ft BGS = feet below ground surface  
Results in ug/kg





Table B-6 Property Owners/Occupants

Revision Date: 1/30/2009 Incident Name: The Pantry #832 Facility #0-031447

| Tax Parcel Number/Map ID | Owner/Occupant Name (last, first, MI)     | Address                                             |
|--------------------------|-------------------------------------------|-----------------------------------------------------|
| 4678629172               | Aileen Jefferson                          | 1726 West Fifth Street Greenville, North Carolina   |
| 4678710515               | William Taylor                            | 1710 West Sixth Street Greenville, North Carolina   |
| 4678711647               | Wilkins C C III DBA Fifth Street Car Wash | 1721 West Fifth Street Greenville, North Carolina   |
| 4678712350               | Ward Holdings, LLC.                       | South Memorial Drive Greenville, North Carolina     |
| 4678712485               | George Sallee                             | 600 South Memorial Drive Greenville, North Carolina |
| 4678712485               | Lucinda Terterton                         | 1700 West Sixth Street Greenville, North Carolina   |
| 4678713516               | Charles Fulk                              | 506 South Memorial Drive Greenville, North Carolina |
| 4678713750               | Daughttridge Oil Company of Greenville    | 500 South Memorial Drive Greenville, North Carolina |
| 4678713915               | Cleggs Termite & Pest Control             | 1710 West Fifth Street Greenville, North Carolina   |
| 4678714904               | Carlyle Lupton                            | 1700 West Fifth Street Greenville, North Carolina   |
| 4678715056               | Island Creek Land Company, LLC            | 625 South Memorial Drive Greenville, North Carolina |
| 4678715241               | John Daily                                | 615 South Memorial Drive Greenville, North Carolina |
| 4678716421               | Turnpike Properties, Inc.                 | 505 South Memorial Drive Greenville, North Carolina |
| 4678716667               | Peter Scales                              | 501 South Memorial Drive Greenville, North Carolina |
| 4678718197               | Carolyn Ferebee                           | 1704 Battle Drive Greenville, North Carolina        |
| 4678718254               | Reather Tucker                            | 1700 Lincoln Drive Greenville, North Carolina       |
| 4678718254               | Herbert Alton                             | 1616 Lincoln Drive Greenville, North Carolina       |
| 4678718257               | Audrey Barrett                            | 1618 Lincoln Drive Greenville, North Carolina       |
| 4678718440               | Mary Vines                                | 1614 Lincoln Drive Greenville, North Carolina       |
| 4678718446               | Emma Gardner                              | 1612 Lincoln Drive Greenville, North Carolina       |
| 4678718541               | Floyd O Neal                              | 1610 Lincoln Drive Greenville, North Carolina       |
| 4678718549               | Wilton Langley                            | 1608 West Fifth Street Greenville, North Carolina   |
| 4678718704               | Cheryl Walters                            | 1611 West Fifth Street Greenville, North Carolina   |
| 4678719295               | Mary Jones                                | 1613 Lincoln Drive Greenville, North Carolina       |
| 4678719591               | Eltou Savage                              | 1605 Lincoln Drive Greenville, North Carolina       |
| 4678719613               | EPK & Associates, LLC.                    | 1606 Lincoln Drive Greenville, North Carolina       |
| 4678719684               | David Cooper                              | 1604 Lincoln Drive Greenville, North Carolina       |
| 4678719784               | Bennie Roundtree                          | 1605 West Fifth Street Greenville, North Carolina   |
| 4678724019               | OMG Properties, LLC.                      | 402 North Memorial Drive Greenville, North Carolina |
| 4678729151               | City of Greenville                        | 400 Nash Street Greenville, North Carolina          |
| 4678810302               | Michael Zucco                             | 1611 Lincoln Drive Greenville, North Carolina       |
| 4678810308               | Belinda Johnson                           | 1609 Lincoln Drive Greenville, North Carolina       |
| 4678810403               | Wilson McDowell                           | 1607 Lincoln Drive Greenville, North Carolina       |
| 4678810550               | Willie                                    | 1603 Lincoln Drive Greenville, North Carolina       |
| 4678811511               | Jessica Carney                            | 1601 Lincoln Drive Greenville, North Carolina       |
| 4678812450               | I and J Properties of Pitt County, LLC.   | 605 Bancroft Avenue Greenville, North Carolina      |
| 4678812456               | Margaret Joyer                            | 603 Bancroft Avenue Greenville, North Carolina      |

Table B-7

Current Groundwater Elevations and Well Construction Information

Date: 1/30/2009 IncidentNo./Name: The Pantry #832

Facility ID# 0-031447

| Well ID | Date Installed | Date GW Measured | Casing Depth | Well Diameter (") | Screened Interval | Total Depth | TOC Elevation* | Depth to Water from TOC | Free Product Thickness* | Groundwater Elevation* | Comments |
|---------|----------------|------------------|--------------|-------------------|-------------------|-------------|----------------|-------------------------|-------------------------|------------------------|----------|
| MW-1    | 12/29/2008     | NA               | 5            | 2                 | Unknown           | 20          | 100.00         | 10.50                   | NA                      | 89.50                  |          |

\*\* If free product is present in well, groundwater elevation is calculated by [Top of Casing Elevation-Depth to Water]+[free product thickness x 0.8581]

TOC = Top of Casing

\* All measurements are feet Below Ground Surface (ft. BGS) except elevations which are ft. based on an assumed elevation of 100.00 ft. at common datum.

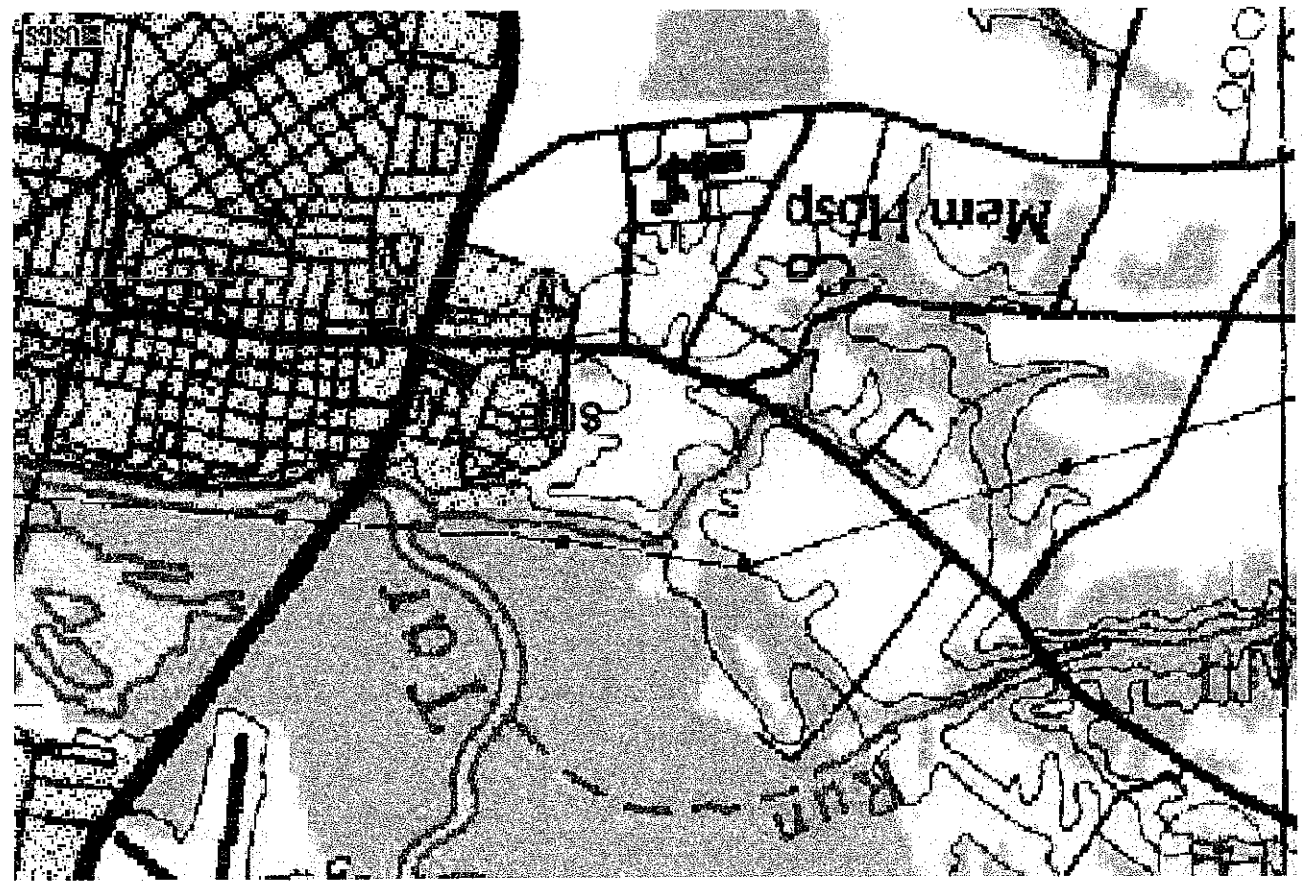
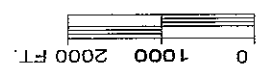
\*\*\* - Type III Well

**FIGURES**

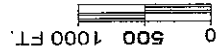
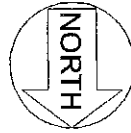
WO # DWG #FIGURE2  
DATE: 01/21/2009  
DRAWN BY: BO/MS

FIGURE 1: TOPO MAP  
PANTRY STORE #832  
501 MEMORIAL DRIVE, GREENVILLE NC

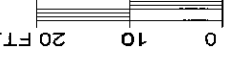
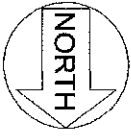
*M B Shaw & Associates, P.C.*



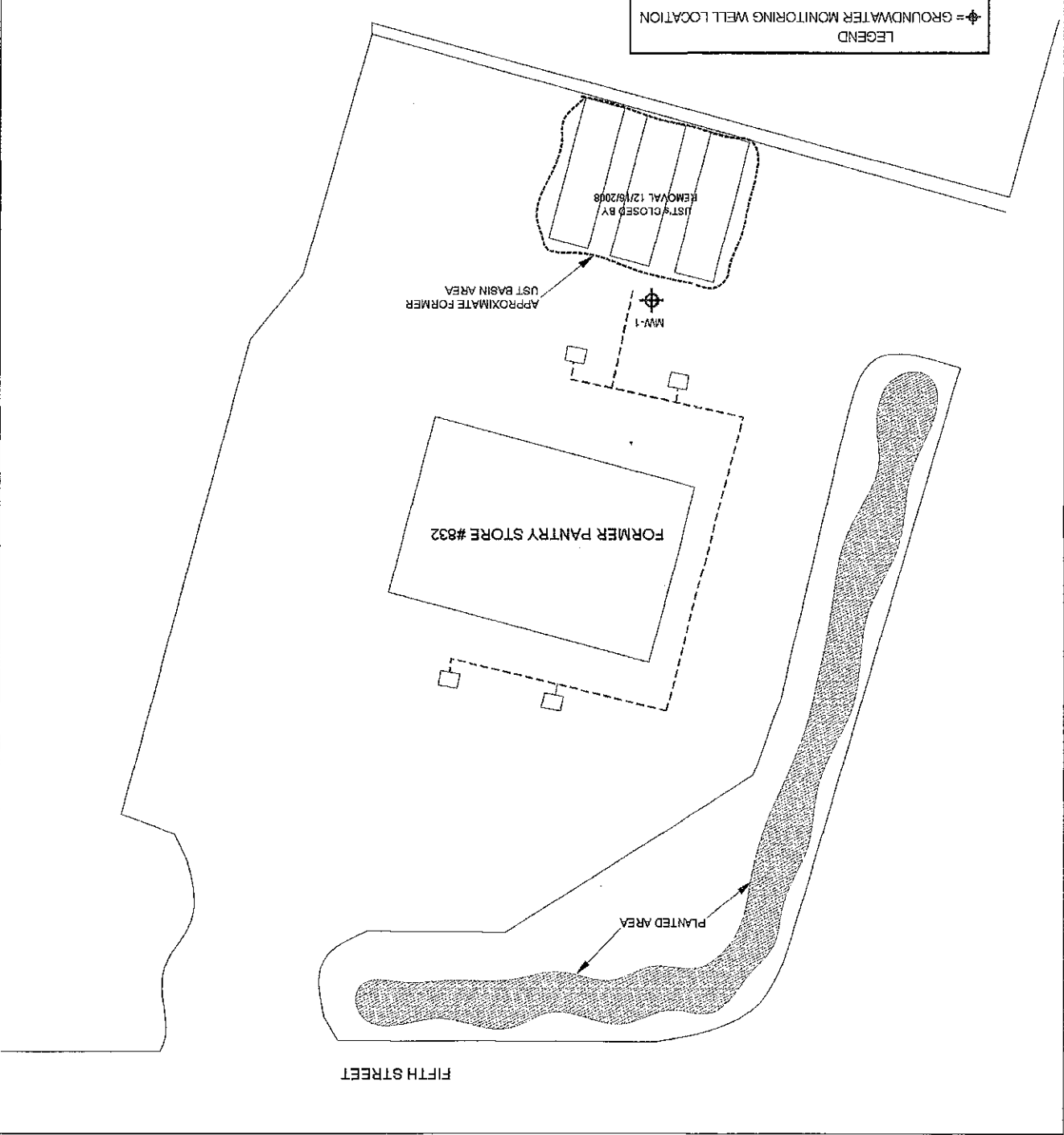
|                                                                                           |                                     |
|-------------------------------------------------------------------------------------------|-------------------------------------|
| DWG #FIGURE2<br>W/O #                                                                     | DATE: 02/08/2009<br>DRAWN BY: BO/MS |
| FIGURE 2: RECEPTOR LOCATION MAP<br>PANTRY STORE #832<br>501 MEMORIAL DRIVE, GREENVILLE NC |                                     |
| <i>M B Shaw &amp; Associates, P.C.</i>                                                    |                                     |



WO #  
 DWG #FIGURE2  
 DATE: 01/06/2009  
 DRAWN BY: BO/MS  
 501 MEMORIAL DRIVE, GREENVILLE NC  
 PANTRY STORE #832  
 FIGURE 3: SITE MAP  
*M B Shaw & Associates, P.C.*



LEGEND  
 ⊕ = GROUNDWATER MONITORING WELL LOCATION







**NON RESIDENTIAL WELL CONSTRUCTION RECORD**  
 North Carolina Department of Environment and Natural Resources - Division of Water Quality  
 WELL CONTRACTOR CERTIFICATION # 3162

**1. WELL CONTRACTOR:**  
 Walter Davis  
 Well Contractor (Individual) Name  
 Subsurface Enviro. Investigations  
 Well Contractor Company Name  
 STREET ADDRESS 2155 Mocksville Hwy  
 Statesville, NC 28625  
 City or Town State Zip Code  
 (704)-876-0010  
 Area code- Phone number

**2. WELL INFORMATION:**  
 SITE WELL ID # (if applicable) MW-1  
 STATE WELL PERMIT # (if applicable)  
 DWD or OTHER PERMIT # (if applicable)  
 WELL USE (Check Applicable Box) Monitoring  Municipal/Public  
 Industrial/Commercial  Agricultural  Recovery  Injection   
 Irrigation  Other (list use)

DATE DRILLED 12-29-08  
 TIME COMPLETED AM  PM   
**3. WELL LOCATION:**  
 CITY: Greensville COUNTY P.H.  
 901 S. Memorial Dr.  
 (Street Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)  
 TOPOGRAPHIC / LAND SETTING:  
 Slope  Valley  Flat  Ridge  Other (check appropriate box)

LATITUDE 3  
 LONGITUDE  
 (location of well must be shown on a USGS topo map and attached to this form if not using GPS)  
**4. FACILITY:** (if the name of the business where the well is located)  
 FACILITY ID # (if applicable)  
 NAME OF FACILITY  
 STREET ADDRESS 901 S. Memorial Dr.  
 Greensville NC  
 City or Town State Zip Code  
 CONTACT PERSON Billy Owens  
 Mailing Address 850 Fextall Lane  
 Huntersville NC 28078  
 City or Town State Zip Code  
 Area code - Phone number 877-463-7429

**5. WELL DETAILS:**  
 a. TOTAL DEPTH: 20'  
 b. DOES WELL REPLACE EXISTING WELL? YES  NO   
 c. WATER LEVEL Below Top of Casing: FT. (Use +, -, if Above Top of Casing)

**d. TOP OF CASING IS** 0.0 FT. Above Land Surface  
 \*Top of casing terminated at or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

**e. YIELD (gpm):** n/a  
**METHOD OF TEST:** n/a  
**f. DISINFECTION:** Type n/a Amount

**9. WATER ZONES (depth):**  
 From n/a To

**6. CASING:**  
 From To  
 From To  
 From To  
 Thickness/ Diameter Weight Material  
 2 sch 40 pvc

**7. GROUT:**  
 From 4 To 2  
 From 2 To 0  
 Material Bentonite  
 Method Tremie

**8. SCREEN:**  
 From 20 To 5  
 From 20 To 5  
 Diameter Slot Size Material  
 2 in. 0.10 in. pvc

**9. SAND/GRAVEL PACK:**  
 From 20 To 4  
 From 20 To 4  
 Depth Size Material  
 10/30 slice sand

**10. DRILLING LOG**  
 From To  
 From To  
 From To  
 Formation Description

**11. REMARKS:**

Walter Davis  
 PRINTED NAME OF PERSON CONSTRUCTING THE WELL  
 SIGNATURE OF CERTIFIED WELL CONTRACTOR  
 DATE 1-7-09  
 I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER



*MB Shaw & Associates, PC*

8501 Fox Tail Lane, Huntersville, NC 28078  
(704) 578-5974, Fax (877) 463-7429

1/14/2009

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
70081830000429140937

Jefferson, Aileen  
229 country Club Drive  
Greenville, NC 27834

Re: Request for Water Supply Well Information

Dear Sirs:

Due to a petroleum release associated with The Pantry #832 facility underground storage tank system located at 501 South Memorial Drive, Greenville North Carolina, the responsible party is required by the North Carolina Department of Environment and Natural Resources (NCDENR) to gather information on all properties located within a 1000-foot radius of the site.

According to the County Pitt Tax Office, your property(s) at: 1726 West Fifth Street, Property tax PIN 4678629172, is within the 1000-foot radius. Please take a few minutes to complete the enclosed Water Supply Well Survey and return it using the preaddressed stamped envelope provided for your convenience.

We appreciate your cooperation and look forward to your timely response.

If you have any questions or comments, please do not hesitate to contact me at (704) 578-5974.

Sincerely,



Michael D. Shaw, P.G.  
President

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

T and J Properties of Pitt County, LLC.  
714 pocosin Road  
Winterville, NC 28590

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102395-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

City of Greenville  
P.O. Box 7207  
Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102395-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Island Creek Land Company, LLC  
P.O. Box 12172  
New Bern, NC 28561

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102395-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Taylor, William  
P.O. Box 714  
Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102395-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 OMG Properties, LLC.  
 225 Martin Street  
 Greenville, NC 27834

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 Ward Holdings, LLC.  
 503 Chesapeake Place  
 Greenville, NC 27834

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  Addressee  
 Sue Jackson
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 Alton, Herbert  
 1700 Battle Drive  
 Greenville, NC 27834

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 EPK & Associates, LLC.  
 9671 HWY 43 South  
 Vanceboro, NC 28586

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  Addressee  
 Herbert Alton
- C. Date of Delivery  
 1-25-05
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  Addressee  
 EPK & Associates
- C. Date of Delivery  
 1-28-05
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Jefferson, Aileen  
 229 country Club Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  No
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Johnson, Belinda  
 106 Woodstock Avenue  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  No
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Jones, Mary  
 1613 Linclon Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  No
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Cleggs Termite & Pest Control  
 P.O. Box 3089  
 Durham, NC 27715

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  No
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Fulk, Charles  
506 South Memorial Drive  
Greenville, NC 27834

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Daughttridge Oil Company of  
Greenville  
P.O. Box 593  
Rocky Mount, NC 27802

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery  
MICHAEL H. HULL
- 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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
C. Date of Delivery
- B. Received by (Printed Name)  Address  
Ray Mizelle 1-16-04
- 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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Turnpike Properties, Inc.  
1100-C South Stratford Road  
Winston-Salem, NC 27103

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Lupton, Carlyle  
P.O. Box 704  
Greenville, NC 27834

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery  
MICHAEL H. HULL
- 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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
C. Date of Delivery
- B. Received by (Printed Name)  Address  
L. Lupton 1/15/04
- 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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Joyner, Margaret  
 603 Bancroft Avenue  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Margaret Joyner*  Addressee
- B. Received by (Printed Name)  C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**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)

PS Form 3811, February 2004

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

McDowell, Wilson  
 1607 Lindon Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Wilson McDowell*  Addressee
- B. Received by (Printed Name)  C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Roundtree, Bennie  
 623 ALBEMARLE AVE.  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Bennie Roundtree*  Addressee
- B. Received by (Printed Name)  C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Cooper, David  
 1604 Linclon Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *David Cooper*  Addressee
- B. Received by (Printed Name)  C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Tucker, Reather  
 1700 Lincon Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  *[Signature]*  Addressee
- 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  Return Receipt for Merchandise
- Registered  C.O.D.
- Insured Mail
- 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Savage, Elton  
 1605 Lincon Drive  
 Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  *[Signature]*  Agent
- B. Received by (Printed Name)  *[Signature]*  Addressee
- 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  Return Receipt for Merchandise
- Registered  C.O.D.
- Insured Mail
- 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Salle, George  
311 Scottish Court  
Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *George B. Halle*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
 C. *George B. Halle*  1/15/04  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

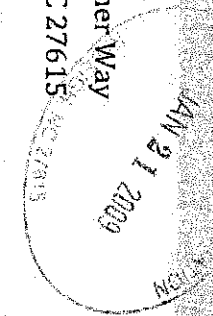
2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Daily, John  
805 Thatcher Way  
Raleigh, NC 27615



**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *John Daily*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
 C. *John Daily*  1/20/04  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)  
 PS Form 3811, February 2004 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Barett, Audrey  
1618 Linclon Drive  
Greenville, NC 27834

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Audrey Barett*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
 C. *Audrey Barett*  1/15/04  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

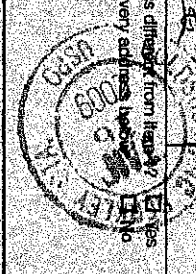
2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

, Wilkins C C III DBA Fifth Street  
Car Wash  
P.O. Box 10067  
Goldsboro, NC 27532



**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Wilkins C C III*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
 C. *Wilkins C C III*  1/15/04  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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)  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

102595-02-M-1540

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided    Incident Name: The Pantry #832                                                                 |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                    |  |
| Name and telephone number of person completing the survey<br><i>Maryes Falk 252-258-3501</i>                                                                                                                |  |
| Address of property receiving survey: 506 South Memorial Drive<br>City: Greenville    County: Pitt    Parcel # 4678713516                                                                                   |  |
| What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)<br><i>Public Water</i>                                                           |  |
| Is there a water supply well on this property? Yes / <input checked="" type="radio"/> No    If "No" disregard remaining questions and return survey                                                         |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                             |  |
| How many water supply wells are on your property?                                                                                                                                                           |  |
| What is the well(s) used for? (check all that apply) Drinking _____, Irrigation _____, Swimming Pool _____, Water Livestock _____, Other (specify) _____, You do not use the Well _____                     |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                       |  |
| How deep is the well(s)?                                                                                                                                                                                    |  |
| Date well was installed?                                                                                                                                                                                    |  |
| What is the casing depth of the well(s)?                                                                                                                                                                    |  |
| What is the screen interval of the well(s)?                                                                                                                                                                 |  |
| Additional water supply well information:                                                                                                                                                                   |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to _____ M D Shaw and Associates, Inc. by _____ February 1st using one of the following methods: |  |
| 1. Fax to 877-463-7429                                                                                                                                                                                      |  |
| 2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                                         |  |
| 3. Telephone 704-578-5974                                                                                                                                                                                   |  |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                                    |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                    |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Panty #832                                                                                                                                                                                                                                                                                             |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                            |
| Name and telephone number of person completing the survey <u>William R. Almon, Jr. 336-722-2236</u><br>Address of property receiving survey: <u>505 South Memorial Drive</u><br>City: <u>Greenville</u> County: <u>Pitt</u> Parcel # <u>4678716421</u>                                                                                                                                                                              |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                                                                   |
| Is there a water supply well on this property? Yes / <u>No</u> / No<br>If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                                                      |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                     |
| How many water supply wells are on your property?<br>What is the well(s) used for? (check all that apply) Drinking _____ Irrigation _____ Swimming Pool _____<br>Water Livestock _____ Other (specify) _____ You do not use the Well _____<br>How many residences are connected to the well (list addresses below)?                                                                                                                 |
| How deep is the well(s)?<br>Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                |
| What is the casing depth of the well(s)?<br>What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                             |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                           |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to <u>M D Shaw and Associates, Inc.</u> by <u>February 1st</u> using one of the following methods:<br>1. Fax to <u>877-463-7429</u><br>2. Mail to <u>M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078</u><br>3. Telephone <u>704-578-5974</u><br>4. E-mail to <u>mshaw@mdshaw-associates.com</u> |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                            |

### Figure 18 Water Supply Well Information Survey

(This line to be completed by Responsible Party or their representative)  
Incident Number: not provided Incident Name: The Pantry #832

Please Provide the Following Information (to the best of your knowledge)

Name and telephone number of person completing the survey: CALL LUPTR 252-752-6116  
Address of property receiving survey: 1700 West Fifth Street  
City: Greenville County: Pitt Parcel # 4678714904

What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)

Is there a water supply well on this property? Yes  No  If "No" disregard remaining questions and return survey

Name and address of owner(s) of property with water supply well

How many water supply wells are on your property?

What is the well(s) used for? (check all that apply)  Drinking  Irrigation  Swimming Pool  Water Livestock  Other (specify) \_\_\_\_\_  
You do not use the Well \_\_\_\_\_

How many residences are connected to the well (list addresses below)?

How deep is the well(s)? \_\_\_\_\_  
Date well was installed? \_\_\_\_\_

What is the casing depth of the well(s)? \_\_\_\_\_  
What is the screen interval of the well(s)? \_\_\_\_\_

Additional water supply well information:

(This part to be completed by Responsible Party or their representative)  
Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:

1. Fax to 877-463-7429  
2. Mail to M D Shaw and Associates, Inc.  
8501 Fox Tail Lane, Huntersville, NC 28078  
3. Telephone 704-578-5974  
4. E-mail to mshaw@mdshaw-associates.com

If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481

Figure 18  
Water Supply Well Information Survey

(This line to be completed by Responsible Party or their representative)  
Incident Number: not provided Incident Name: The Pantry #832

Please Provide the Following Information (to the best of your knowledge)

Name and telephone number of person completing the survey  
*James B. Ward* 270 270 1999

Address of property receiving survey: 0 South Memorial Drive  
City: Greenville County: Pitt Parcel # 4678712116

What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)

Is there a water supply well on this property? Yes  No  If "No" disregard remaining questions and return survey

Name and address of owner(s) of property with water supply well

How many water supply wells are on your property? *N/A*

What is the well(s) used for? (check all that apply) Drinking  Irrigation  Swimming Pool  Water Livestock  Other (specify) \_\_\_\_\_ You do not use the Well \_\_\_\_\_

How many residences are connected to the well (list addresses below)?

How deep is the well(s)? *N/A*

What is the casing depth of the well(s)? *N/A*

What is the screen interval of the well(s)? *N/A*

Additional water supply well information:

(This part to be completed by Responsible Party or their representative)  
Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:

1. Fax to 877-463-7429  
2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078  
3. Telephone 704-578-5974  
4. E-mail to mshaw@mdshaw-associates.com

If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481

Figure 18  
Water Supply Well Information Survey

(This line to be completed by Responsible Party or their representative)  
Incident Number: not provided Incident Name: The Pantry #832

Please Provide the Following Information (to the best of your knowledge)

Name and telephone number of person completing the survey  
WILLIAM TAYLOR  
Address of property receiving survey: 1710 West Sixth Street  
City: Greenville County: Pitt Parcel # 4678710515

What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)

Is there a water supply well on this property? Yes  No  If "No" disregard remaining questions and return survey

Name and address of owner(s) of property with water supply well

How many water supply wells are on your property?

What is the well(s) used for? (check all that apply) Drinking \_\_\_\_\_ Irrigation \_\_\_\_\_ Swimming Pool \_\_\_\_\_  
Water Livestock \_\_\_\_\_ Other (specify) \_\_\_\_\_  
You do not use the Well \_\_\_\_\_

How many residences are connected to the well (list addresses below)?

How deep is the well(s)?  
What is the casing depth of the well(s)?  
What is the screen interval of the well(s)?

Additional water supply well information:

(This part to be completed by Responsible Party or their representative)  
Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:  
1. Fax to 877-463-7429  
2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078  
3. Telephone 704-578-5974  
4. E-mail to mshaw@mdshaw-associates.com

If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481

**Figure 18  
Water Supply Well Information Survey**

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                                      |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                                      |
| Name and telephone number of person completing the survey<br><i>David Brown City Engineer</i><br>Address of property receiving survey: <i>400 Nash Street</i><br>City: <i>Greenville</i> County: <i>Pitt</i> Parcel # <i>4678729151</i>                                                                                                                                                                                                       |
| What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                                                                                    |
| Is there a water supply well on this property? Yes / <b>No</b> / No. If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                                                                  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                               |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                                                                             |
| What is the well(s) used for? (check all that apply) Drinking _____, Irrigation _____, Swimming Pool _____, Water Livestock _____, Other (specify) _____<br>You do not use the Well _____                                                                                                                                                                                                                                                     |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                                         |
| How deep is the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What is the casing depth of the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                      |
| What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                   |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                                     |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to <u>M D Shaw and Associates, Inc.</u> by <u>February 1st</u> using one of the following methods:<br>1. Fax to <u>877-463-7429</u><br>2. Mail to <u>M D Shaw and Associates, Inc.</u><br><u>8501 Fox Tail Lane, Huntersville, NC 28078</u><br>3. Telephone <u>704-578-5974</u><br>4. E-mail to <u>mshaw@mdshaw-associates.com</u> |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                                      |



### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                     |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                     |  |
| Name and telephone number of person completing the survey<br>Address of property receiving survey: 615 South Memorial Drive<br>City: Greenville County: Pitt Parcel # 4678715241             |  |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                            |  |
| Is there a water supply well on this property? Yes / <u>No</u> If "No" disregard remaining questions and return survey                                                                       |  |
| Name and address of owner(s) of property with water supply well                                                                                                                              |  |
| How many water supply wells are on your property?                                                                                                                                            |  |
| What is the well(s) used for? (check all that apply) Drinking _____, Irrigation _____, Swimming Pool _____, Water Livestock _____, Other (specify) _____, You do not use the Well _____      |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                        |  |
| How deep is the well(s)?                                                                                                                                                                     |  |
| Date well was installed?                                                                                                                                                                     |  |
| What is the casing depth of the well(s)?                                                                                                                                                     |  |
| What is the screen interval of the well(s)?                                                                                                                                                  |  |
| Additional water supply well information:                                                                                                                                                    |  |
| (This part to be completed by Responsible Party or their representative) Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods: |  |
| 1. Fax to 877-463-7429                                                                                                                                                                       |  |
| 2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                          |  |
| 3. Telephone 704-578-5974                                                                                                                                                                    |  |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                     |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                     |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                            |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                   |                                                                                                                                         |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                   |                                                                                                                                         |
| Name and telephone number of person completing the survey<br>252 7585945                                                                                                                                                                                                                   | Address of property receiving survey: 1618 Lincoln Drive<br>City: Greenville County: Pitt Parcel # 4678718257<br><i>Anthony Barrett</i> |
| What is the source of your drinking water? <u>Public Water</u> Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                            |                                                                                                                                         |
| <i>Water from a spring</i>                                                                                                                                                                                                                                                                 |                                                                                                                                         |
| Is there a water supply well on this property? Yes / <input checked="" type="radio"/> No If "No" disregard remaining questions and return survey                                                                                                                                           |                                                                                                                                         |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                            |                                                                                                                                         |
| How many water supply wells are on your property?                                                                                                                                                                                                                                          |                                                                                                                                         |
| What is the well(s) used for? (check all that apply) <input type="checkbox"/> Drinking <input type="checkbox"/> Irrigation <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Water Livestock <input type="checkbox"/> Other (specify) _____<br>You do not use the Well _____ |                                                                                                                                         |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                      |                                                                                                                                         |
| How deep is the well(s)?                                                                                                                                                                                                                                                                   |                                                                                                                                         |
| Date well was installed?                                                                                                                                                                                                                                                                   |                                                                                                                                         |
| What is the casing depth of the well(s)?                                                                                                                                                                                                                                                   |                                                                                                                                         |
| What is the screen interval of the well(s)?                                                                                                                                                                                                                                                |                                                                                                                                         |
| Additional water supply well information:                                                                                                                                                                                                                                                  |                                                                                                                                         |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:                                                                                            |                                                                                                                                         |
| 1. Fax to 877-463-7429                                                                                                                                                                                                                                                                     |                                                                                                                                         |
| 2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                                                                                                                        |                                                                                                                                         |
| 3. Telephone 704-578-5974                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                                                                                                                   |                                                                                                                                         |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                   |                                                                                                                                         |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided    Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                         |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                            |
| Name and telephone number of person completing the survey<br><i>Arthur Williams 852-347-3117</i>                                                                                                                                                                                                                                                                                                                                    |
| Address of property receiving survey: 605 Bancroft Avenue<br>City: Greenville    County: Pitt    Parcel # 4678812450                                                                                                                                                                                                                                                                                                                |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                                                                   |
| Is there a water supply well on this property? Yes <input checked="" type="radio"/> No <input type="radio"/> If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                     |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                                                                   |
| What is the well(s) used for? (check all that apply) <u>Drinking</u> <u>Irrigation</u> <u>Swimming Pool</u> <u>Water Livestock</u> <u>Other (specify)</u> You do not use the Well                                                                                                                                                                                                                                                   |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                               |
| How deep is the well(s)?<br>Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                |
| What is the casing depth of the well(s)?<br>What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                             |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                           |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to <u>M D Shaw and Associates, Inc.</u> by <u>February 1st</u> using one of the following methods:<br>1. Fax to <u>877-463-7429</u><br>2. Mail to <u>M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078</u><br>3. Telephone <u>704-578-5974</u><br>4. E-mail to <u>mshaw@mdshaw-associates.com</u> |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                            |

Figure 18  
Water Supply Well Information Survey

(This line to be completed by Responsible Party or their representative)  
Incident Number: not provided Incident Name: The Pantry #832

Please Provide the Following Information (to the best of your knowledge)

Name and telephone number of person completing the survey  
Address of property receiving survey: 1710 West Fifth Street  
City: Greenville County: Pitt Parcel # 4678713915

What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)

Is there a water supply well on this property?  Yes /  No If "No" disregard remaining questions and return survey

Name and address of owner(s) of property with water supply well

How many water supply wells are on your property?  0

What is the well(s) used for? (check all that apply)  Drinking  Irrigation  Swimming Pool  Water Livestock  Other (specify) \_\_\_\_\_  
You do not use the Well \_\_\_\_\_

How many residences are connected to the well (list addresses below)?

*M.D. Shaw*

How deep is the well(s)? \_\_\_\_\_  
Date well was installed? \_\_\_\_\_

What is the casing depth of the well(s)? \_\_\_\_\_  
What is the screen interval of the well(s)? \_\_\_\_\_

Additional water supply well information:

(This part to be completed by Responsible Party or their representative)  
Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:

1. Fax to 877-463-7429  
2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078  
3. Telephone 704-578-5974  
4. E-mail to mshaw@mdshaw-associates.com

If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided    Incident Name: The Pantry #832                                                     |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                        |
| Name and telephone number of person completing the survey<br>Address of property receiving survey: 603 Bancroft Avenue<br>City: Greenville    County: Pitt    Parcel # 4678812456               |
| What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)                                                                      |
| Is there a water supply well on this property? Yes / No    If "No" disregard remaining questions and return survey                                                                              |
| Name and address of owner(s) of property with water supply well                                                                                                                                 |
| How many water supply wells are on your property?                                                                                                                                               |
| What is the well(s) used for? (check all that apply) Drinking _____, Irrigation _____, Swimming Pool No _____, Water Livestock _____, Other (specify) _____, You do not use the Well _____      |
| How many residences are connected to the well (list addresses below)?                                                                                                                           |
| How deep is the well(s)?<br>I get city water this is new farm I live in the city of Greenville, NC<br>I do not                                                                                  |
| What is the casing depth of the well(s)?<br>Date well was installed? 2/8/34                                                                                                                     |
| What is the screen interval of the well(s)?                                                                                                                                                     |
| Additional water supply well information:                                                                                                                                                       |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods: |
| 1. Fax to 877-463-7429                                                                                                                                                                          |
| 2. Mail to M D Shaw and Associates, Inc.<br>8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                          |
| 3. Telephone 704-578-5974                                                                                                                                                                       |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                        |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                        |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                                   |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                                   |  |
| Name and telephone number of person completing the survey<br><i>Carlyn Farber Edwards</i> 919 344-2825 ✓<br>Address of property receiving survey: 1704 Battle Drive<br>City: Greenville County: Pitt Parcel # 4678717009                                                                                                                                                                                                                   |  |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                                                                          |  |
| Is there a water supply well on this property? Yes / <input checked="" type="radio"/> No If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                                           |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                            |  |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                                                                          |  |
| What is the well(s) used for? (check all that apply) Drinking _____ Irrigation _____ Swimming Pool _____<br>Water Livestock _____ Other (specify) _____<br>You do not use the Well _____                                                                                                                                                                                                                                                   |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                                      |  |
| How deep is the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| What is the casing depth of the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:<br>1. Fax to 877-463-7429<br>2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078<br>3. Telephone 704-578-5974<br>4. E-mail to <a href="mailto:mshaw@mdshaw-associates.com">mshaw@mdshaw-associates.com</a> |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                                   |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                  |
| Name and telephone number of person completing the survey<br>Michael Glenn 252-417-2644                                                                                                                                                                                                                                                                                                   |
| Address of property receiving survey: 1726 West Fifth Street<br>City: Greenville County: Pitt Parcel # 4678629172                                                                                                                                                                                                                                                                         |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                         |
| Is there a water supply well on this property? Yes <input checked="" type="radio"/> No <input type="radio"/> If "No" disregard remaining questions and return survey                                                                                                                                                                                                                      |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                           |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                         |
| What is the well(s) used for? (check all that apply) Drinking _____ Irrigation _____ Swimming Pool _____<br>Water Livestock _____ Other (specify) _____<br>You do not use the Well _____                                                                                                                                                                                                  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                     |
| How deep is the well(s)?                                                                                                                                                                                                                                                                                                                                                                  |
| Date well was installed?                                                                                                                                                                                                                                                                                                                                                                  |
| What is the casing depth of the well(s)?                                                                                                                                                                                                                                                                                                                                                  |
| What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                               |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                 |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:<br>1. Fax to 877-463-7429<br>2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078<br>3. Telephone 704-578-5974<br>4. E-mail to mshaw@mdshaw-associates.com |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                  |

**Figure 18  
Water Supply Well Information Survey**

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                               |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                               |  |
| Name and telephone number of person completing the survey <u>Maed Alwan 252-411-0644</u><br>Address of property receiving survey: <u>402 North Memorial Drive</u><br>City: <u>Greenville</u> County: <u>Pitt</u> Parcel # <u>4678724019</u>                                                                                                                                                                                            |  |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                                                                      |  |
| Is there a water supply well on this property? Yes <input checked="" type="radio"/> No <input type="radio"/> If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                   |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                        |  |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                                                                      |  |
| What is the well(s) used for? (check all that apply) <u>Drinking</u> <u>Irrigation</u> <u>Swimming Pool</u><br>Water Livestock <u>Other (specify)</u> <u>You do not use the Well</u>                                                                                                                                                                                                                                                   |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                                  |  |
| How deep is the well(s)?<br>Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                   |  |
| What is the casing depth of the well(s)?<br>What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                                |  |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                              |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to <u>M D Shaw and Associates, Inc.</u> by <u>February 1st</u> using one of the following methods:<br>1. Fax to <u>877-463-7429</u><br>2. Mail to <u>M D Shaw and Associates, Inc.</u><br>8501 Fox Tail Lane, Huntersville, NC 28078<br>3. Telephone <u>704-578-5974</u><br>4. E-mail to <u>mshaw@mdshaw-associates.com</u> |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                               |  |



Figure 18  
Water Supply Well Information Survey

(This line to be completed by Responsible Party or their representative)  
Incident Number: not provided Incident Name: The Pantry #832

Please Provide the Following Information (to the best of your knowledge)

Name and telephone number of person completing the survey *Michelle Zure 413-243-1916*  
Address of property receiving survey: 1611 Lincoln Drive  
City: Greenville County: Pitt Parcel # 4678810302

What is the source of your drinking water? Public Water / Water Supply Well / Stream Intake / Other (please explain below)

Is there a water supply well on this property? Yes /  No If "No" disregard remaining questions and return survey

Name and address of owner(s) of property with water supply well

How many water supply wells are on your property? *None*

What is the well(s) used for? (check all that apply) Drinking Irrigation Swimming Pool Water Livestock Other (specify) You do not use the Well

How many residences are connected to the well (list addresses below)?

How deep is the well(s)?  
What is the casing depth of the well(s)?  
What is the screen interval of the well(s)?

Additional water supply well information:

(This part to be completed by Responsible Party or their representative)  
Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:  
1. Fax to 877-463-7429  
2. Mail to M D Shaw and Associates, Inc.  
8501 Fox Tail Lane, Huntersville, NC 28078  
3. Telephone 704-578-5974  
4. E-mail to mshaw@mdshaw-associates.com

If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                        |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                        |  |
| Name and telephone number of person completing the survey<br>Merrill & Jones - Work - 252-438-8407<br>Home 252-752-5936                                                                         |  |
| Address of property receiving survey: 1613 Lincoln Drive<br>City: Greenville County: Pitt Parcel # 4678719295<br>Rt 58m 252-257-2222                                                            |  |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                               |  |
| Is there a water supply well on this property? Yes / <u>No</u> / No If "No" disregard remaining questions and return survey                                                                     |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                 |  |
| How many water supply wells are on your property?                                                                                                                                               |  |
| What is the well(s) used for? (check all that apply) Drinking _____ Irrigation _____ Swimming Pool _____<br>Water Livestock _____ Other (specify) _____<br>You do not use the Well _____        |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                           |  |
| How deep is the well(s)?<br>Date well was installed?                                                                                                                                            |  |
| What is the casing depth of the well(s)?                                                                                                                                                        |  |
| What is the screen interval of the well(s)?                                                                                                                                                     |  |
| Additional water supply well information:                                                                                                                                                       |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods: |  |
| 1. Fax to 877-463-7429                                                                                                                                                                          |  |
| 2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                             |  |
| 3. Telephone 704-578-5974                                                                                                                                                                       |  |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                        |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                        |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                            |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                            |  |
| Name and telephone number of person completing the survey: <i>Robert I. Henry 259-752-3333</i><br>Address of property receiving survey: 1700 Lincoln Drive<br>City: Greenville County: Pitt Parcel # 4678718197                                                                                                                                                                                                                     |  |
| What is the source of your drinking water? <u>Public Water</u> <del>Private Well</del> (please explain below)                                                                                                                                                                                                                                                                                                                       |  |
| Is there a water supply well on this property? Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                        |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                     |  |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                                                                   |  |
| What is the well(s) used for? (check all that apply) <input type="checkbox"/> Drinking <input type="checkbox"/> Irrigation <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Water Livestock <input type="checkbox"/> Other (specify) _____ You do not use the Well _____                                                                                                                                             |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                               |  |
| How deep is the well(s)?<br>What is the casing depth of the well(s)?<br>What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                 |  |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                           |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to <u>M D Shaw and Associates, Inc.</u> by <u>February 1st</u> using one of the following methods:<br>1. Fax to <u>877-463-7429</u><br>2. Mail to <u>M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078</u><br>3. Telephone <u>704-578-5974</u><br>4. E-mail to <u>mshaw@mdshaw-associates.com</u> |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                                                            |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided    Incident Name: The Pantry #832                                                                                                                                                                                                                                               |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                  |  |
| Name and telephone number of person completing the survey<br>Belinda Johnson 852-756-0497                                                                                                                                                                                                                                                                                                 |  |
| Address of property receiving survey: 1609 Lincoln Drive<br>City: Greenville    County: Pitt    Parcel # 4678810308                                                                                                                                                                                                                                                                       |  |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                                                                                                                                                                                                                         |  |
| Is there a water supply well on this property? Yes <input checked="" type="radio"/> No <input type="radio"/> If "No" disregard remaining questions and return survey                                                                                                                                                                                                                      |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                           |  |
| How many water supply wells are on your property?                                                                                                                                                                                                                                                                                                                                         |  |
| What is the well(s) used for? (check all that apply) <u>Drinking</u> <u>Irrigation</u> <u>Swimming Pool</u> <u>Water Livestock</u> <u>Other (specify)</u> You do not use the Well                                                                                                                                                                                                         |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                     |  |
| How deep is the well(s)?                                                                                                                                                                                                                                                                                                                                                                  |  |
| Date well was installed?                                                                                                                                                                                                                                                                                                                                                                  |  |
| What is the casing depth of the well(s)?                                                                                                                                                                                                                                                                                                                                                  |  |
| What is the screen interval of the well(s)?                                                                                                                                                                                                                                                                                                                                               |  |
| Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                 |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:<br>1. Fax to 877-463-7429<br>2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078<br>3. Telephone 704-578-5974<br>4. E-mail to mshaw@mdshaw-associates.com |  |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                                                                                                                                                                                                                  |  |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                 |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                        | Please Provide the Following Information (to the best of your knowledge) |
| Name and telephone number of person completing the survey<br>Rhett Taylor 852-620-2917                                                                                                          |                                                                          |
| Address of property receiving survey: 625 South Memorial Drive<br>City: Greenville County: Pitt Parcel # 4678715056                                                                             |                                                                          |
| What is the source of your drinking water? <u>Public Water</u> / Water Supply Well / Stream Intake / Other (please explain below)                                                               |                                                                          |
| Is there a water supply well on this property? Yes <input type="radio"/> No <input checked="" type="radio"/> If "No" disregard remaining questions and return survey.                           |                                                                          |
| Name and address of owner(s) of property with water supply well                                                                                                                                 |                                                                          |
| How many water supply wells are on your property?                                                                                                                                               |                                                                          |
| What is the well(s) used for? (check all that apply) Drinking _____ Irrigation _____ Swimming Pool _____<br>Water Livestock _____ Other (specify) _____ You do not use the Well _____           |                                                                          |
| How many residences are connected to the well (list addresses below)?                                                                                                                           |                                                                          |
| How deep is the well(s)?                                                                                                                                                                        |                                                                          |
| Date well was installed?                                                                                                                                                                        |                                                                          |
| What is the casing depth of the well(s)?                                                                                                                                                        |                                                                          |
| What is the screen interval of the well(s)?                                                                                                                                                     |                                                                          |
| Additional water supply well information:                                                                                                                                                       |                                                                          |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods: |                                                                          |
| 1. Fax to 877-463-7429                                                                                                                                                                          |                                                                          |
| 2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078                                                                                                             |                                                                          |
| 3. Telephone 704-578-5974                                                                                                                                                                       |                                                                          |
| 4. E-mail to mshaw@mdshaw-associates.com                                                                                                                                                        |                                                                          |
| If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional Office at (252) 946-6481                                                        |                                                                          |

### Figure 18 Water Supply Well Information Survey

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (This line to be completed by Responsible Party or their representative)<br>Incident Number: not provided Incident Name: The Pantry #832                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Please Provide the Following Information (to the best of your knowledge)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Name and telephone number of person completing the survey<br>Brenda Cooper 958-3616                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Address of property receiving survey: 1604 Lincoln Drive<br>City: Greenville County: Pitt Parcel # 4678719684                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| What is the source of your drinking water? (Public Water) Water Supply Well / Stream Intake / Other (please explain below)<br>Public Water                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Is there a water supply well on this property? Yes (No) If "No" disregard remaining questions and return survey                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Name and address of owner(s) of property with water supply well                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| How many water supply wells are on your property?<br>What is the well(s) used for? (check all that apply) Drinking Irrigation Swimming Pool<br>Water Livestock Other (specify) You do not use the Well                                                                                                                                                                                                                                                                                                                                   |  |
| How many residences are connected to the well (list addresses below)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| How deep is the well(s)?<br>Date well was installed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| What is the casing depth of the well(s)?<br>What is the screen interval of the well(s)?<br>Additional water supply well information:                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| (This part to be completed by Responsible Party or their representative)<br>Please return completed survey to M D Shaw and Associates, Inc. by February 1st using one of the following methods:<br>1. Fax to 877-463-7429<br>2. Mail to M D Shaw and Associates, Inc. 8501 Fox Tail Lane, Huntersville, NC 28078<br>3. Telephone 704-578-5974<br>4. E-mail to mshaw@mdshaw-associates.com<br>Office at (252) 946-6481<br>If you have any questions, please contact the consultant indicated above or the UST Section Washington Regional |  |