IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Date **8/27/15**

Re: Application for improvement permit for **Daryl Solomonson,** property site **366 Wildlife Rd,** Health Department file number **212120**

Dear **Daryl Solomonson**

The **Iredell** County Health Department, Environmental Health Division on **8/26/15** evaluated the above referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a **4 bedroom residence** (describe facility – example: 3 bedroom residence, 10 employee office) with a design wastewater flow of **480** gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1940 through .1948, the evaluation indicated that the site is UNSUITABLE for a ground absorption sewage system. Therefore, your request for an improvement permit is DENIED. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
__X__ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____ Unsuitable soil wetness condition (Rule .1942)
_____ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
__X__ Insufficient space for septic system and repair area (Rule .1945)
_____ Unsuitable for meeting required setbacks (Rule .1950)
_____ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative, or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an information review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an information review by the North Carolina Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **Aug. 27th, 2015.** Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.
You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Signature of Authorized Agent – DHHS
Enclosures: (Enclose copy of site evaluation)
(Copy of Rule .1948)

15A NCAC 18A .1948 SITE CLASSIFICATION

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;

(2) the effluent will not contaminate groundwater or surface water; and

(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. April 1, 1993; January 1, 1990.

4/2/20

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

PAID
V 2376 mdm 5/17

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
DARYL & CATHIE SOLOMONSON	366 WILDLIFE RD TROUTMAN NC 28166	704-528-1024	Cell 704-402-4367
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

366 WILDLIFE RD, TROUTMAN, NC 28166 — FALLSTOWN — Lot 123, Section 18
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: Hwy 21 - Wagner - Perth RD Right on State Park RD Left on Wildlife RD, 1 Mile to 366 on Right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* said he does not use 5th bedroom 1/2 HALF BATH as a bedroom

( ) New, Single Family Residence
( ) New, Multi-Family Residence
X Expansion of Existing Septic System
X Repair To Failing Septic System due to LISTED AS 3
( ) Other

Maximum Number of Bedrooms 4 Full 1/2 HALF BATH
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
X Concrete Slab Foundation?
X Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business / Square Footage of Building / Maximum Number of Employees / Maximum Number of Seats — N/A

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2006 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other MODIFY CURRENT 3 BATHROOM TO 4,

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Daryl Solomonson — July 16, 2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

KD **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

KD N/A **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

YES KD Clearly **mark all property corners**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

Provided KD **Stake' or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

KD Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

KD In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Kenneth Dolen **Date** 7/16/2015

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

__X__ Property Line measurements are clearly identified... **__X__ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

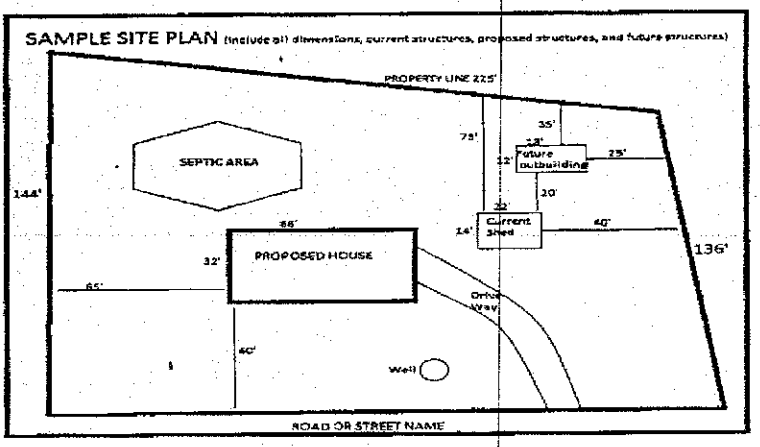
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... (N/A)

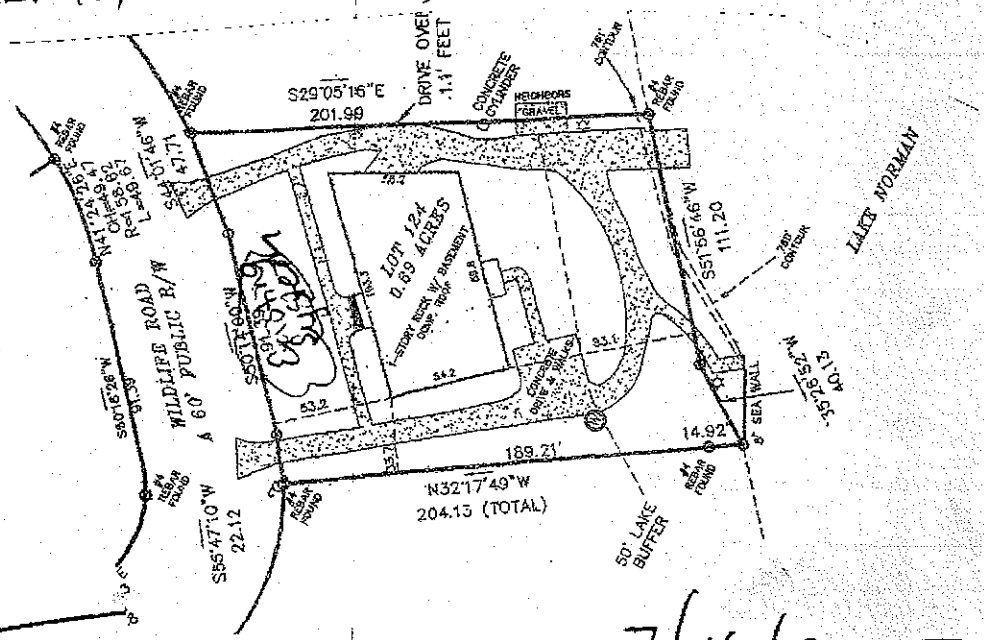
_____ Location of easements and rights of ways on your property.. (N/A) **_____ Location of any designated wetlands on the property.. (N/A)**



USE THIS SPACE TO DRAW YOUR SITE PLAN

ATTAC #1 Attached site PLAN dated July 29, 2006

ATTAH #2 current permit, dated 2-7, 2006.



Signature: _____ 7/14/2006

REQUIRED **property owner or owner's legal representative signature.** **DATE**

DAS DON ALLEN & ASSOCIATES, P.A.

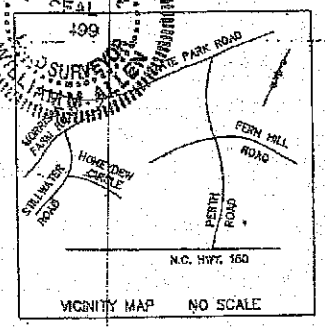
"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1637, page 539, and/or plot book 13, page 54, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 20TH, day of JULY, A.D. 20 96

WILLIAM ALLEN SEAL L-99



VICINITY MAP NO SCALE

0' 30' 60' 100'
SCALE IN FEET

LEGEND
W = WELL
R/W = RIGHT-OF-WAY

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PHYSICAL SURVEY

OF

#366 WILDLIFE ROAD

LOT 123, SECTION 18, CL&T

SCALE 1" = 60' FALLSTOWN TWSP., IREDELL CO., NC

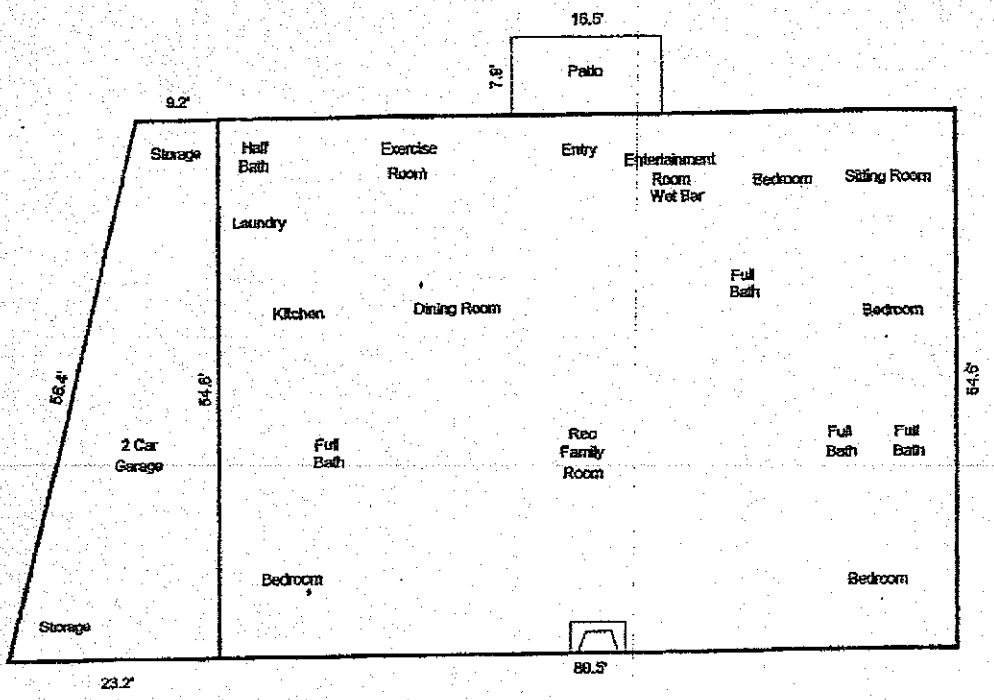
ACQUIRED BY: CECIL ENTERPRISES

FIELD BOOK:
FILE: 10632
DG FILE:
TAX MAP NO: 4629-68-7380

Attachment #1

SKETCH

Borrower/Client
Address 366 Wildlife Rd Unit No. N/A
City Troutman County Iredell State NC Zip Code 28166
Lender/Client



Sketch by Apex IV™

Comments:

AREA CALCULATIONS SUMMARY

Code	Description	Net Size	Net Totals
BSMT	Basement	4395.3	4395.3
P/P	deck	130.3	130.3
GAR	Garage	884.5	884.5

AREA BREAKDOWN

Breakdown	Subtotals

Form produced by United Systems Software Company (800) 969-8727 www.unitedsystems.com

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Iredell Fish And Game Club DATE 5-25-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Off of State Park Road

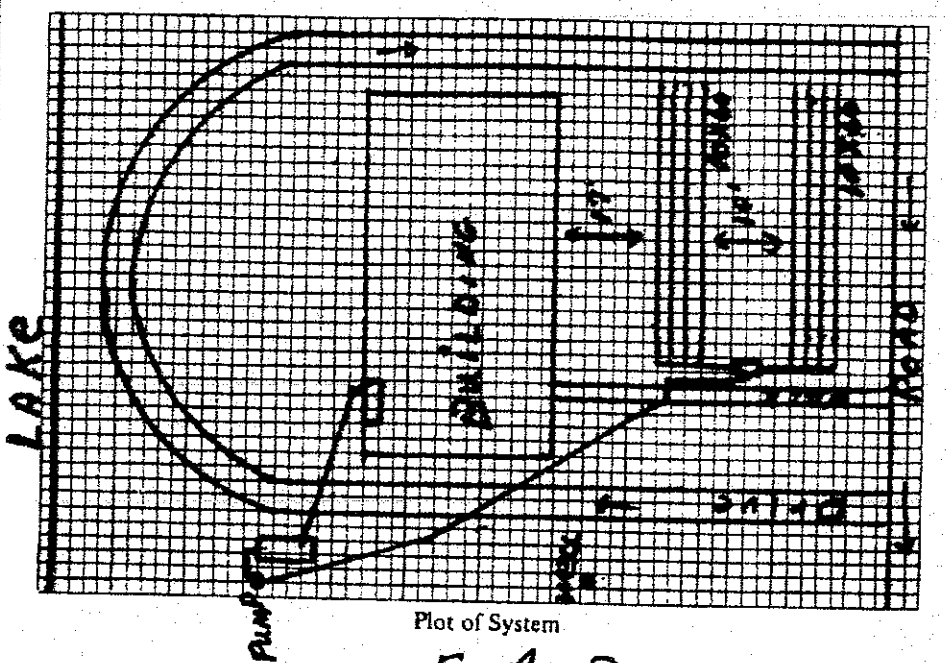
S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Clubhouse

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines Shown on Sketch
Sq. Ft. 1200 Linear Ft. 480
Depth of Stone in Lines 15"
Water Supply: Individual (✓)
Public ( )

Installed by Self

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Put in on Sat. 5-25 and Sunday 5-26.
Only part of installation was inspected.
Henry Sigmon, assisted in installation

CERTIFICATE OF COMPLETION BY E. A. S. DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

DATE 2-7-06

PERMIT# 129261 PIN# 4629687330 PHONE: Business 336 474 6385 Home 704 202 1876

OWNER OR CONTRACTOR Harold Cecil

ADDRESS 366 Willie Rd

LOCATION From 21 S take North, R on State Park to L on Willie Rd ~ 1.5 mi in property on right

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA .73 SITE CLASS n/a DESIGN FLOW 360 L.T.A.R. existing

Septic Tank: 1500 Gallons: STB 1014 Date

Pump Tank: existing Gallons: PT Date

Pump Make: Combs Model WSOSTRNF Serial No. FOH3997

Nitrification Field: No Fields Ex. Square Feet Ex. Linear Feet Ex.

No Lines Ex. Trench Width Ex. Max Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pump / conventional

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms No. Employees

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: ① Install riser extention to extend a minimum of 6" above finished grade ② Install a Plant tree into existing pump tank ③ Bring electrical and alarm panel up to today's standards ④ Uncover septic tank to get manufacturer and date information. Tank shall EITHER have risers installed or grouted

Comments/Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration, Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: existing

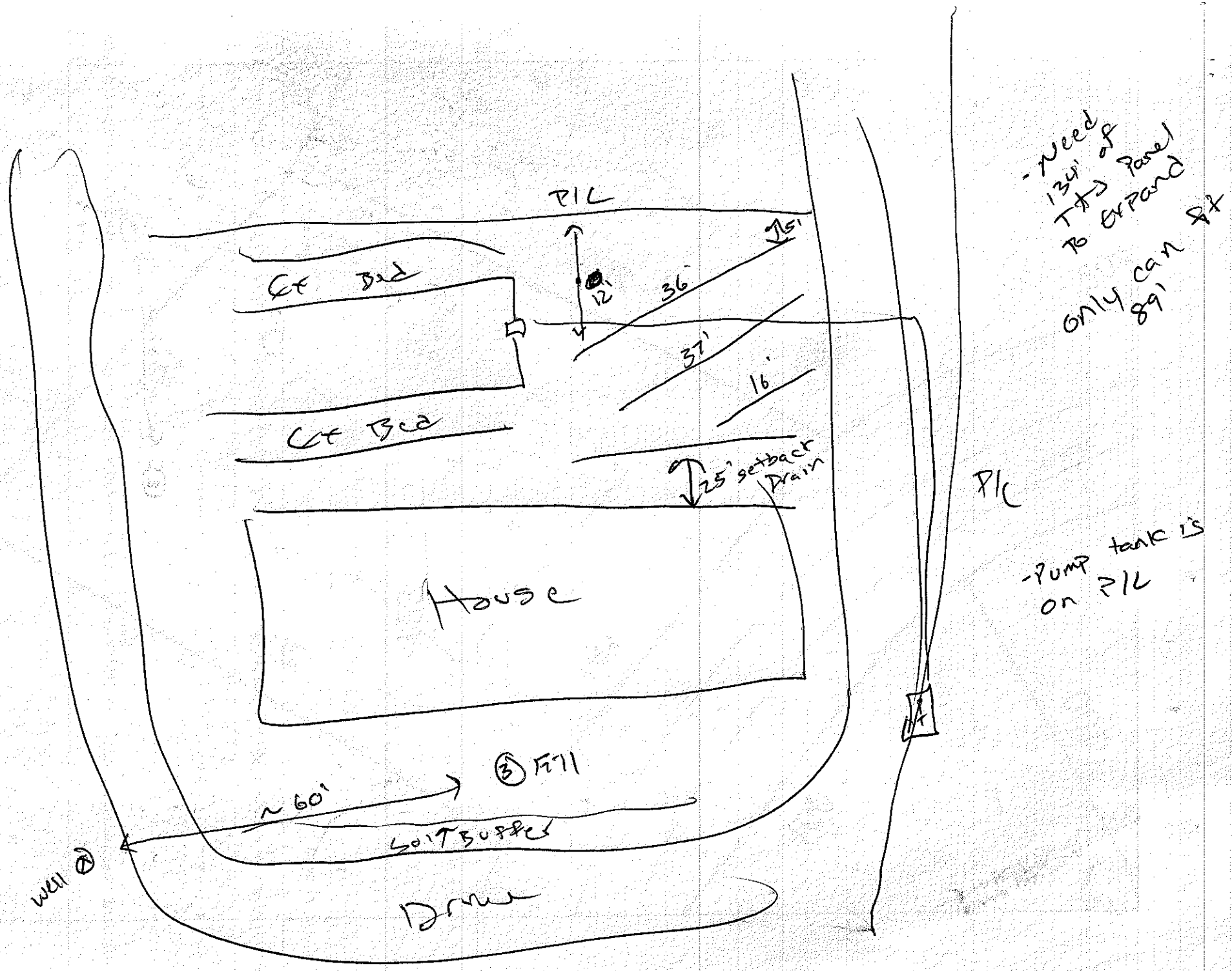
Improvement Permit by: _____ date 2-7-06 Operation Permit by: _____ date 2-14-07

Authorization to Construct by: _____ date 2-7-06 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY-WHITE OWNER COPY (FINAL)-YELLOW OWNER COPY (INITIAL)-PINK

Attachment #2

PAGE 01 DIXIELAND 7048761571 08/06/2008 11:31


PIL
Ct Bed
Ct Bed
12'
36'
15'
37'
16'
25' setback
Drain
House
PIC
~60'
③ Fill
50' Buffer
well ②
Drive
- Need 134' of T&J Panel to Expand
only can get 89'
- Pump tank is on PIC

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4629687380
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Daryl Solomonson
ADDRESS: 366 Wildlife Rd
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 366 Wildlife Rd.
WATER SUPPLY: (Private) • Public • Well • Spring • Other N/A
EVALUATION METHOD: (Auger Boring) • Pit • Cut
APPLICATION DATE 7-16-15
DATE EVALUATED: 8-7-15
PROPERTY SIZE: 0.69 acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	15% L	0-20	Fill					0-20" US	(PS) need pits to eval deeper
		20-27	SCL Gr	Fr mod SE					
		27-35	C SBK	Fr mod SE					
		35-48	BC SAP Zone WSBK	Fr mod SE					
			Few mag. deposits						
2	13% L	0-14	Fill?		+48"	+48"	+48"	+48"	PS 0.3
		14-17	SCL Gr	Fr mod SE					
		17-32	C SBK	Fr mod SE					
		32-48	BC WSBK	Fr mod SE					
3	20%	0-46"	Fill		—	—	—	—	US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Table Space (.1945)	\	\
m Type(s)	\	\
TAR	\	\

OTHER FACTORS (.1946): \
SITE CLASSIFICATION (.1948): US
EVALUATED BY: Just Reuders
OTHER(S) PRESENT:

ENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

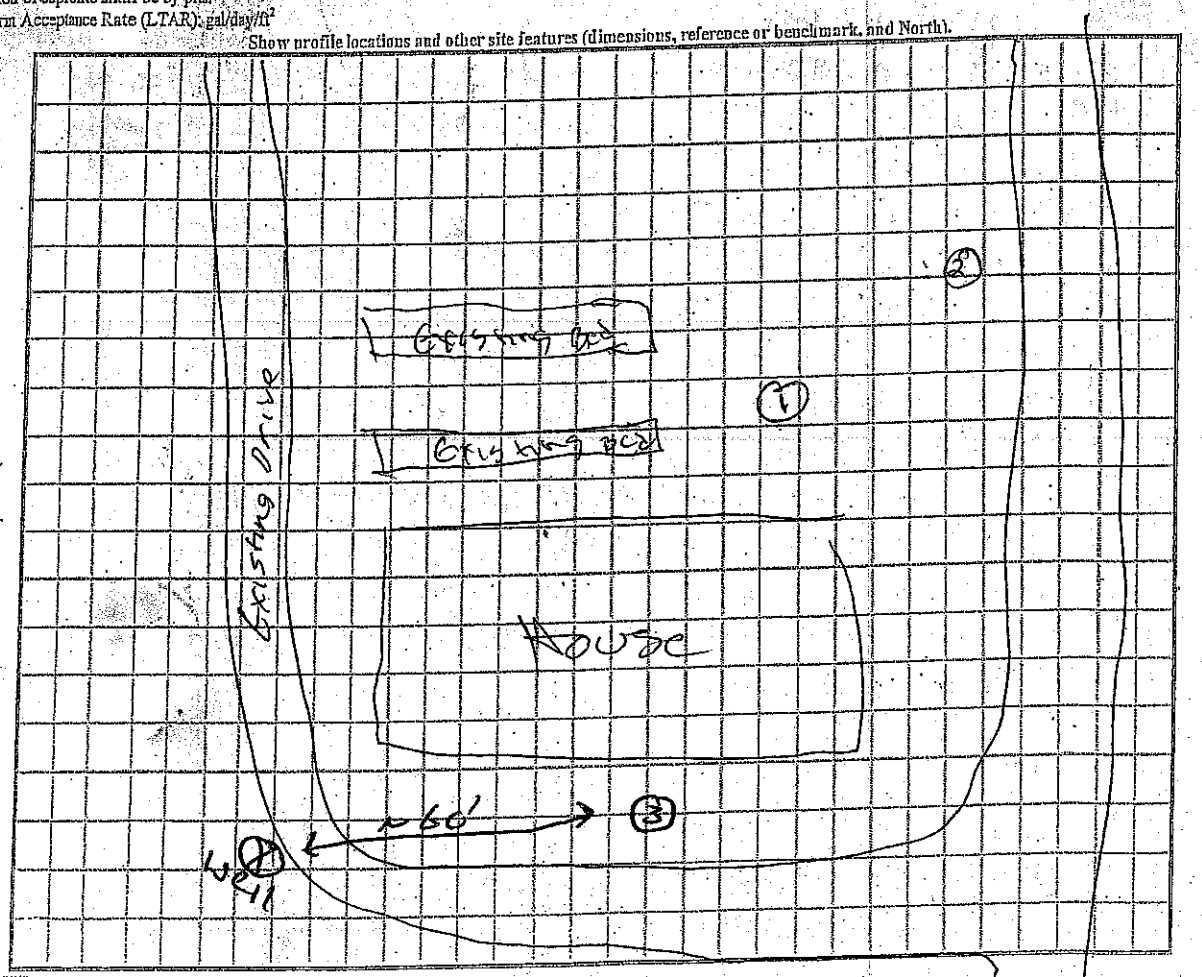
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR), gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (########)
Review (######)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Daryl Solomonson
366 Wildlife Rd
Troutman, NC 28166

9590 9403 0675 5196 8685 38

2. Article Number (Transfer from service label)

7008 1830 0001 2123 1162

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carlene Solomonson ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/5/15

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7008 1830 0001 2123 1162

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ .455
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.735

Postmark Here — DOWNTOWN STATESVILLE NC — APR 13 2015

Sent To: Daryl Solomonson
Street, Apt. No., or PO Box No.: 366 Wildlife Rd
City, State, ZIP+4: Troutman NC 28166

PS Form 3800, August 2006 — See Reverse for Instructions