IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

4658-76-0530

Date : 02/08/2016

Re: Application for improvement permit for 2020 Charlotte Hwy Mooresville, NC 28115
Iredell County Health Department file number: 216054

Dear Venture Properties VII, LLC

The Iredell County Health Department, Environmental Health Division on *02/04/2016* 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 9100 sq ft retail store with a design wastewater flow of 200 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 sanitary system of sewage treatment and disposal. Therefore, we must deny your request for an improvement permit. 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)
__X__ 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, as well as use of 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).

Note that a 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 informal 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 informal 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 download it 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 02/08/2016. 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,

Robert H Snow
Environmental Health Specialist
Iredell County Environmental Health

Enclosures: (Enclose copy of site evaluation)
(Copy of Rule .1948)

RECEIVED JAN 2 0 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Paid $500.00

(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).

Dollar General #216054

1. APPLICATION FOR: X **Improvement Permit** X **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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Venture Properties VII, LLC	PO Box 843, Wilkesboro, NC 28697	(336)667-8000	
Jennifer Holt	PO BOX 539 Mooresville, NC 28115	704-664-3113	

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

4. Property Information:

Vacant property US Hwy 21 Mooresville, NC 28115 — **Street Address**

2020 Charlotte Hwy — **Subdivision Name**

Section/Phase and Lot Number

Driving Directions: I 77 South exit 42, for Troutman 21 / 115, keep right and merge onto 115/21 South, then keep right to stay on US 21 drive 700 feet, property is on the right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

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

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

IF Non-Residential Site Development:

Type of Business	Retail
Square Footage of Building	9,100
Maximum Number of Employees	8
Maximum Number of Seats	N/A

6. Proposed Water Supply:

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

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

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other ___

8. Please Answer The Following

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
(X) Yes ( ) No Is the site subject to approval by any other public agency?

To The Best of Your Ability:

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: _____ 1-20-16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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

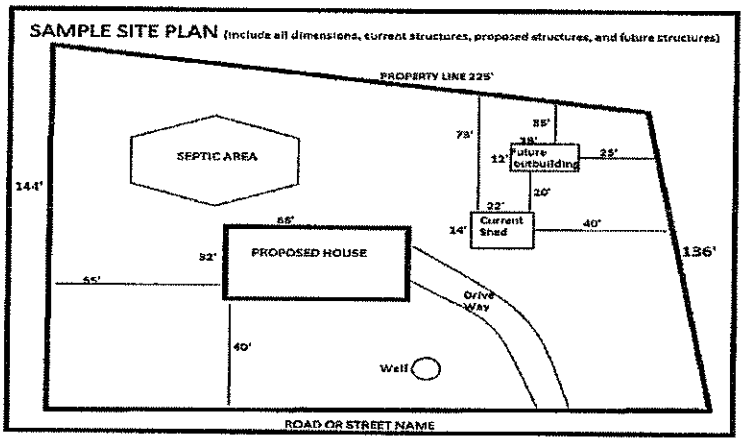
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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

Circle N/A on the following if appropriate:

X **Location of septic systems and wells within 100' of your property… N/A**

X **Location of easements and rights of ways on your property… N/A** N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Central Permitting to Forward Zoning permit when ck arrives (sent in wrong and initially) 1-25-16 BN

Signature: _____

REQUIRED property owner or owner's legal representative signature.

_____

DATE

AGENT AUTHORIZATION FORM

PROPERTY LEGAL DESCRIPTION

Property Deed
Book 1381

Page 928

PIN: 4658668644

STREET ADDRESS: US Hwy 21- Mooresville, NC

Property Owner: Overcash Properties LTD PT

The undersigned, registered property owners of the above noted property, do hereby authorize

Agent of BREC, PA and/or Agent of Venture Properties VII, LLC

to act on my behalf and take all actions necessary for the processing , issuance and acceptance of this permit or certification and all standard and special conditions attached.

Property Owner's Address (if different than property above):

2106 Charlotte Highway
Mooresville, NC 28117

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Authorized Signature

Jennifer Holt
Print – Name, Title

Date: 7/23/15

North Carolina Department of Environment and Natural Resources
Division of Environmental Health

Beverly Eaves Perdue
Governor

Terry L. Pierce
Director

Dee Freeman
Secretary

Memorandum

To: NC Environmental Health Specialists

From: Ted Lyon, On-Site Water Protection Section Chief

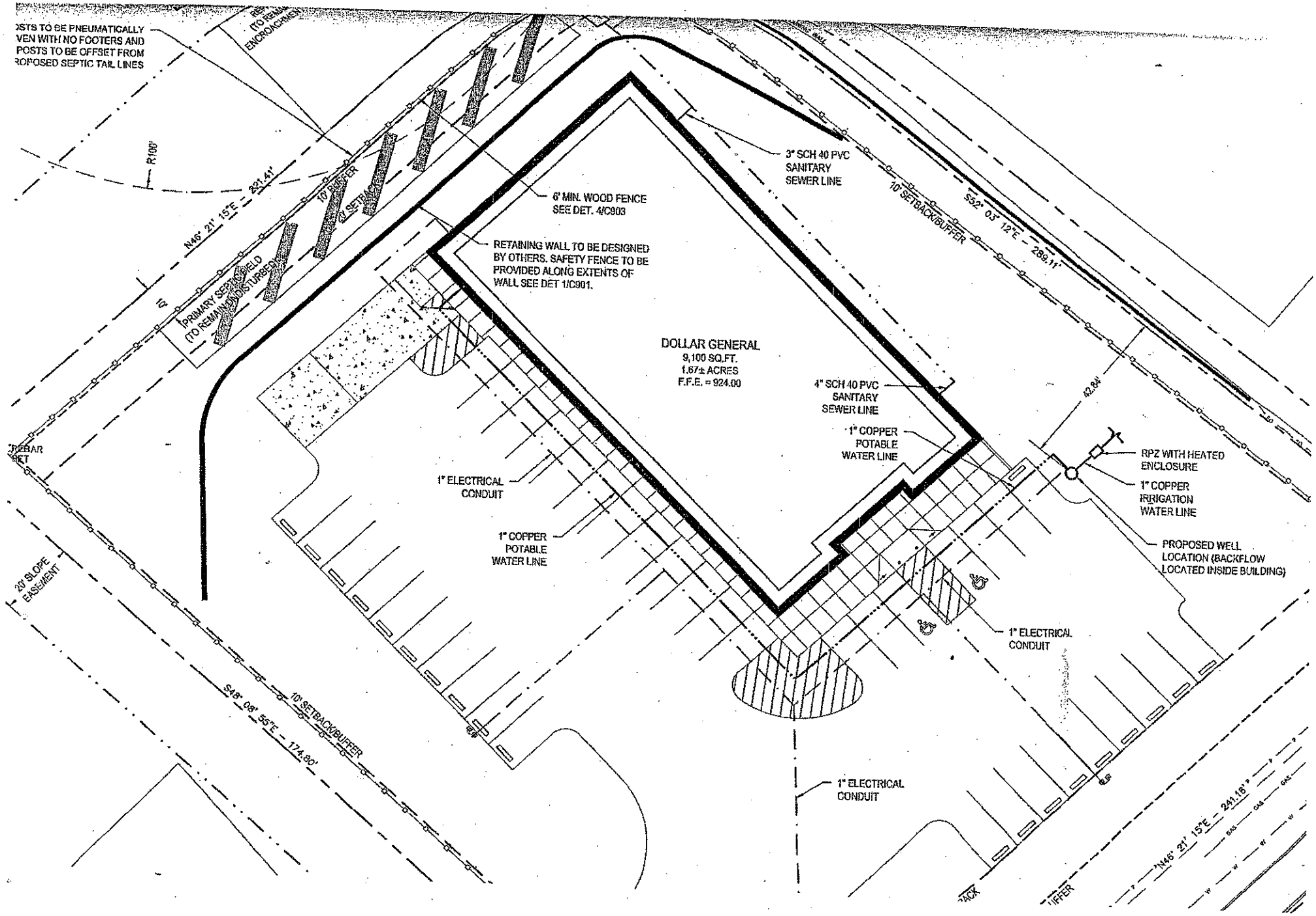
Subject: Design Flow Reduction for Dollar General Stores

Date: July 30, 2010

Based on separate sets of data provided for more than ten stores in the past for flow reductions for Dollar General Stores, a proposed design daily flow of 200 gpd may be used. This design flow can only be used with the following conditions:

1. Tanks must be sized on the un-reduced design flow (120 gpd/1,000 square feet of retail space area).
2. Use of low-flow fixtures such as spring-loaded or automatically activated faucets with flow rates of one gallon per minute or less, low-flow urinals which use 0.5 gallons per flush or less, and low-flow toilets which use 1.6 gallons per flush or less. Cut sheets of the fixtures must be provided.
3. A floor plan of the building must be provided. The retail sales floor area must be less than 8,000 square feet.
4. If a pump system is used, a Section approved flow equalization control panel must be used. The flow equalization control panel limits the amount of effluent discharged to the drainfield when the lag float is triggered and only one timed dose is delivered. Non-flow equalization control panels are programmed to discharge all effluent in the pump tank to the drainfield when the lag float is triggered.
5. The control panel should be set up to limit the daily dose to the drainfield to be no more than the maximum design daily flow of 200 gpd.
6. The tenants are prohibited from disposing into the wastewater system any chemical cleaners or any other compound which may be harmful to the bacteria in the wastewater system, including but not limited to quaternary ammonia compounds.
7. The tenants are prohibited from disposing of any food waste (solid or liquid) into the system.
8. The improvement permit, authorization to construct, and operation permit issued must be specify a Dollar General store. Any change to a facility designated as a Dollar General store would require a re-evaluation of the design flow and the system design, and revised permits would have to be issued.

9. This flow reduction applies only to the design flow from a Dollar General store. The improvement permit, authorization to construct, and operation permit issued must indicate that the permit is for a Dollar General store or in the case of multiple stores, which specific store will be a Dollar General.
10. We recommend the installation of a water meter for the Dollar General.


POSTS TO BE PNEUMATICALLY
WITH NO FOOTERS AND
POSTS TO BE OFFSET FROM
PROPOSED SEPTIC TAIL LINES
R100'
N46° 21' 15"E - 231.41'
10' BUFFER
10' SETBACK
PRIMARY SEPTIC FIELD
(TO REMAIN UNDISTURBED)
6' MIN. WOOD FENCE
SEE DET. 4/C903
RETAINING WALL TO BE DESIGNED
BY OTHERS. SAFETY FENCE TO BE
PROVIDED ALONG EXTENTS OF
WALL SEE DET 1/C901.
3" SCH 40 PVC
SANITARY
SEWER LINE
10' SETBACK/BUFFER
S52° 03' 12"E - 289.11'
DOLLAR GENERAL
9,100 SQ.FT.
1.67± ACRES
F.F.E. = 924.00
4" SCH 40 PVC
SANITARY
SEWER LINE
1" COPPER
POTABLE
WATER LINE
1" ELECTRICAL
CONDUIT
1" COPPER
POTABLE
WATER LINE
42.94'
RPZ WITH HEATED
ENCLOSURE
1" COPPER
IRRIGATION
WATER LINE
PROPOSED WELL
LOCATION (BACKFLOW
LOCATED INSIDE BUILDING)
20' SLOPE
EASEMENT
S48° 06' 55"E - 174.80'
10' SETBACK/BUFFER
1" ELECTRICAL
CONDUIT
1" ELECTRICAL
CONDUIT
N46° 21' 15"E - 241.16'

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 07/09/16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-12	Gr SCL	fr SE	Chroma 2's 12"-36" many yellow browns 36"-48"				UNS
		12-36	ABK C	fi SE/E					
		36-48	WABK BC	fi/fr SE/E					
2		0-10	Gr SCL	fr SE	Chroma 2's 10"-33" many yellow brown 33"-46" Black with manganese 33"-48"				UNS
		10-33	ABK C	fi SE/E					
		33-48	WABK BC	fi/fr SE/E					
3		0-14	Gr SCL	fr SE	Chroma 2's 12"-36" many yellow brown 36"-48"				UNS
		14-36	ABK C	fi SE/E					
		36-48	WABK BC	fi/fr SE					
4		0-20	Fill	—	Chroma 2's Gley				UNS
		20-48	WABK BC	fi SE/E					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

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	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

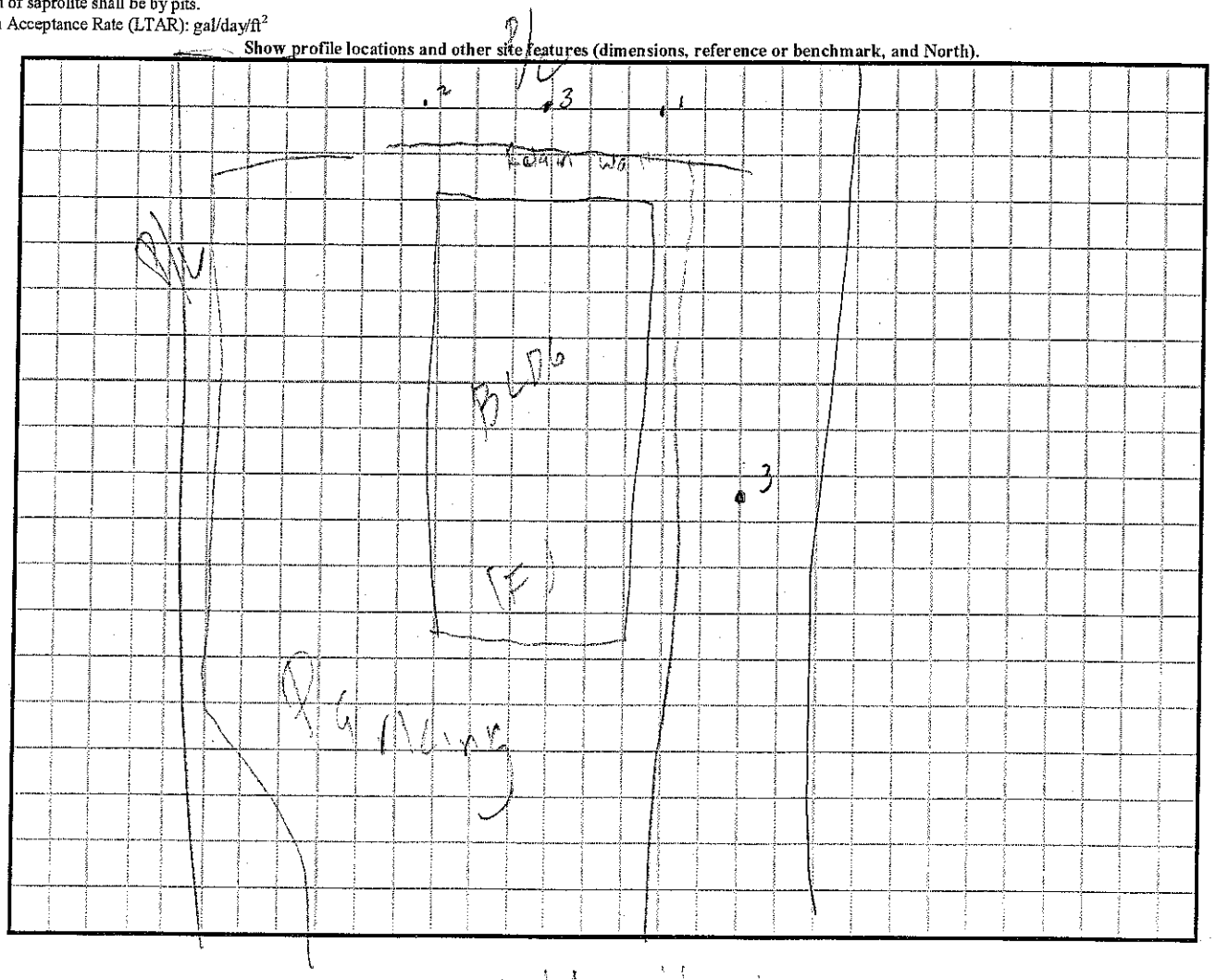
NOTES

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).



PERMITS/INSP PAYMENT RECEIPT# 387829
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET Central Permitting Center
STATESVILLE NC 28687 2016

DATE: 01/21/16 TIME: 16:33
CLERK: ronda.hart
PAID BY: BREC, PA

APPLICATION #: 216054

PERMIT ALLOCATION:

1	10492751 447004 PEHIA	500.00	Environmental Health Fees
1	10492751 447004 PEHWN	550.00	Environmental Health Fees
1	10492751 447004 PEHWT	175.00	Environmental Health Fees

TOTAL RECEIPT AMOUNT: 1225.00

AMOUNT PAID: 1225.00
PAID BY: BREC, PA
PAYMENT METHOD: CHECK CK #5848
APPLICATION #: 216054

AMT TENDERED: 1225.00
AMT APPLIED: 1225.00
CHANGE: .00

7008 1830 0001 2123 0288

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	$ .485
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.735

FEB 17 2016 Postmark Here

Sent To: Venture Properties VII, LLC
Street, Apt. No.; or PO Box No.: PO Box 843
City, State, ZIP+4: Wilkesboro, NC 28697

PS Form 3800, August 2006 — See Reverse for Instructions

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:

Venture Properties VII, LLC
PO Box 843
Wilkesboro, NC 28697

9590 9403 0926 5223 3480 89

2. Article Number (Transfer from service label)
7008 1830 0001 2123 0288

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): J Hodges
C. Date of Delivery: 2-16-16

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, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt