Certified Mail Returned Unclaimed

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

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

Shepherd's Bluff, Phase 4, Lot 50
4659-56-8901

Date 3/29/16

Re: Application for improvement permit for Tran Cruz property site 237 Shepherd's Bluff Dr. Mooresville Health Department file number 216141

Dear Tran Cruz

The Iredell County Health Department, Environmental Health Division on 3/15/16 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 3 Bedroom residence *(describe facility – example: 3 bedroom residence, 10 employee office)* with a design wastewater flow of 360 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:

__X__ Unsuitable soil topography and/or landscape position (Rule .1940)
_____ 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)
__X__ 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 *March 29th 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, Justin Henderson

Signature of Authorized Agent – DHHS

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

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
216141
Issue Date: 01/20/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4659568901.000	237 SHEPHERDS BLUFF DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RED SHEPHERDS BLUFF HOLDINGS L LC	Applicant: CRUZ, TRAN
Address: 4675 MACARTHUR COURT STE 1550 MOORESVILLE, CA 92660	Address: 13 MOUNTAIN TOP COURT HAMBURG, NJ 07419
Phone:	Phone: 646-271-7909

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	58463	TOTAL FEES:	$ 77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex__ Singlewide___ Doublewide___ Pier __ Addition_ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool __

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: __

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ____

Does the property have community water? Yes (No) If yes, please list who provides it: ____

Does the property have community sewer? Yes (No) If yes, please list who provides it: ____

Owner Information

Property Owner's Name Red Shepherds Bluff Holding Phone # ____

Owner's Current Address ____

Property Information

Property Address 237 Shepherds Bluff Dr, Mooresville, NC Parcel # lot #50

Subdivision: Shepherds Bluff Lot: 50 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Mooresville, NC

Directions to property (from a MAIN ROAD) RT 150 to 115 to L Shepherds Bluff Road to L Shepherds bluff drive

Application Information

Applicant's Name or Company Tran Cruz Applicant's Phone # 646 271 7909

Applicant's Address 13 Mountain Top CT, Hamburg, NJ 07419

If Company, Representative's Name and Title ____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT, AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT ____ DATE 1/15/2016

3-11-16 Called Tran Cruz + left message for her to call me back.
- Sent Denial Letter to applicant + property owner.
- Did NOT have contact info for Property Owner

3-16-16
- Left message informing them next step in pursuit of permit would be PTS to eval. saporite

3/23/16 Tran called & no longer wants to pursue 21312 wants denial

Denial Letter FOR Shepherd's Bluff

RECEIVED FEB 5 2016

216141 Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Tran Cruz **Address:** 13 Mountain Top CT, Hamburg NJ 07419 **Phone:** 646 271 7909

Owner Name: Red Shepherds Bluff Hldng **Address:** _____ **Phone:** _____

Property Information:

Street Address: 237 Shepherds Bluff Dr. #50, Mooresville, NC 28115

Subdivision Name: Shepherds Bluff **Section/Phase:** _____ **Lot Number:** 50

Driving Directions: Rt 150 + rt 115 to L on Shepherds Bluff Rd to L on Shepherds Bluff Drive

Site Development Information: ***(check or complete ALL that apply)***

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 1/15/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

120787

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Red Shepherds Bluff Holdings, am the legal owner(s) of the property located at 237 Shepherds Bluff Drive #50, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4659-56-8901.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name)
TranCruz, Larry Price, Shaun Ogden, Kenda Johns, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) 1/6/16 Date

Signature of Witness 1-6-16 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Authorize

Z:Shared/EH_Admin/Forms/OSWP/Document to

IREDELL COUNTY HEALTH DEPARTMENT

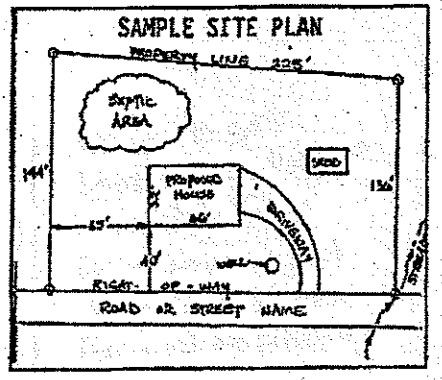
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

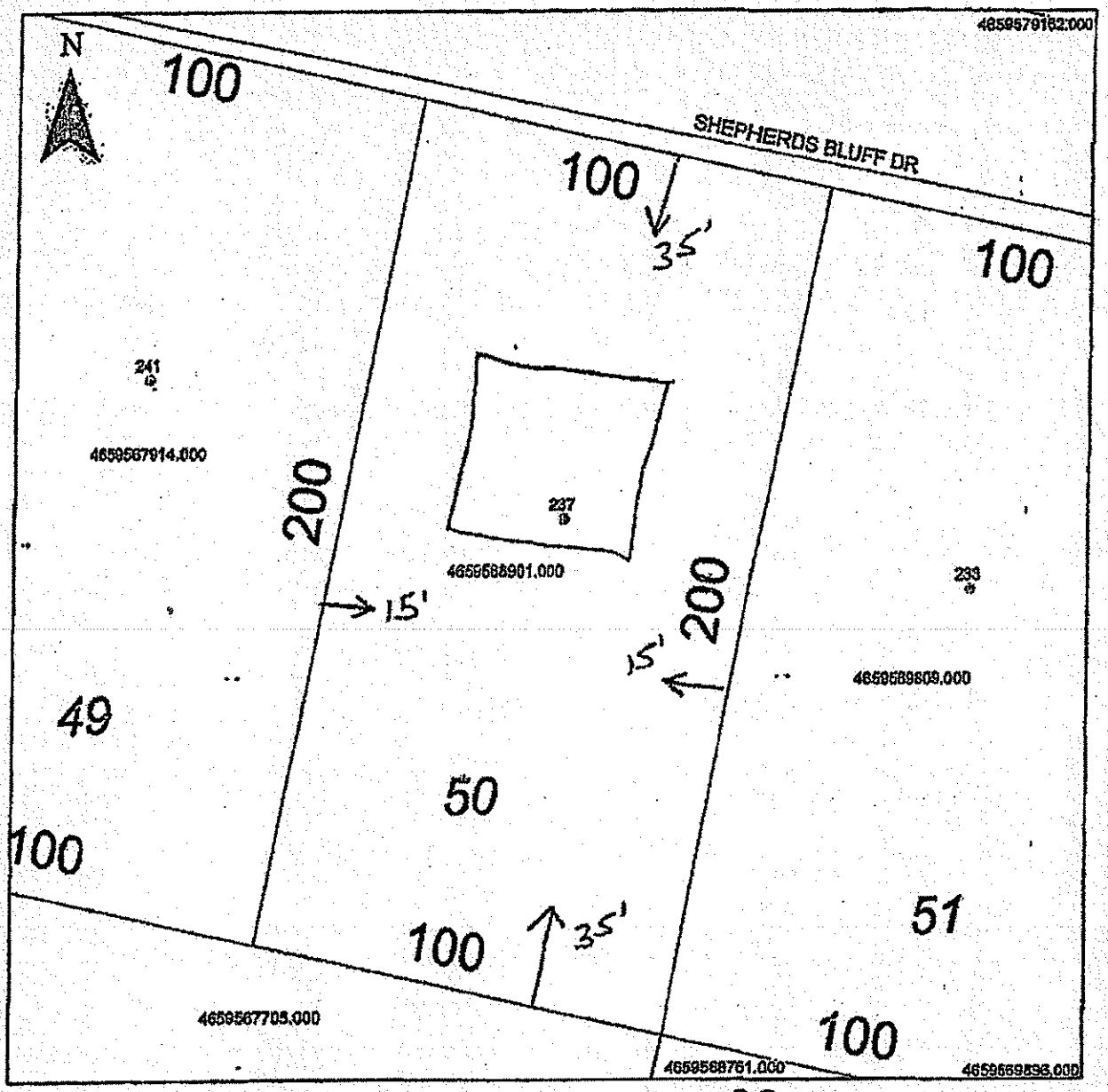
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached.

Signature: _____ 1/15/2016

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

ZONING DISCLAIMER



Property Address 237 Shepherds Bluff

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

1/21/2016
Date

Left message
- called 3-4-16 to update [redacted] that due to Adrian being sick, we had to reschedule 2nd opinion hopefully for following week, would call to let them know when Adrian could reschedule.

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

Sheet 1 of 2
PROPERTY ID #: 465956831 01
COUNTY: Iredell

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

OWNER: Tran Cruz — APPLICATION DATE: 1/20/16
ADDRESS: 13 Mountain Top Ct Hamburg NJ — DATE EVALUATED: 2-26-16
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): ~~Bedrooms~~ 360 — PROPERTY SIZE: 0.46 acres
LOCATION OF SITE: 237 Shepherds Bluff — GPS PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ ~~Private~~ ☐ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ ~~Auger Boring~~ ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☐ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7% HS	0-14	BSCL	mag staining SBK Fr mod SE	+38"	+38"	+38"	38"	PS 6.2
		14-26	BZC	mag staining SBK Fi mod SE					
		26-38	BC	mag staining WABK Fr					
		38"	water filling hole						
		Common mag staining & quartz inclusion in profile							
2	4% HS	0-5	BSCL	mag staining SBK Fr mod SE	+48"	34"	34"	34"	PS 0.275 to 34" Need PTS to eval SAP
		5-14	BSCL	WSBK Fr mod SE					
		14-24	C	quartz Incl SBK Fi mod SE					
		24-34	BC	Common SAP Incl WSBK Fr					
		34-48	SL/SCL SAP	??					
3	6% HS	0-22	BSCL	mag staining WSBK Fr mod SE	+44	+44	+44	44	PS 0.2
		22-44	C	mag staining SBK Fi mod SE					
		44	water coming in hole						
		Common mag staining whole profile							
4	6% HS	0-15	SCL	SBK Fr mod SE	44 2.5Y 7.1	+44	+44	44"	PS 0.225
		15-31	C	quartz Incl SBK Fi mod SE					
		31-44	BC	Y/B mottles WABK Fr mod SE					
		44	2.5Y 7.1						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)	1	
Site LTAR	0.225	0.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): US
EVALUATED BY: Justin Henderson & Adrian Pruett
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4659568901
DATE OF EVALUATION: 3-9-16
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5		0-16	B SCL SBK	Fr mod SE	+48"	+48	+48"	+48"	PS 0.225
		16-24	strong Brown C wSBK	Fr mod SE					
		24-34	YR C Y/B mottles/ Percent ABK	Fi Mod SE					
		34-48"	YR C Y/B mottles ABK	Fi mod SE					
6		0-22	B SCL SBK		+48"	+48"	+48"	+48"	PS 0.225
		22-29	C mag staining wSBK	Fi					
		29-48+	C/SC mag staining SBK						
7		0-5	BSCL SBK	Fr mod SE	+48"	32"	32	32"	PS 0.3 to 32" Need P.T to eval SAP
		5-16	RB SCL SBK	Fr mod SE					
		16-24	RC [redacted] wSBK	Fr mod					
		24-32	Inclusion LS [redacted] BL wSBK	Fi					
		32-48	SAP SL						

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.

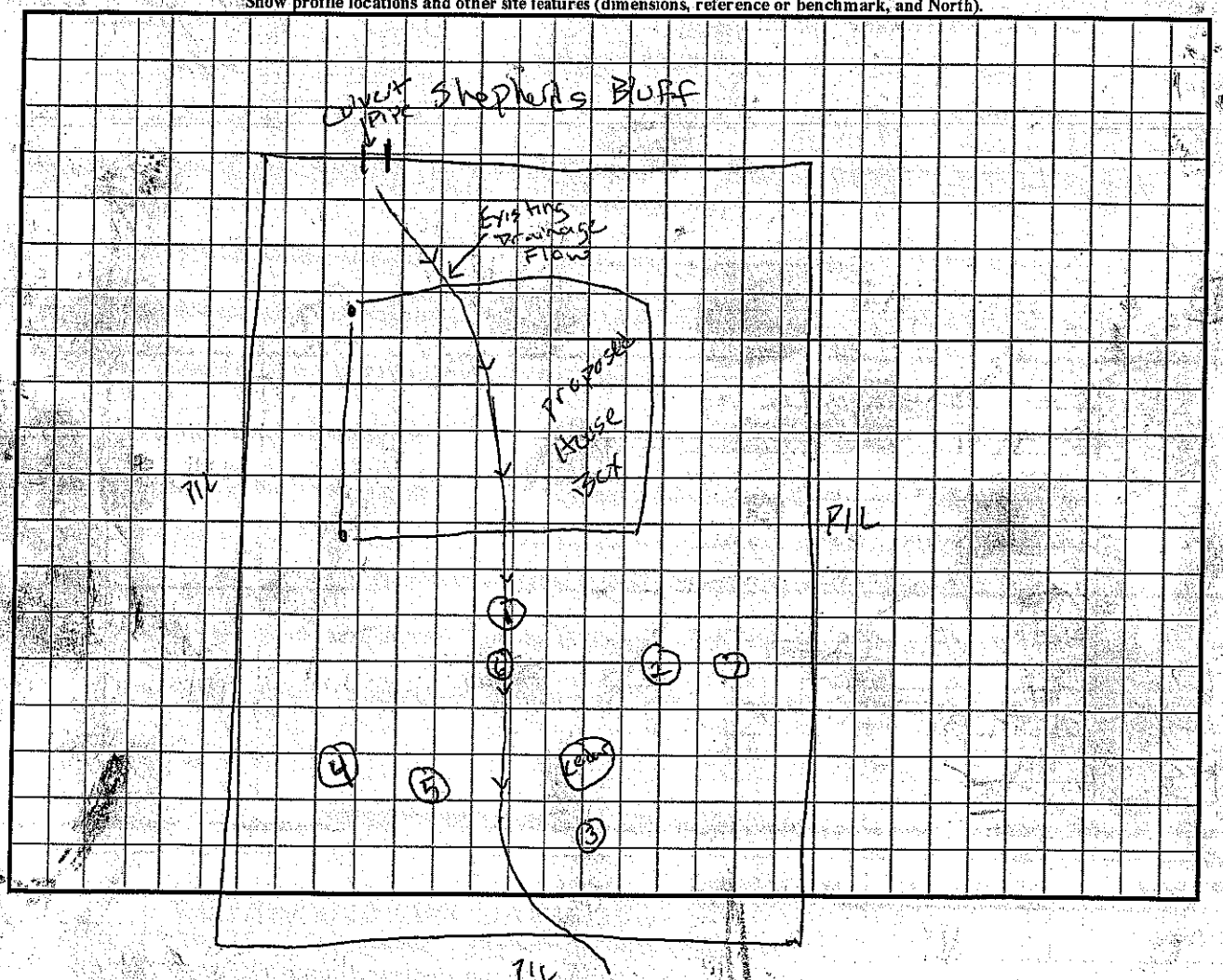
NOTES

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(uitable) or U(nsuitable)
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)

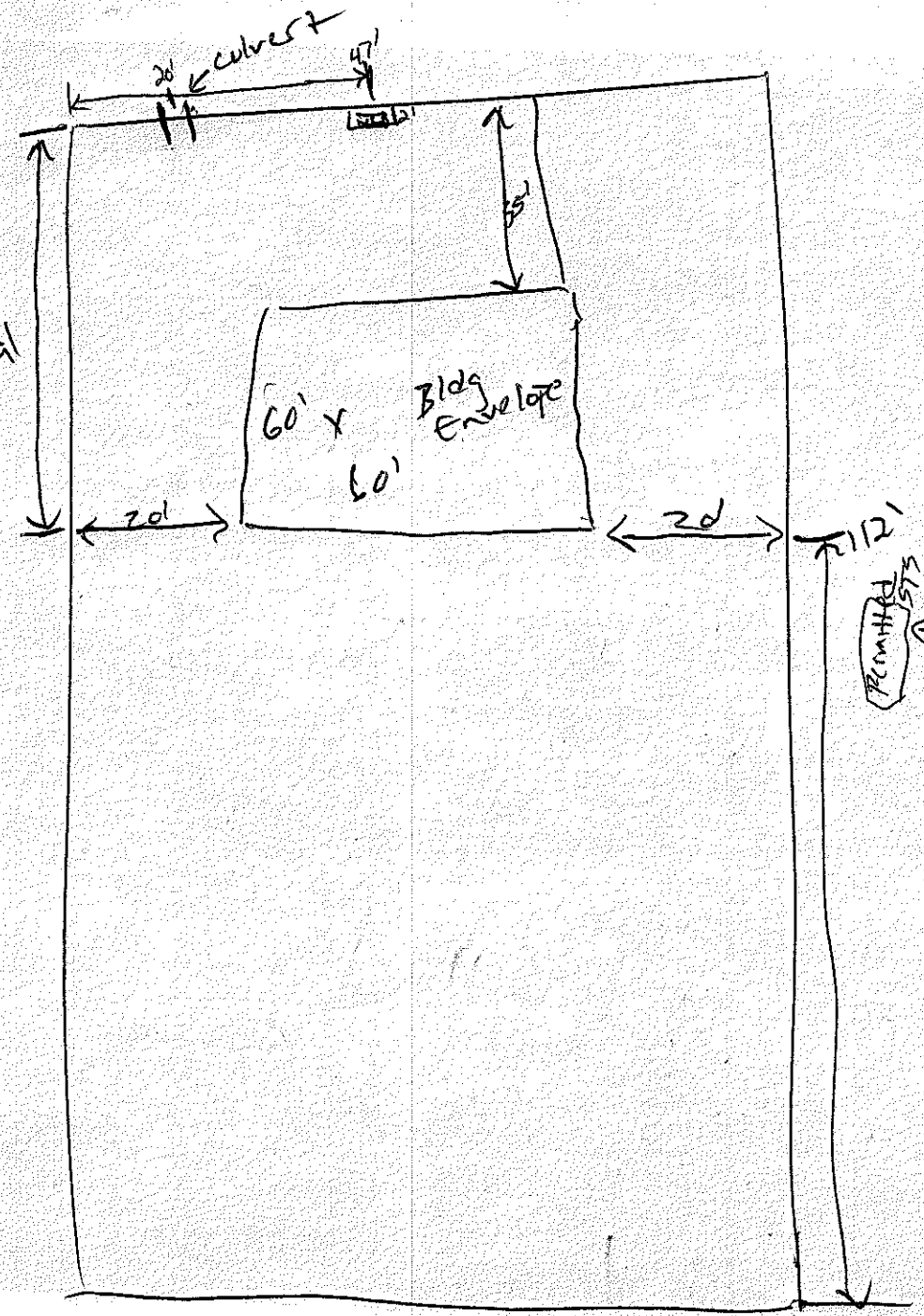
Evaluation of saprolite shall be by pits.

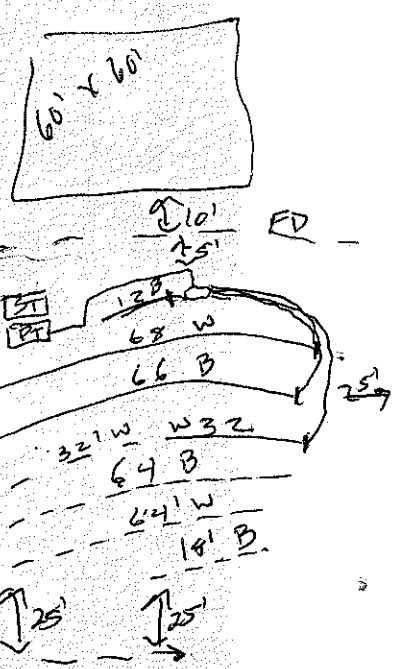
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



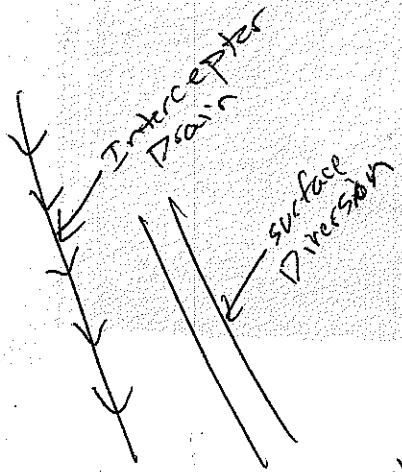
well must be 100'

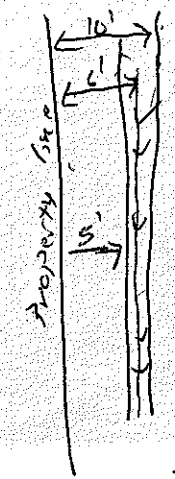




I	R
12	32
68	64
66	64
32	18

33' TB





5' Deep Interceptor Drain

*No Cutting

* - All Gutter & Foundation Drains Outlet in Surface diversion ditch

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

CERTIFIED MAIL™

7008 1830 0001 2123 0325

GREENSBORO
GREENSBORO
OCT 27 '16
31 MAR '16
PM 6 L

UNITED STATES POSTAGE
PITNEY BOWES
02 1R
0002095116
$ 06.73⁵
MAR 30 2016
MAILED FROM ZIP CODE 28625

EH

Tran Cruz
13 Mountain Top Court
Hamburg, NJ 07419

LN 4-4-16

4.14

1st NOTICE
2nd NOTICE
RETURNED

NIXIE 076 4E 1 8604/27/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 07419 *1280-08245-31-40

07419190713