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

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

PIN# 4705-38-6810

April 23, 2018

Re: Application for improvement permit for **127 Rice Field Drive Statesville, NC** property. Iredell County Environmental Health Department **file number 234237**.

Dear Kou Lor ,

The Iredell County Health Department, Environmental Health Division on *April 16, 2018* 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 5 bedroom residence with a design wastewater flow of 600 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)
____X____ 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 April 23, 2018. 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,

Benjamin A. Bethune

Signature of Authorized Agent – DHHS

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:** (✓) 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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kou Lor	131 Rice Field Dr Statesville 28625	704-616-2113	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Kou Lor	131 Rice Field Dr 28625	704-616-2113	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
127 Rice Field Dr	Casa Grande	Phase 3, Lot 2

Driving Directions: From Hwy 64, Turn West onto Lippard Farm Rd, Turn Right onto Happy Acres Dr, Turn Left onto Trailway Dr and veer left, Turn Left onto Tangent Dr, Turn Left onto Rice Field Dr to 131 Rice Field Dr.

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 5
Maximum Number of Occupants 9
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 _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

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 _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) 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:** K. L. — 3-19-18
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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, Kou Lor, am the legal owner(s) of the property located at 127 Rice Field Dr, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

K. L. — 3/20/18

Signature of Owner(s) Date

_____ _____

Signature of Witness 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

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

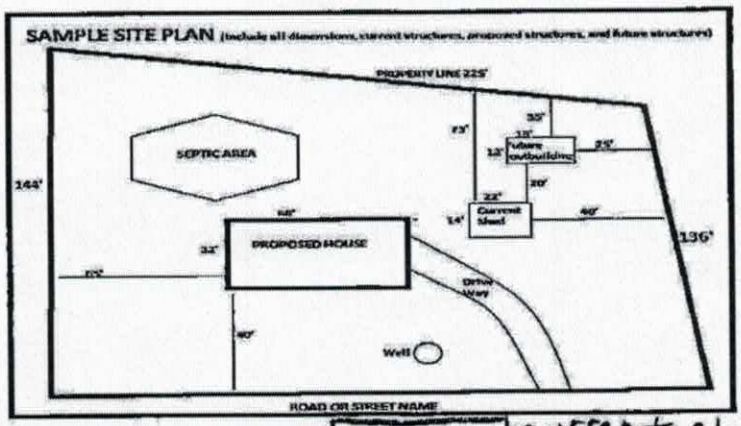
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

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:

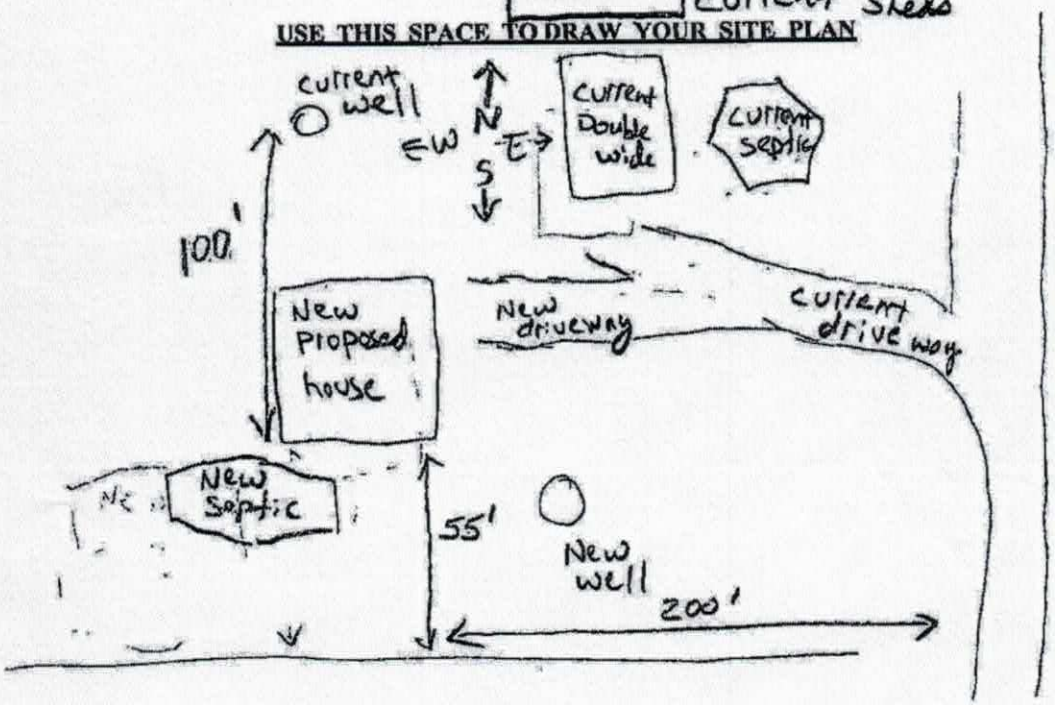
X Location of septic systems and wells within 100' of your property… N/A

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



current sheds

USE THIS SPACE TO DRAW YOUR SITE PLAN

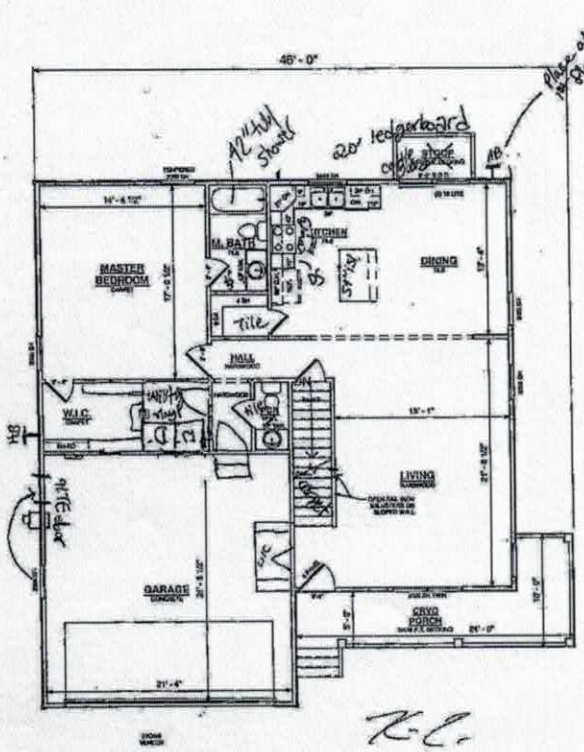


Signature: _____

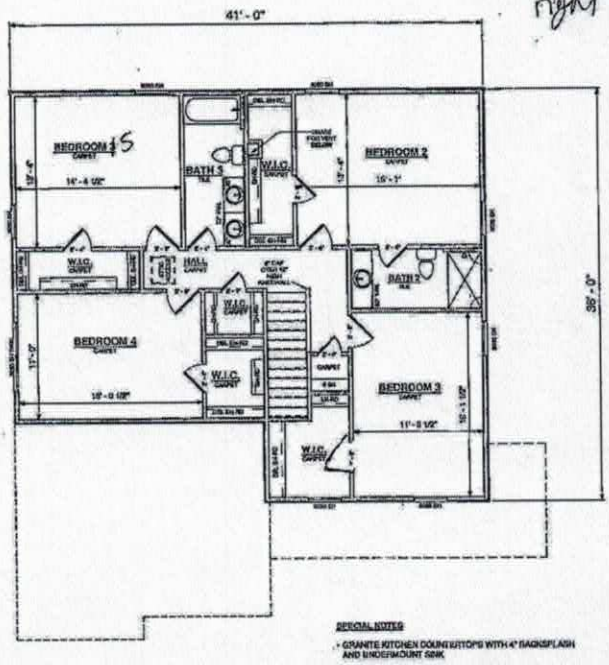
REQUIRED **property owner or owner's legal representative signature.**

3-20-18

DATE



FIRST FLOOR PLAN



SECOND FLOOR PLAN

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS WITH 4" BACKSPLASH AND UNDERMOUNT SINK
- CULTURED MARBLE BATHROOM VANITY TOPS
- SMOOTH CEILINGS THROUGHOUT
- VENT SMOOTHCOD THROUGH ROOF

PRELIMINARY DESIGN PLAN

SAN MIGUEL

KOU & MAI LOR

DP-3

FLOOR PLANS

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

Sheet 1 of 2
PROPERTY ID #: 47055[illegible]
COUNTY: Iredell

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

OWNER: Kow Lee
ADDRESS: 131 Riverfield Drive
PROPOSED FACILITY: 5BR Home
PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: 127 Richfield. SVC
APPLICATION DATE 3/20
DATE EVALUATED: 4/16
PROPERTY SIZE: 5AC
PROPERTY RECORDED: Y/S

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) .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	10%	0-18	Scl WABK.	SSSP FR SExp.		48		Vis wet	PS .2 Below Fragm Horizon/Cushi Stone
		18-22	Blk Mn Band	Firm.					
		22-36	Stone Sap M.	NSNp FR SExp					
		36-48	CL Sap M	-					
2	5-10%	0-16	Scl			35.		Chroma 10YR 7/2 10YR 7/1&25	NP
		16-25	C M Expan	VSVP Exp.					
		25-35	~~Exp~~ CM	Exp VSVP					
3	5-10%	0-4	Lom			48			PS .20. TB @ 4 ft.
		4-30	Scl WABK	S P FR SEXP.	7.5YR5/6				
		30-48	C ABK	VSVP FR SEXP VVI, Wet	10YR 4/4.				
4	8%	0-15	Lom TUP			36		Weak blocky structure Chroma @ 28 Expansive 28 orange conc.	PS .20. 16 TB. Net Up.
		15-28	Scl ABK.	VSVP FR SExp.	7.5YR5/6.				
		28-36	Expansive	M VSVP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	WD	WD.
System Type(s)	~~Eop~~ COP Shallow Plenum	EOP.
Site LTAR	.20	~~.20~~ NA

OTHER FACTORS (.1946): Rice Pond Soft offset
SITE CLASSIFICATION (.1948): WS.
EVALUATED BY: Bottom
OTHER(S) PRESENT:

COMMENTS: Would need 750 Linear Ft not enough Room. - offset from wells P/L & Rice field Ponds.

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 #: 4705316310
DATE OF EVALUATION: 3/20
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	3-5% concave convex	0-17	c ~~SBk/ABk~~	SS SP FR SFXP	5YR 4/4.	5YR 4/6 Conc. 23	~	~~10YR~~ Chroma 2 Water Table @ 17.	ND.
		17-23.	c ABk.	S P FR	10YR 6/2 w/ 2				
		23-34.	c Exp M	~~VS VP~~	2.5Y 6/4 w/ 10YR 1/1 1/c. Redox.				

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

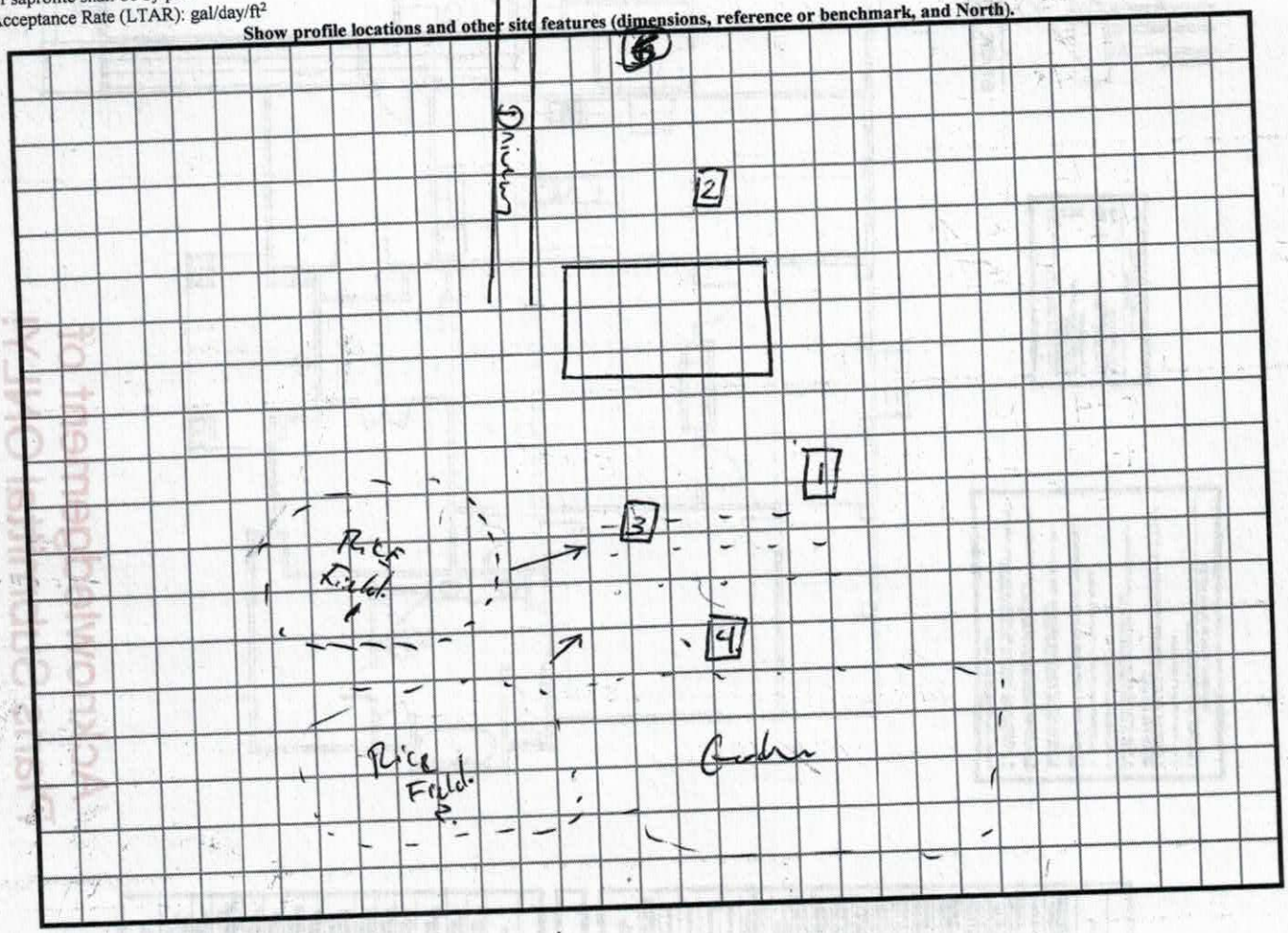
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



1). 5). 0-17. C 5YR4/4
17-23 C 10YR 4/2 w/ 2-5YR4/6 conc.
23-34 Exp CM. 2.5Y6/4

IREDELL COUNTY

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

APPLICATION NUMBER
234237
Issue Date: 03/20/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4705386810.000	127 RICE FIELD DRIVE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LOR KOU T ETAL	Applicant: LOR KOU T ETAL
Address: 131 RICE FIELD DRIVE	Address: 131 RICE FIELD DRIVE
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD-STICKBUILT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		

Remarks:

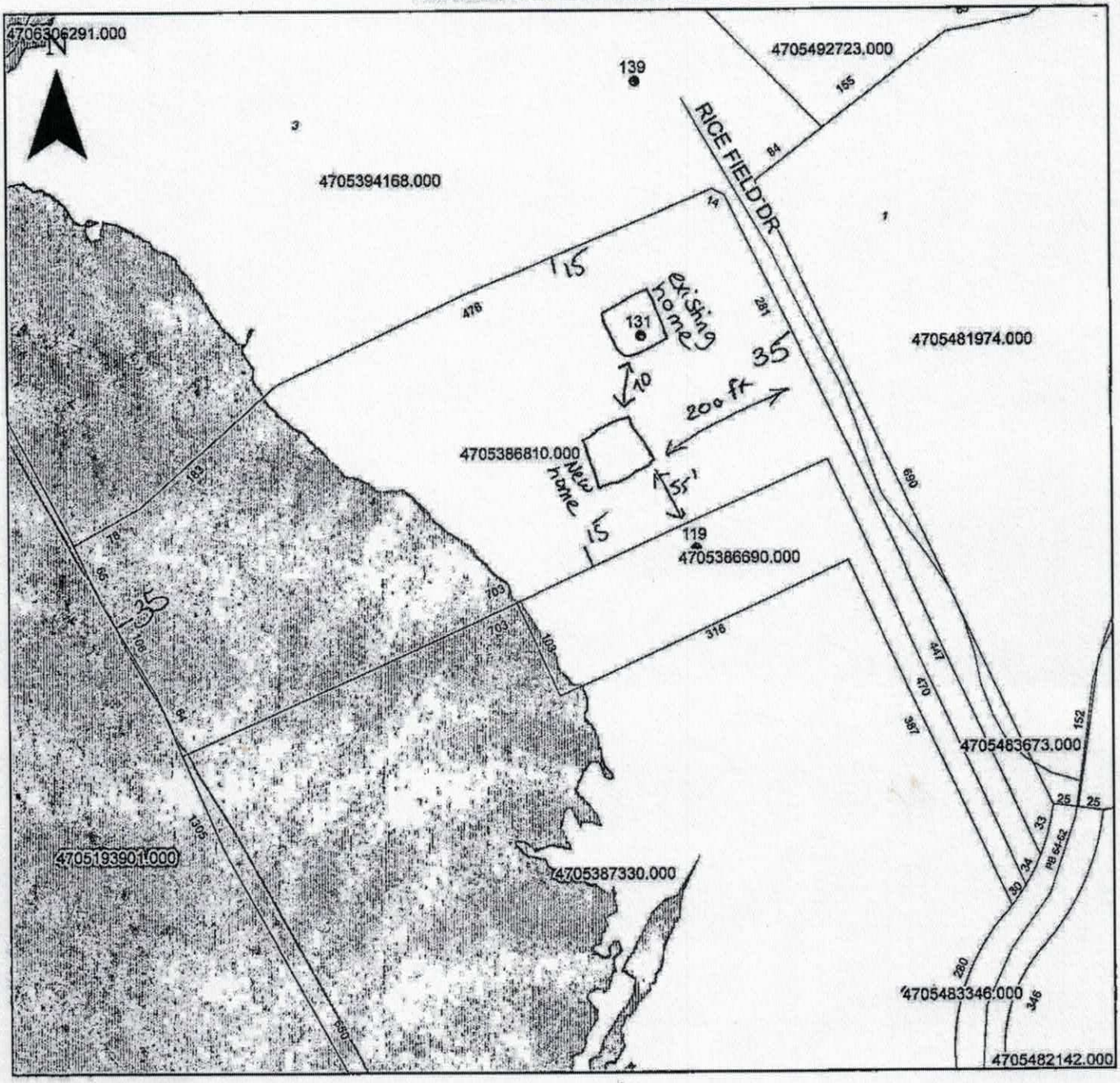
PER WILLIAM ALLISON PROPERTY IS LARGE ENOUGH TO HAVE A MOBILE HOME OR MODULAR AS WELL AS A STICK BUILT HOME, IF IT IS FOR A RELATIVE. THE SEPARATION BETWEEN HOMES MUST BE 70 FT. SL 3.20.17

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	132454	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 127 Rice Field

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.

X _____ X 3-20-18

Applicant Date

PERMITS/INSP PAYMENT RECPT#: 454031
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 03/20/18 TIME: 10:07
CLERK: stephanie DEPT:
CUSTOMER#: 124480
LOR KOU T ETAL
COMMENT:

CHG: EESP ENVIRONMENTAL H 1127.25

REVENUE:

1	104563	460450	2.25
	Technology Fee - Planning		
1	104563	472223	75.00
	Zoning Permits		
1	10492751	447004	500.00
	Environmental Health Fees		
1	10492751	447004	550.00
	Environmental Health Fees		

CASH:

010000	110110	1127.25

AMOUNT PAID: 1127.25

PAID BY: LOR KOU T ETAL
PAYMENT METH: CREDIT CARD
014176
REFERENCE: 234237

AMT TENDERED: 1127.25
AMT APPLIED: 1127.25
CHANGE: .00