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

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

Date 5/26/15

Re: Application for improvement permit for **131 Whistling Pines Dr. Statesville**, Health Department file number **209181.**

Dear **Krista Kerley,**

The **Iredell** County Health Department, Environmental Health Division on **5/15/15** 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 **3 bedroom single family dwelling** *(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)
____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)
_____ 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 May 26th 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, Justin O Henderson

Signature of Authorized Agent – DHHS

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of

PROPERTY ID #: 4722795194

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Krista Kerley — APPLICATION DATE 4-1-15

ADDRESS: 246 Coral Ln — DATE EVALUATED: 5-12-15

PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 3 bdgpd — PROPERTY SIZE: 0.6 acres

LOCATION OF SITE: 131 Whistling Pines Dr — 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% slight HS	0-14	Fill						US
			unable to dig any deeper w/ augers						
2	5% slight HS	0-20	Fill ?						Need Pits to determine how much Fill
		20-48	BC micaceous/SAPROL ABK	F mod SE	>48" 2.5Y 7.3 7.4 @ 28"	>48"	>48"	>48"	
			2.5Y 7.3						
			7.4						
			@ 28"						
3	7% slight NS	0-16	Fill material						Need Pits
		16-36	C micac ABK	F mod SE	>48" 5Y 7.4 @ 36"	>48"	>48"	>48"	
		36-48	BC micac WABK	F mod SE					
4	8% slight NS	0-8	Fill						PS 0.25
		8-24	C micac ABK	F mod SE	>48"	>48"	>48"	>48"	
		24-48	BC relic rocks WABK	F mod SE					
		relic rocks	@ 34"						

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

OTHER FACTORS (.1946): Need Pits

SITE CLASSIFICATION (.1948):

EVALUATED BY: Jeff Henderson

OTHER(S) PRESENT:

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)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)			VFR (Very Friable)	NS (Non-sticky)
S (Shoulder Slope)		SiL (Silt Loam)			FR (Friable)	SS (Slightly Sticky)
T (Terrace)					FI (Firm)	S (Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		SiC (Silty Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		C (Clay)				SP (Slightly Plastic)
		O (Organic)	None	None		P (Plastic)
						VP (Very Plastic)

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

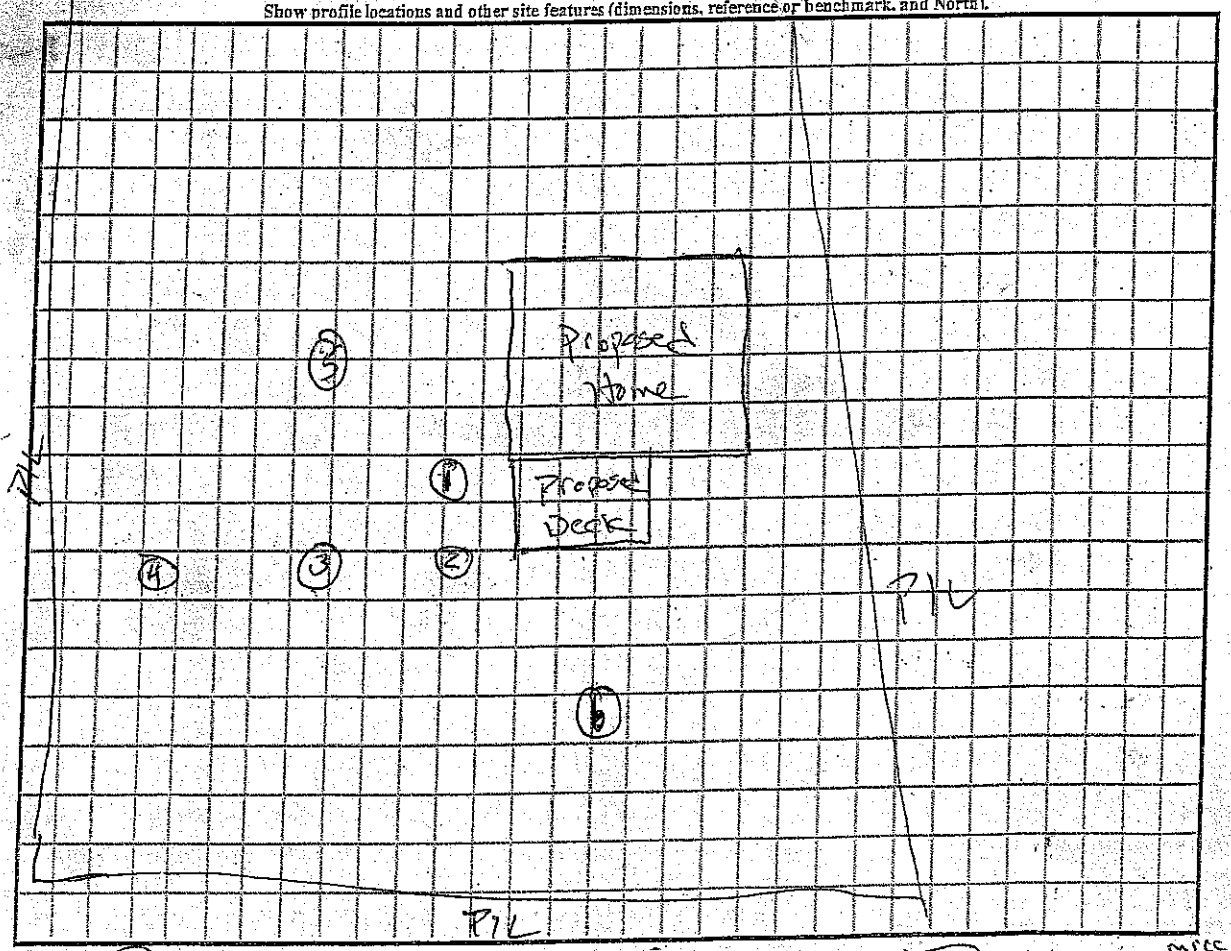
NOTES

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 (#####)

#5 0-6 SCL sbk fr mod SC
6-28 C ABK G mod SC
28-48 BC wABK fi mod SC
NS
Y/B mottles from 34-48" 0.2
SY 7.3 + 7.2 @ 40"

#6 0-25 C micro ABK fi mod SC
L 25-48 BC micro wABK fr mod SC
0.25

PITS

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
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) 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		0-6	SBK SCL	fr SE	39" 3/1 Chroma 2's 39" 7.5yr 7/2			27"	
		6-27	ABK C	fi SE					
		27-43	Platy C	fi SE					
2		0-40	Fill	—	Chroma 2's 40" 7.5y 6/1				US
		40-68	ABK[PI] C	fi SE					
3		0-20	C ABK	Fi Mod SE	+54"	+54"	+54"	+54"	PS 0.25
		20-54	Bc mica/sap WABK	Incl Fr Mod SE					
4		0-30	Fill	—	Chroma 2's 75Y 6/2			30"	US
		30-45	Platy Clay	fi SE					
		45-50	WABK Bc	fi/fr SE					

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
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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)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)				
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.

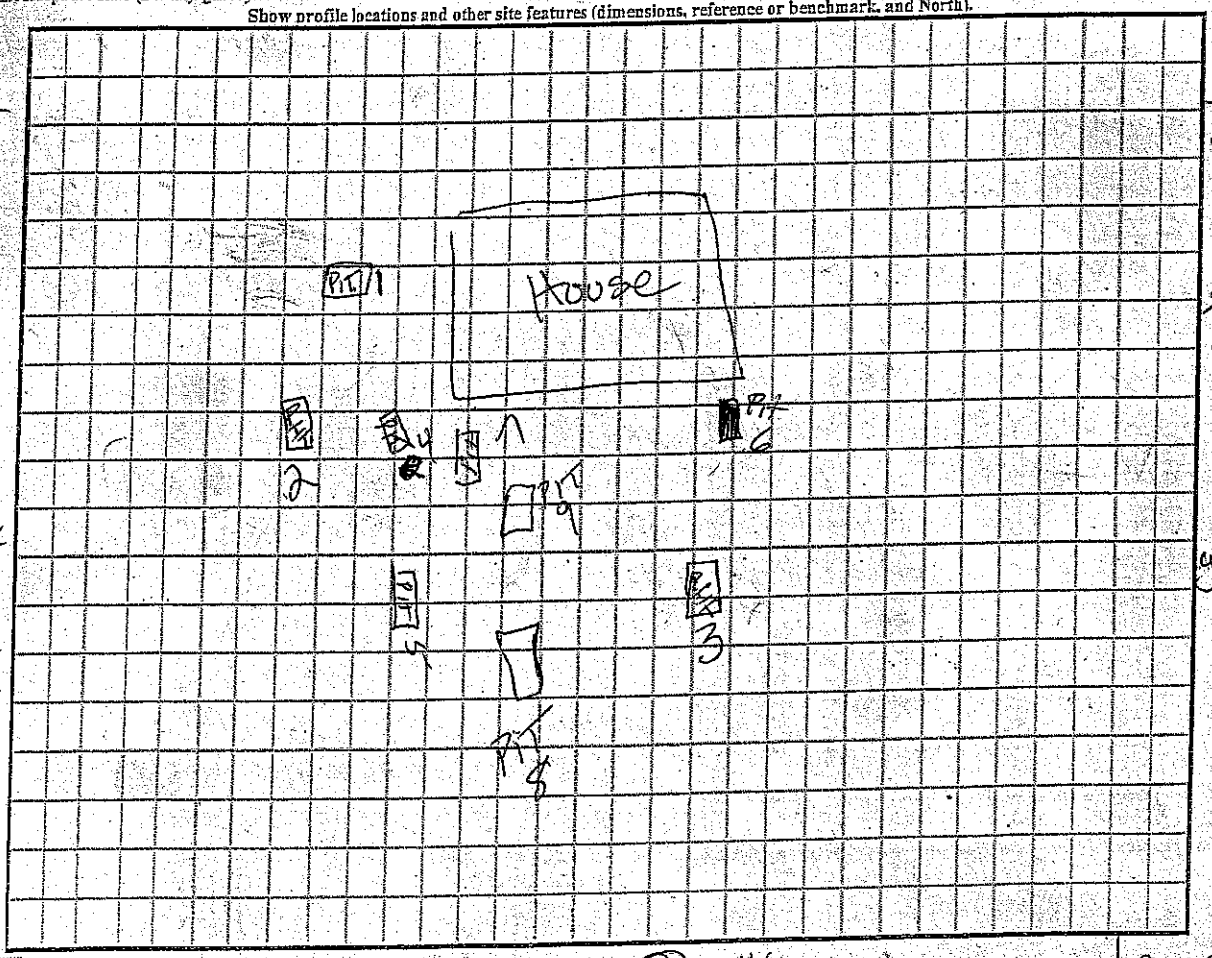
NOTES

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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).



6
0-6
SCL
6-31
ABK
C
31-48
WABK
BC
0.25

5
0-24
Fill
24-44
Platy
C
FI
SE
yellow brown
mottles
24-44"

US

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

7
0-20 Fill
20-39 Platy Clay
39-53 WABK C

US

8 HS
0-4 SCL SBK Fr Med SE
4-27 C PL FI
27-50 BC WABK Fr Med
0.225

9 HS
0-11 Compacted Fill
11-28 C PL FI
28-49 BC WABK
0.225

IREDELL COUNTY

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

APPLICATION NUMBER
209181
Issue Date: 04/01/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722795194.000	131 WHISTLING PINES DRIVE, STATESVILLE, NC 28677	STATESVILLE

Owner Information	Applicant Information
Owner: FIRST COMMUNITY BANK	Applicant: KERLEY, KRISTA
Address: ATTN: SPECIAL ASSETS P O BOX 989 BLUEFIELD, VA 24605	Address: 246 LORAY LANE STATESVILLE, NC 28625
Phone:	Phone: 704-682-2194

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.600	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	34929	TOTAL FEES:	$ 77.25



Sign _____ Date 4/1/15

Future Storage bldg on layout - no fees paid.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Sending in house plans

(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 X Authorization To Construct ___ BOTH ___ 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 #
Krista Kerley	246 Locay Lane, Statesville NC 28625	704-872-3740	704-682-2194
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
131 Whistling Pines Dr, Statesville 28677	Davidson Woods	Phase 2 Lot 28

Driving Directions: I-77 N to Exit 42. Left on Hwy. 21. Left on Old Mountain Rd. Right on Buffalo Shoals Rd. Right on Davidson Rd. Right on Winding Cedar. Left on Whistling Pines. Lot is on left.

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

(☑) New, Single Family Residence — Maximum Number of Bedrooms 3 — (☑) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 1 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(☐) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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: Krista Kerley — 3/20/15
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:

✓ **Property Line measurements are clearly identified…** ✓ **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

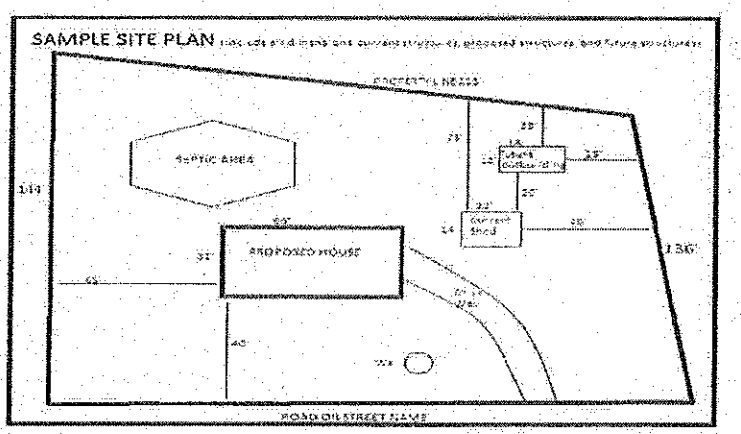
✓ **Front and side setbacks from property line…** ✓ **Preferred driveway location and configuration, preferred well location…**

✓ **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**

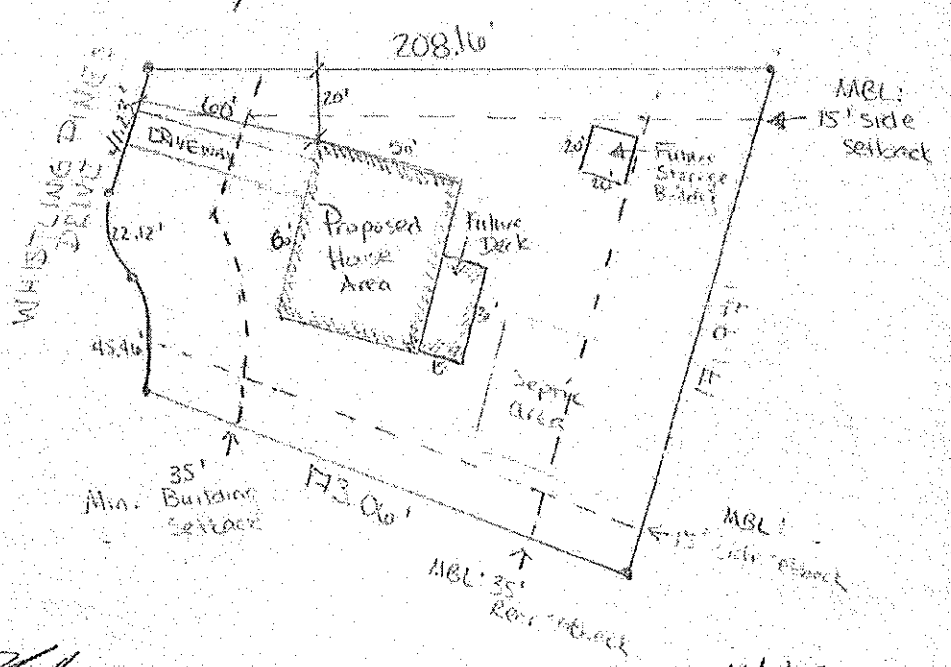
✓ **Location of easements and rights of ways on your property… N/A** ____ **Location of any designated wetlands on the property… (N/A)**



USE THIS SPACE TO DRAW YOUR SITE PLAN

- No well w/in 100'
- adj lots would have septic systems, location unknown

1:100 scale



Signature: _____ _____

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

4/1/15

DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I 20/20 Properties, LLC, is the legal owner of the property located at 131 Whistling Pines Drive, Statesville NC 28677, identified as PIN(Parcel Identification Number) 4722-79-5194, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Krista Kerley, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

~~I agree~~ The company agrees to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 3/24/15 Date

Signature of Witness — 3/24/15 Date

ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet.

Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Sanitarian.
Statesville Office (704)878-5305 Mooresville Office (704)664-5281

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1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.

2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.

3. **Stake or flag the footprint of the building structure**.

4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.

5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.

6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **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.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in applicant being charged a site revisit fee of $100 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 _____ **Date** 3/20/15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Krista Kerley
246 Loray Ln
Statesville, NC 28625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Krista Kerley
C. Date of Delivery

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

STATESVILLE NC 28677
JUN 03 2015

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for ~~Merchandise~~
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1830 0001 2123 0851

PS Form 3811, July 2013 Domestic Return Receipt

7008 1830 0001 2123 0851

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	$ .48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.48

POSTAL UNIT CPU DOWNTOWN STATESVILLE, NC 28677
Postmark Here
MAY 29 2015

Sent To Krista Kerley
Street, Apt. No., or PO Box No. 246 Loray Lane
City, State, ZIP+4 Statesville, NC 28625

PS Form 3800, August 2006 See Reverse for Instructions