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

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

4750-38-9376

Date **10/14/15**

Re: Application for improvement permit for **Edward Masencup,** property site **204 Dunwoody Rd.,** Health Department file number **213431**

Dear **Edward Masencup**

The **Iredell** County Health Department, Environmental Health Division on **10/13/15** 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 **2 bedroom residence** (describe facility – example: 3 bedroom residence, 10 employee office) with a design wastewater flow of **240** 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)
__X__ Unsuitable soil wetness condition (Rule .1942)
__X__ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
_____ 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).

IREDELL COUNTY

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

APPLICATION NUMBER
213431
Issue Date: 09/09/2015

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4750389376.000	204 DUNWOODY ROAD, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MASENCUP EDWARD G JR+KAREN M	Applicant: PROGRESSIVE HOME CONST
Address: 200 DUNWOODY RD TROUTMAN, NC 28166	Address: 444 HUIE ROAD UNKNOWN OLIN, NC 28660
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
40.014	50.00	50.00	50.00	50.00	NOT	AE

Remarks:

SECONDARY DWELLING MUST BE MIN 50 FEET OFF ALL PROPERTY LINES AND MIN 100 FEET FROM EXISTING HOME.

ADDRESS CHANGED TO 204 DUNWOODY

PAID
VF 2365

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: See Attached Date: See Attached

Permit Number	48711	TOTAL FEES:	$ 77.25

213431

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 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Progressive Home Contractors	444 Harold Dr. Wilkesboro, NC 28660	704-922-4629	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Edward Massengill	200 Dunwoody Rd. Troutman, NC 28166	704-906-7770	

4. Property Information:

264 ~~200~~ Dunwoody Rd. Troutman 28166 ___
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: I-77 South Right on Exit 42 NC 115 towards Troutman Right on Houston Road Left on Dunwoody Immediate on Right

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

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

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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 ( ) 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.

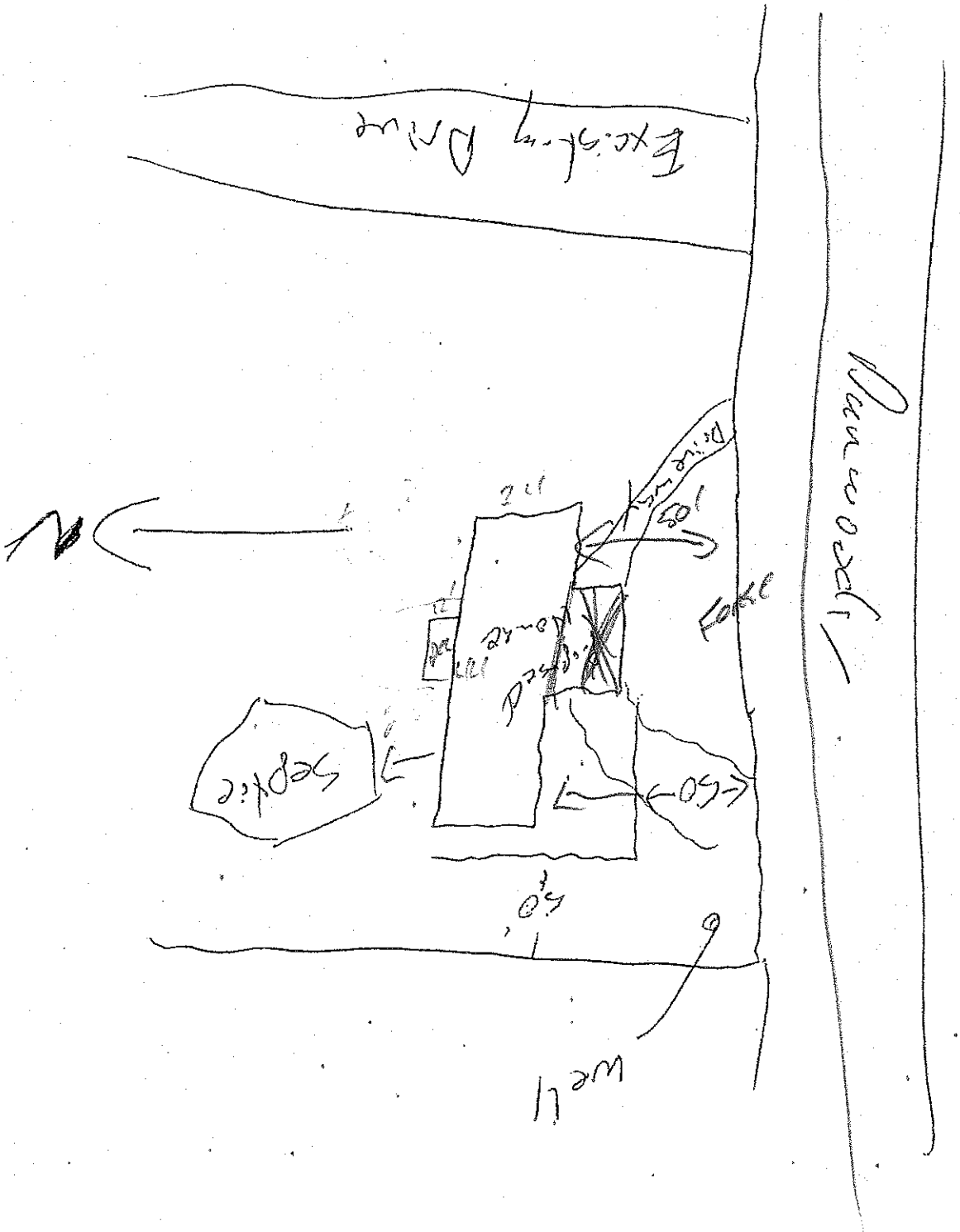
9. Signature: [signature] 9-9-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Page 1 of 5

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURN

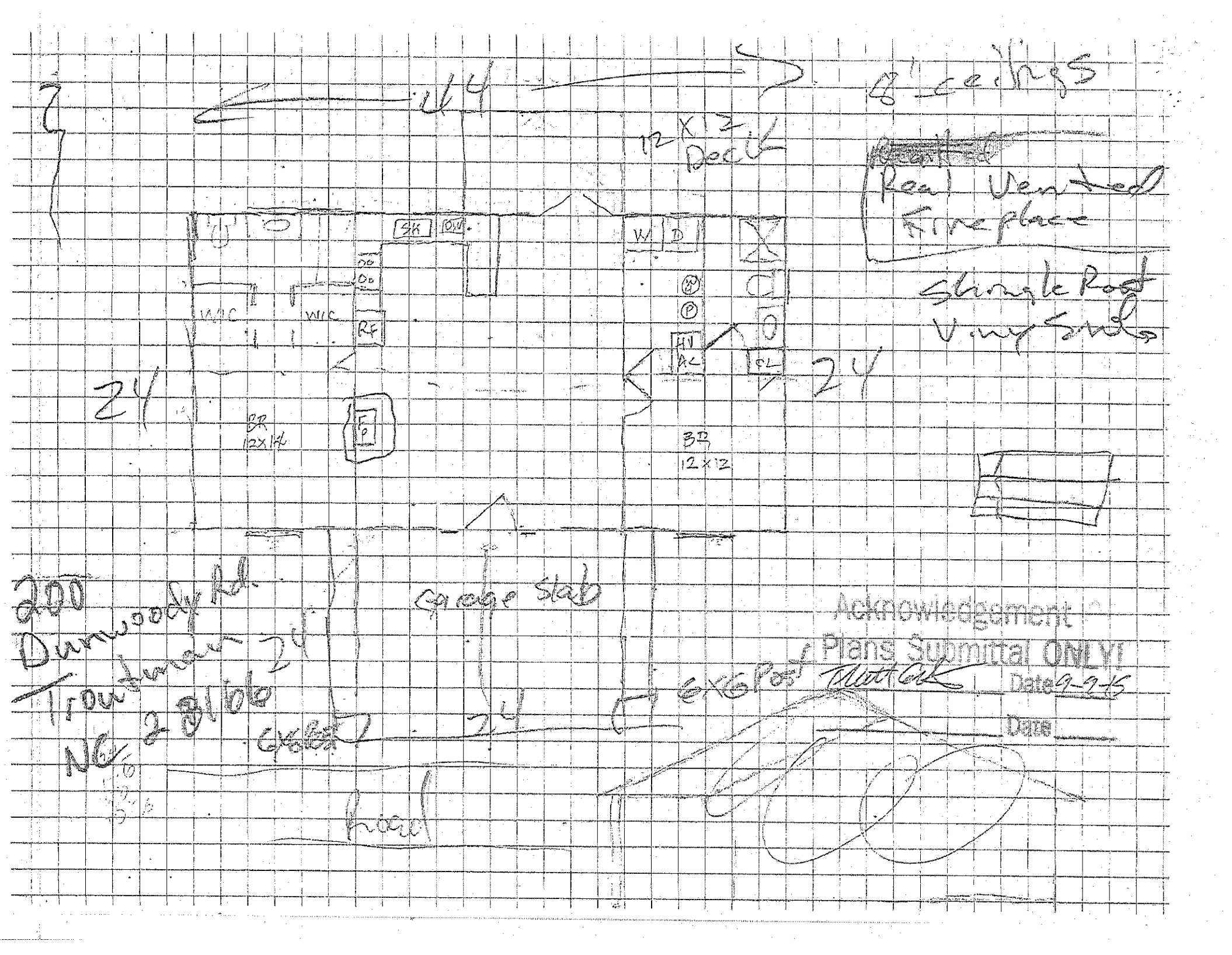


Signature: _____

REQUIRED property owner or owner's legal representative signature.

9-9-15

DATE


24
12 X 12 Deck
8' ceilings
Recessed
Real Vented
Fireplace
Shingle Roof
Vinyl Siding
24
24
SK
DW
WIC
WIC
RF
BR
12X14
FP
W
D
HV AC
SL
BR
12x12
200
Dunwoody Rd.
Front lawn
Garage Slab
existing
existing Post
Front
Acknowledgement
Plans Submittal ONLY!
Date 9-9-15
Date

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, EDDIE MASENCUP KAREN MASENCUP, am the legal owner(s) of the property located at 204 DUNWOODY ROAD, TROUTMAN, NC., identified as PIN (Parcel Identification Number) 204 DUNWOODY, located in Iredell County, North Carolina.

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

Karen Masencup 9-10-15 Brandy Wolanski 9-10-15

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

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

Sheet 1 of 2
PROPERTY ID #: 4750339376
COUNTY: Iredell

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

OWNER: Edward Mascnlup
ADDRESS: 200 Dunwoody Rd.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: 204 Dunwoody Rd.
APPLICATION DATE: 9-9-15
DATE EVALUATED: 10-5-15
PROPERTY SIZE: 40.01 acres
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	11% slight HS	0-4	SCL SBK	Fr Mod SE					Need Pits
		4-26	BC WSBK	Fr mod					
		26-48	SAP						
2	13% slight HS	0-4	SCL SBK	Fr Mod SE					Need Pits
		4-20	BC SAP Fri WBK						
		20-48	SAP						
PIT 3	11% HS	0-9	SCL SBK	Fr Mod SE					0-37 US
		9-23	BC WABK	Fr Mod SE					
		23-37	CL SAP M						
		37-60	SL SAP M	Fr Mod SE					
PIT 4		0-10	SCL Gr	Fr Mod SE					0-40 US
		10-23	C SBK	Fr Mod SE					
		23-33	BC WSBK	Fr Mod SE					
		33-40	CL SAP M						
		40-60	SL SAP M						

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Justin Rhodes & Alan Pruett
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.

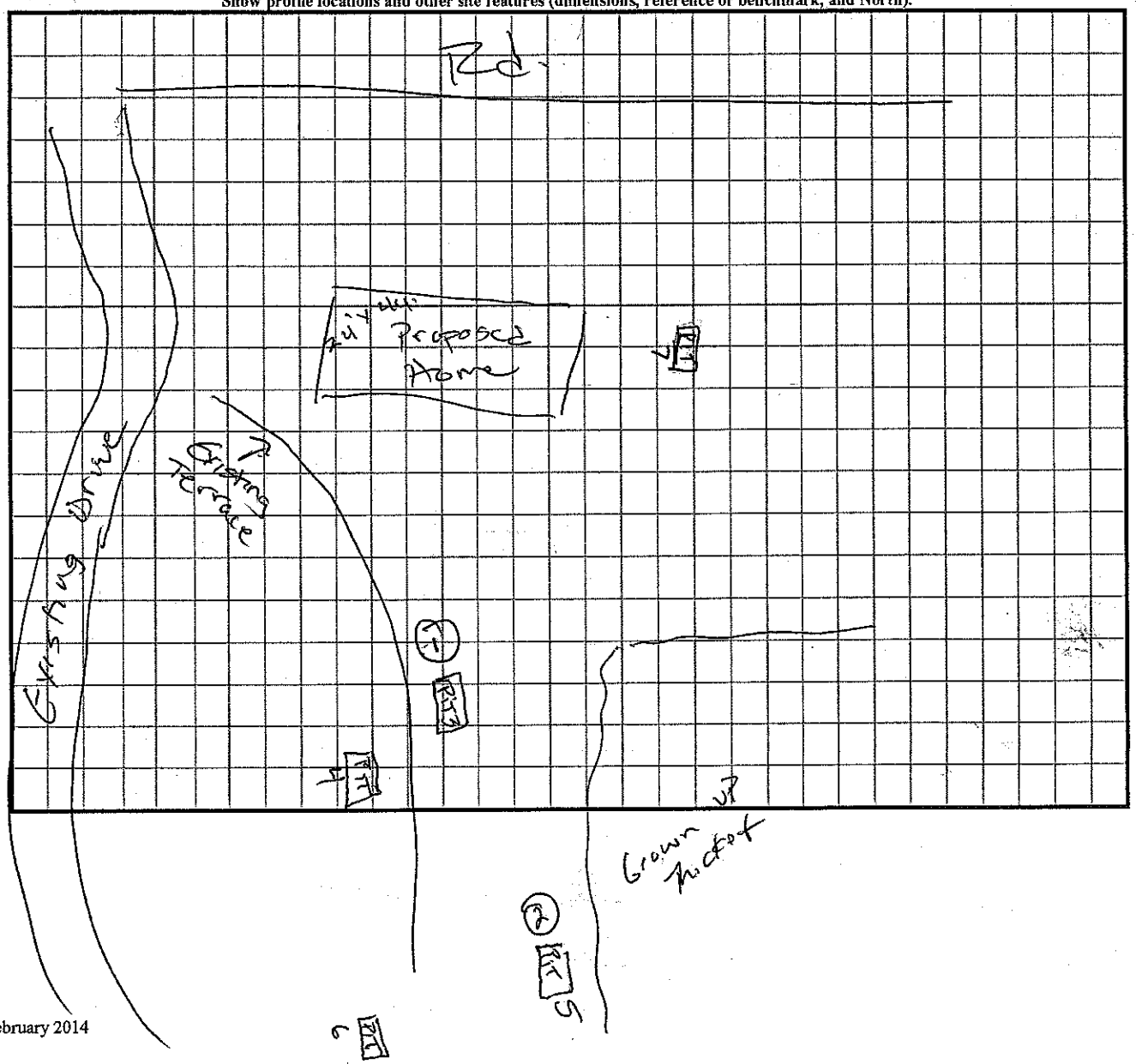
NOTES

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).



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 #: 4750389370
DATE OF EVALUATION: 6-13-15
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
PIT 5	13% HS	0-6	SCL Gr	Fr Mod SBK					US
		6-25	BC M	Fi Mod					
		25-42	CL SAP M						
P.T 6	LSS 15%	0-7	B SCL WFSBK	Fr SS SP SEP					UN
		7-21	YR C WFABK	Fi S P SEP	Con Sap	41"	UN to 58"		
		21-41	YR CL WFSBK	Fr SS SP SEP					
		41-58	Var SCL Sap M	Fr SS SP SEP	Con Clay				
		58-65	Var LSap M	Fr SS SP SEP	Con CL Sap				
P.T 7	LSS 5%	0-13	B SCL Gr	Fr SS SP SEP					UN
		13-36	YR C WABK	Fi S P SEP	Con R C Incl few carb	48"	UN	-	
		36-48	YR CL WFSBK	Fr SS SP SEP	Con Sap, Dry, few Mn veins, con Quartz/veins				
		48-60	Var SCL Sap M	Fr SS SP SEP	Dry, few Yellow mottles				

COMMENTS:

7008 1830 0001 2123 1230

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

Postmark Here

CT 16 2015

E, NC 28671

Sent To: Edward Masencup
Street, Apt. No.; or PO Box No.: 200 Dunwoody Rd
City, State, ZIP+4: Troutman NC 28166

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:

Edward Masencup
200 Dunwoody Rd
Troutman, NC 28166

9590 9401 0038 5168 9790 61

2. Article Number *(Transfer from service label)*
7008 1830 0001 2123 1230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* KAREN MASENCUP C. Date of Delivery

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®
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- ☐ 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