4765. 81-7257

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Date **6/26/15**

Re: Application for improvement permit for **WCU INC.**, property site **228 Lone Pine Rd. Statesville, NC** Health Department file number: **210920**

Dear **Steve Hart,** (Owner or Owner's Agent)

The Iredell County Health Department, Environmental Health Division on **(6/25/15)** 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 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 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)
__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, 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).

However, the 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 information 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 information 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 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 **6/26/15**. 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:
(Copy of Rule .1948)

15A NCAC 18A .1948 SITE CLASSIFICATION

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;

(2) the effluent will not contaminate groundwater or surface water; and

(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. April 1, 1993; January 1, 1990.

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Steve Hart Address: PO64 Steinhatchee FL 32359 Phone: 3526723132

Owner Name: WCY Inc. Address: " " Phone: " "

Property Information:

Street Address: 229 Lone Pine Rd.

Subdivision Name: Lone Pine Meadows Section/Phase: 2 Lot Number: 3

Driving Directions: Hwy 64 E, Turn Right on Lone Pine go 1 mile house on Right

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: _____
( ) 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:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: _____ 6-1-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

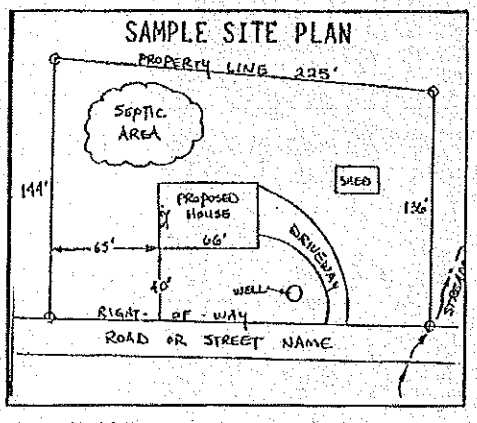
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

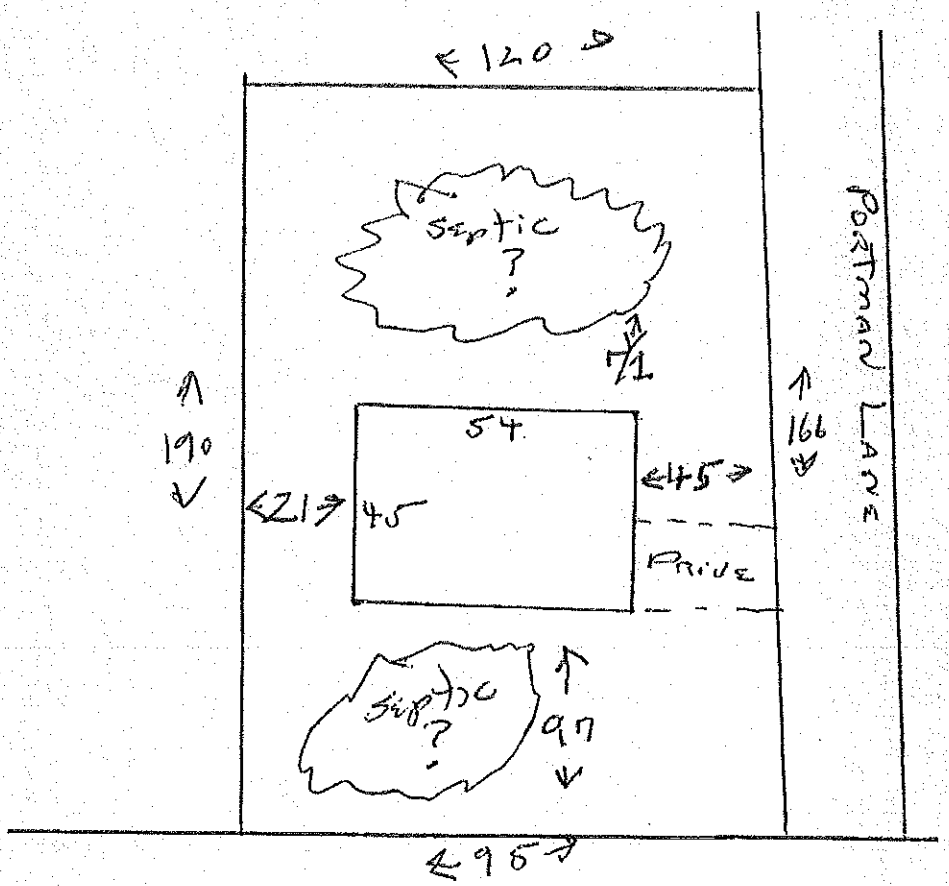


Circle N/A on the following if appropriate:

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



Signature: _____

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

6-1-15

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, W.C.U. INC, am the legal owner of the property located at 228 LONE PINE RD, identified as PIN(Parcel Identification Number) 4765817296, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRUCE PORTER, _____, _____, _____, _____, 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 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 — Date: 6-1-15

Signature of Witness — Date: 6-1-15

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

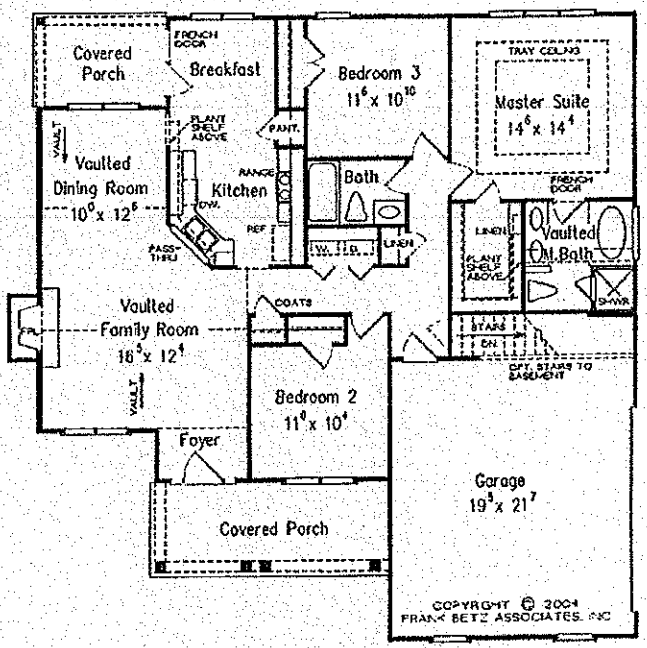
eplans

Blueprints | Plan Detail | Plan Add-Ons | Modify Plan | Testimonials | What's in the Plan?

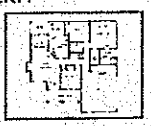
Blueprints (1)

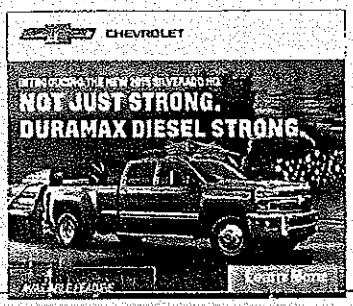
PRINT FLOORPLANS (1)

LEVEL 1
view expanded size



Level 1







IREDELL COUNTY

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

APPLICATION NUMBER
210920
Issue Date: 06/01/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4765817296.000	228 LONE PINE ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WCU INC	Applicant: WCU INC
Address: PO BOX 64 STATESVILLE, FL 32359	Address: PO BOX 64 STEINHATCHEE, FL 32359
Phone:	Phone: 352-672-3132

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.536	35.00	35.00	15.00	25.00	NOT	X

Remarks:

$ PAID Credit 6-1-15

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: _____

Permit Number	39674	TOTAL FEES:	$ 77.25

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 4
PROPERTY ID #: 476581729 6
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: WCU INC
ADDRESS: PO Box 64 Sternhatchee FL. APPLICATION DATE 6-1-15
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 360gpd DATE EVALUATED: 6-16-15
LOCATION OF SITE: 228 Lone Pine Rd PROPERTY SIZE: 0.536 acres
WATER SUPPLY: • Private • (Public) • Well • Spring • Other N/A PROPERTY RECORDED: yes
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		0-8	SCL SBK	Fr Mod SE	12" 2.5Y 7.3 7.2 7.1 12-36"	+36"	+36"	12"	US
		8-36	C Y/B mottles ABK	Fr Mod SE					
2		0-8	SCL SBK	Fr Mod SE	26" 2.5Y 7.2 8.2 7.3 26-41"	+41"	@ +41"	26"	Need Pits to verify Chroma 2 depth
		8-24	C ABK	Fr Mod SE					
		24-41	BC Y/B mottles WABK	Fr Mod					
3		0-8	SCL SBK	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.25
		8-24	C ABK	Fr Mod SE					
		24-48	BC few Y/B mottles WABK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		
LTAR		

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

MENTS:

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)				
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.

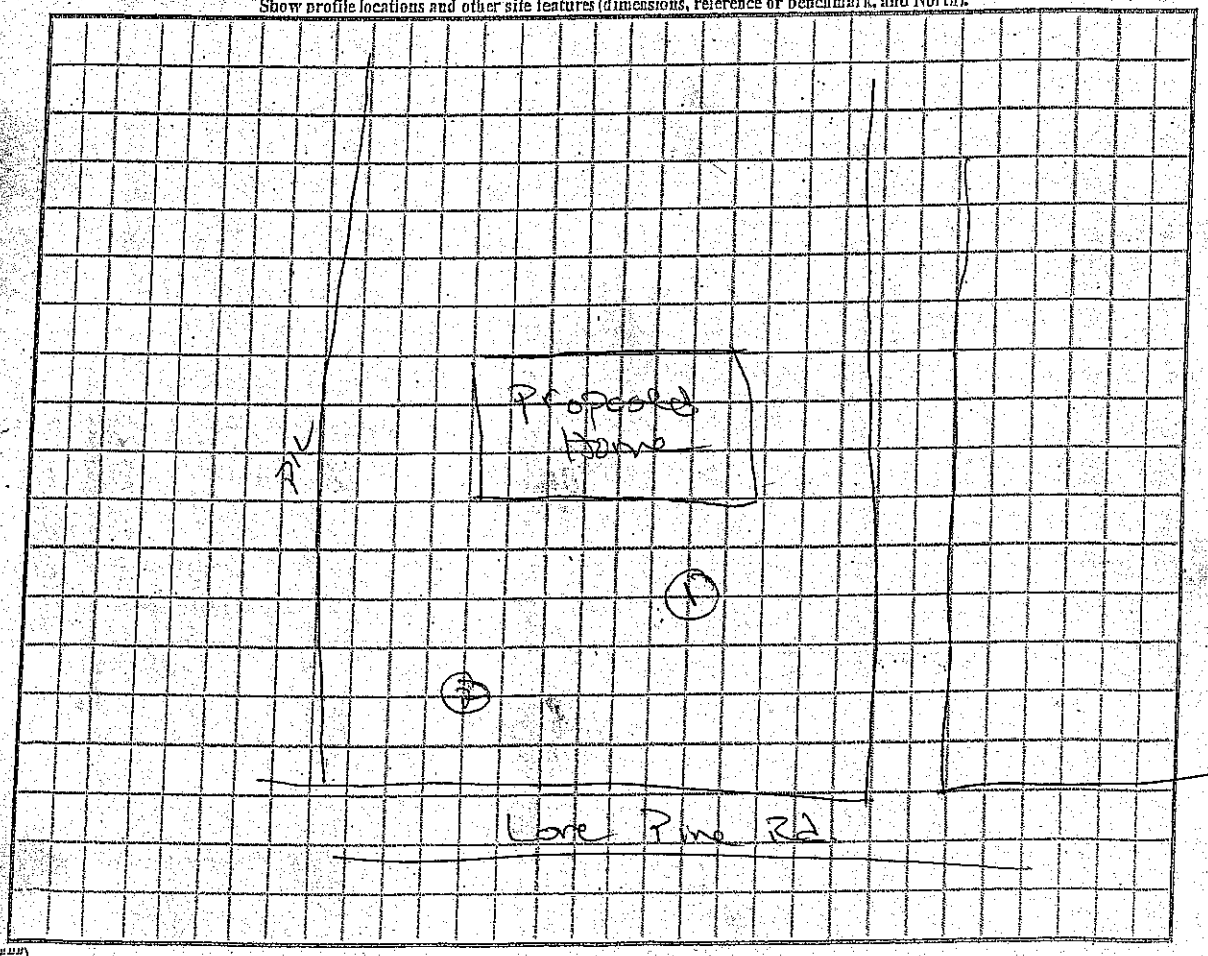
NOTES

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).



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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4765817296
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steve Hart
ADDRESS: Po Box 64 Steinhatchee FL, APPLICATION DATE 6-1-15
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 360gpd DATE EVALUATED: 6-19-15
LOCATION OF SITE: 228 Lone Pine Rd. PROPERTY SIZE: 0.536 acres
WATER SUPPLY: • Private (Public) • Well • Spring • Other PROPERTY RECORDED: Yes
EVALUATION METHOD: • Auger Boring • (Pit) • Cut TYPE OF WASTEWATER: (Sewage) • Industrial Process • Mixed N/A

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
1	8% L	0-9	SCL SBK	FR mod SE	16" 2.5Y 7.2 8.2	+36"	+36"	9"	US
		9-16	C PL	FI Lock					
		16-36							
2	8% L	0-10	SCL		30" 2.5Y 8.2 @ 26"	+48"	+48"	30"	I 0.1 D12A
		10-30	C ABC	FR mod SE					
		30-48	BC PL						
3	8% L	0-9	SCL SBK	FR mod SE	15" 2.5Y 8.2			15"	
		9-20	C ABC	Y/B mottles					
		20-31	BC ABC	Y/B mottles					
		31-48	BC PL						
	3% L	0-14	SCL		22" 2.5Y 8.2			22"	US
		14-38	C PL	Y/B mottles FR mod SE					
		38-47	BC ABC						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
em Type(s)		
LTAR		

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

MENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: [illegible]6581729
DATE OF EVALUATION: 6-9-15
COUNTY: Iredell

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
5	3% L	0-10	SCL			+48"	+48"	38"	P
		10-38	C few Y/B mottles A B C		+48" 2-5Y 6,4				0.2
		38-48	BC P1 many Y/B mottles						
6	3% L	0-10	SCL					U"	P
		10-21	C stng Y/B Mottles A B C	Fi Mod S G					LVS
		21-39	C P1						

COMMENTS:

LEGEND

use the following standard abbreviations

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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)

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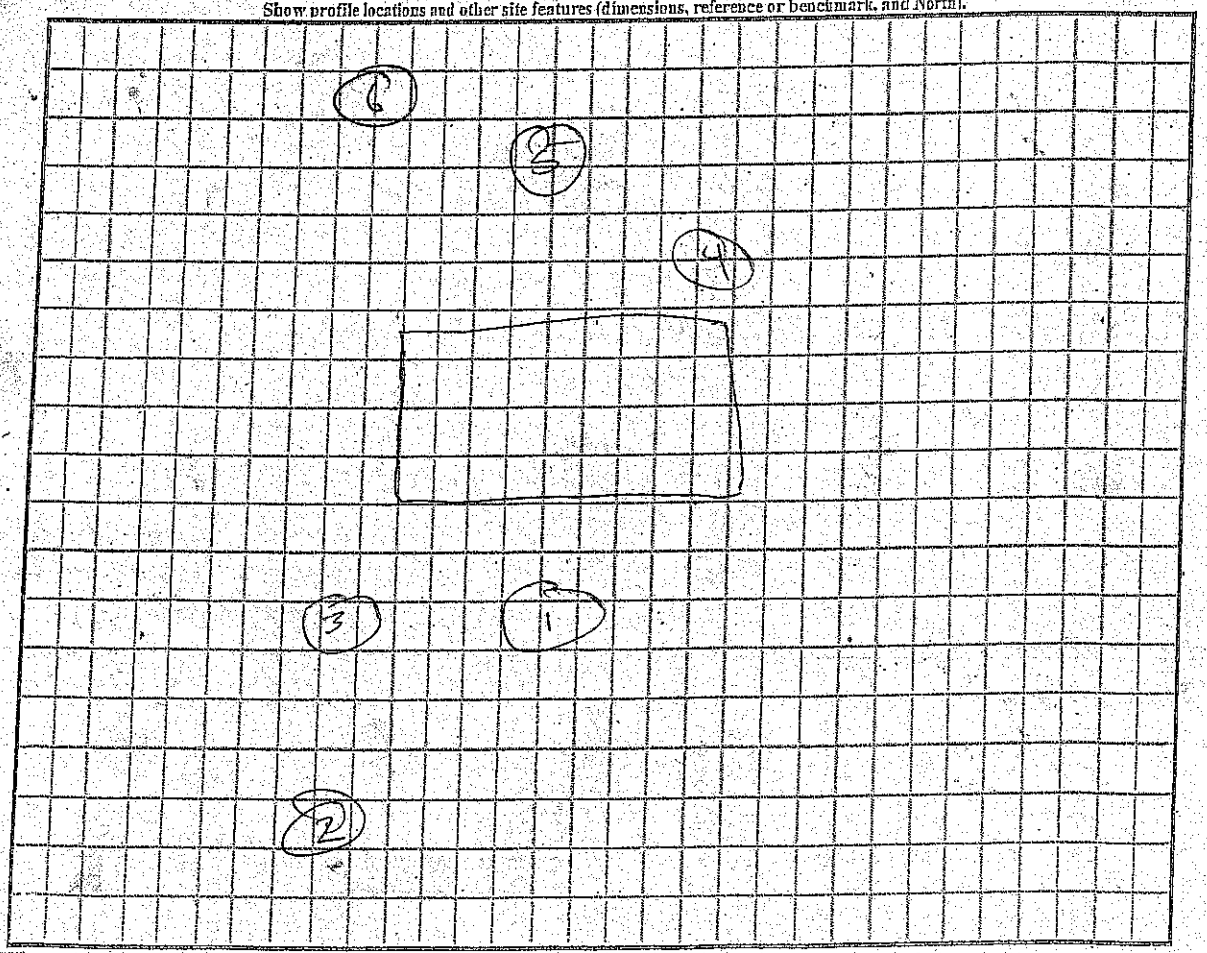
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CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

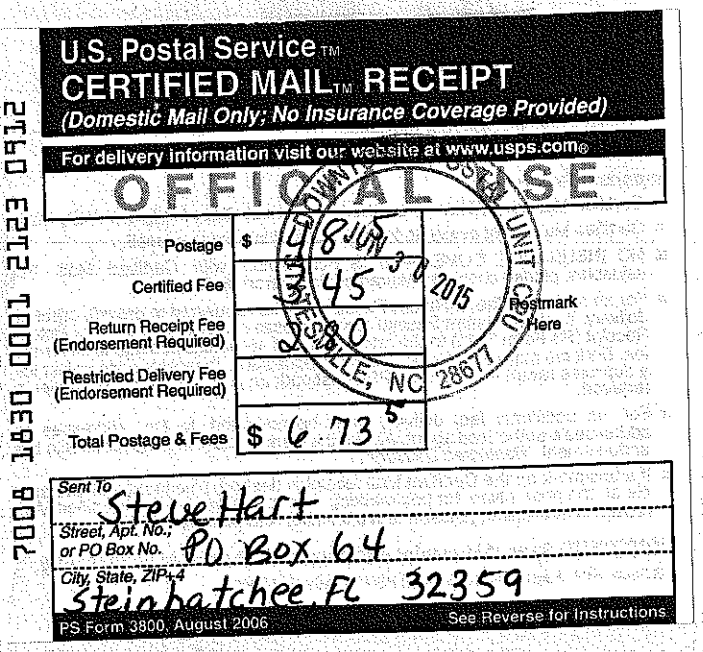
Evaluation of saprolite shall be by pits.

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

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



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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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City, State, ZIP+4: Steinhatchee FL 32359

PS Form 3800, August 2006 — See Reverse for Instructions

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