

GASTON COUNTY ENVIRONMENTAL HEALTH
(IN ACCORDANCE WITH NCGS 130A-336)

28748

IMPROVEMENT PERMIT
VALID FOR 5 YEARS
FROM DATE ISSUED

AUTHORIZATION FOR WASTEWATER
SYSTEM CONSTRUCTION
(Valid for period equal to IP)
(Required prior to issuing building permit.)

Applicant Cole, Daniel

Date: 5-9-18 Phone: (C) 704-962-8394

PROPERTY LOCATION 203 Rustic Hills Circle, Bessemer City, NC 28016

Subdivision _____ Lot Area _____ Lot # _____ Block # _____

SYSTEM DESIGNED FOR: House _____ M/H _____ Apts. _____ No. Bedrooms _____ Users _____
Business/Industry _____ #Emp. (All Shifts _____) Church _____ # Members/Seats _____ Kitchen _____
Basement: Yes _____ No _____ Plumbing In Basement: Yes _____ No _____ Est. Daily Sewage Flow _____
Water Supply: Municipal _____ Community _____ Non-Community _____ Private _____

THE IMPROVEMENT PERMIT SHALL BE VALID FOR 5 YEARS FROM DATE OF ISSUE WITH A SITE PLAN. THE IMPROVEMENT PERMIT SHALL BE VALID WITHOUT EXPIRATION WITH PLAT. THE DEPARTMENT AND LOCAL HEALTH DEPARTMENTS MAY IMPOSE CONDITIONS ON THE ISSUANCE AND MAY REVOKE THE PERMITS FOR FAILURE OF THE SYSTEM TO SATISFY THE CONDITIONS, THE RULES, OR THIS ARTICLE. THIS PERMIT IS SUBJECT TO REVOCATION IF SITE PLAN, PLAT, OR INTENDED USE CHANGES (130A-335(f)). THE PERSON OWNING OR CONTROLLING THE SYSTEM SHALL BE RESPONSIBLE FOR ASSURING COMPLIANCE WITH THE LAWS, RULES, AND PERMIT CONDITIONS REGARDING SYSTEM LOCATION, INSTALLATION, OPERATION, MAINTENANCE, MONITORING, REPORTING, AND REPAIR (1938(b)).

APPLICANT SIGNATURE:

Septic Tank Capacity _____ gallons Pump Tank Capacity _____ gallons Nitrification Field _____ Sq./Ft.

No. Lines _____ Depth of Stone _____ Other _____
Trench Depth Minimum _____ Maximum _____ Maximum Trench Width _____

SITE CLASSIFICATION: Suitable _____ Provisionally Suitable _____ Unsuitable _____ Repair Area Type _____

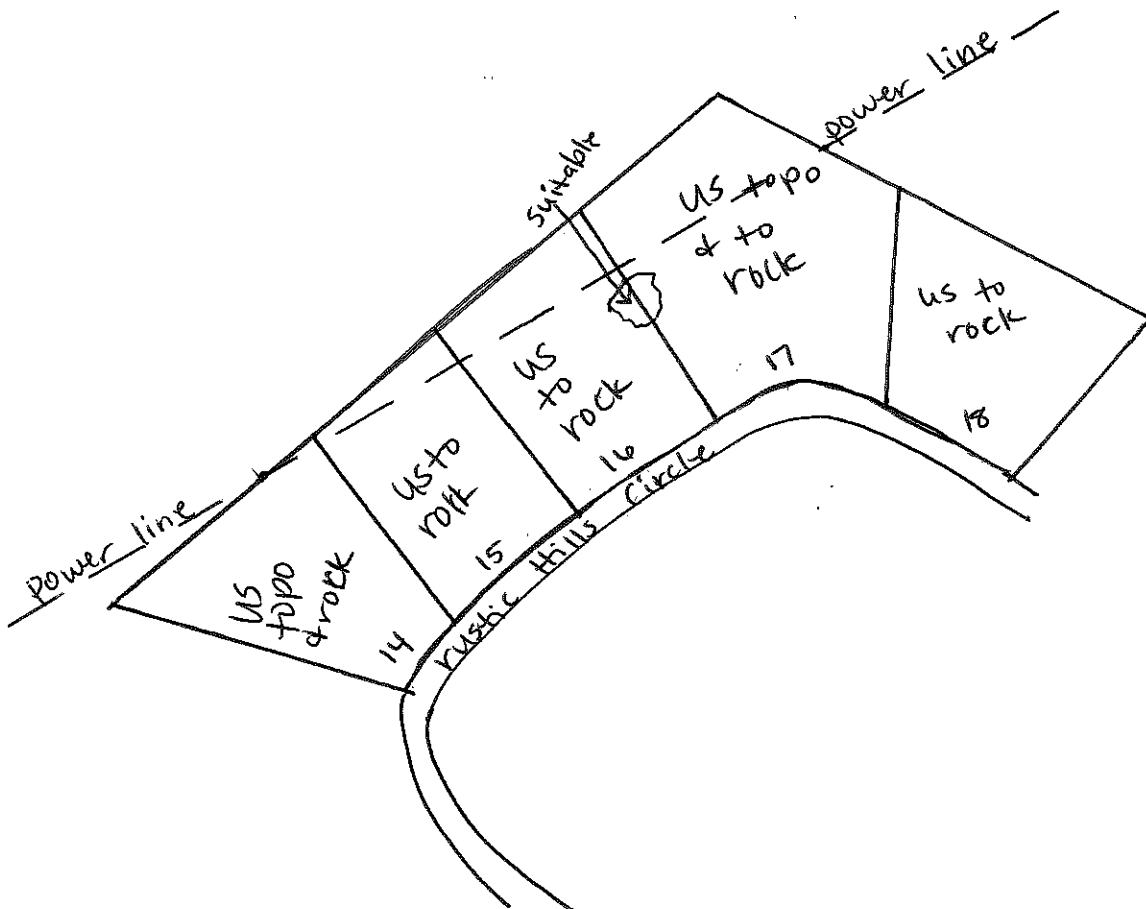
DATE PD. IP 5-9-18 CK. # cash PERMIT FEE \$ 140 RECEIPT # 80211 ISSUED BY: _____
DATE PD. AC _____ CK.# _____ PERMIT FEE \$ _____ RECEIPT # _____ Jasa Greene

Environmental Health Specialist

SITE SKETCH—NO SCALE

PID # _____
PIN # _____
GRID # _____

WELL PERMIT# _____



This Permit does not relieve the well/septic contractor from complying with all Gaston County and/or North Carolina Laws, Rules, Regulations & Ordinances.

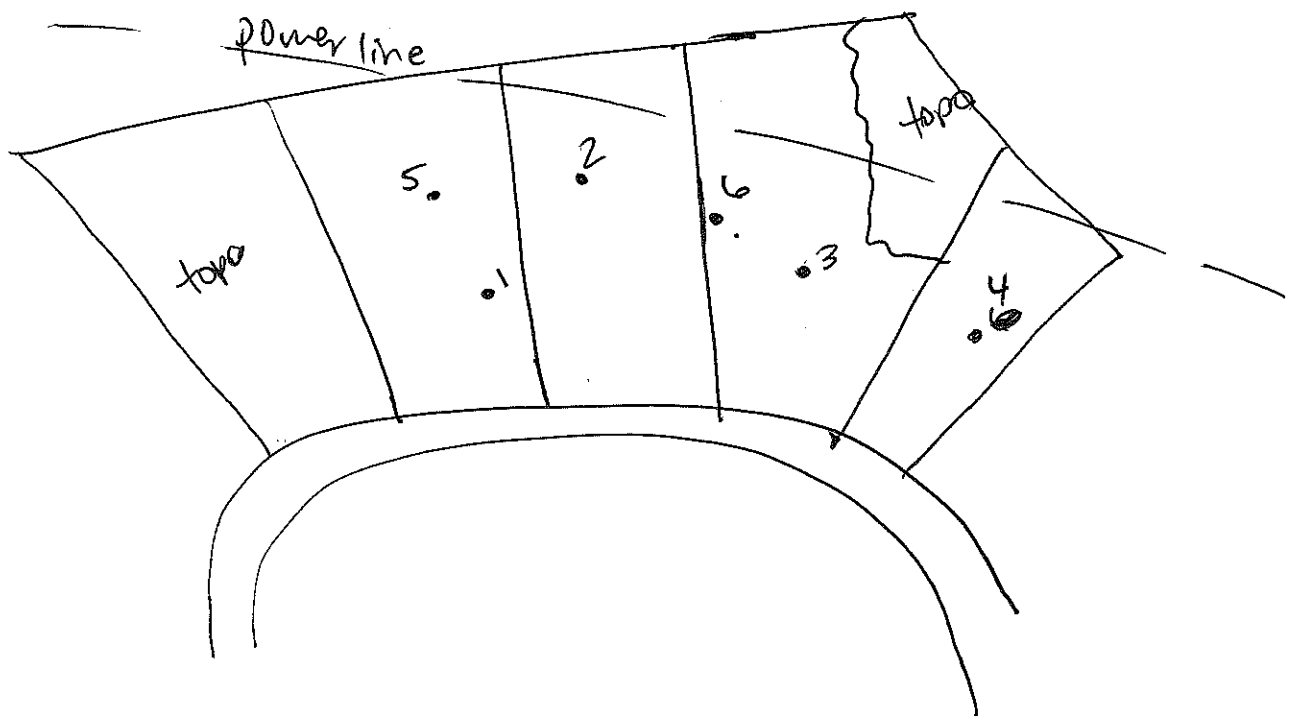
SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM
 (Complete all fields in full)

OWNER: CRA Solo York Trust APPLICATION DATE:
 ADDRESS: Rustic Hills Circle DATE EVALUATED:
 PROPOSED FACILITY: Sanitary PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:
 LOCATION OF SITE: Same PROPERTY RECORDED:
 WATER SUPPLY: Private Public Well Spring Other
 EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
U 2	1	rock at 23							WS
	2	rock at 16							
R 4	3	rock @ 21							WS
	4	rock at 19							
	5	rock at 27							
P 6	21%	rock at 32							PS
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)			SITE CLASSIFICATION (.1948):
System Type(s)			EVALUATED BY:
Site LTAR			OTHER(S) PRESENT:

COMMENTS:





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5000 • www.gastonhhs.org

July 23, 2018

REF: Application for Improvement Permit for Property at:
Rustic Hills Circle
Bessemer City, NC 28016
Permit Number: 28748
PID: 153745, 153746, 153747, 153748, 153749

CRA Solo 401k Trust
1001 East Blvd. Suite B.
Charlotte, NC 28203

Dear, Sir or Madame:

On May 21, 2018, the Gaston County Department of Health and Human Services, Environmental Health Division 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 three (3) bedroom 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:

- 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)
- 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 Department of Health & Human Services 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 Department of Health & Human Services.

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 **July 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 Department of Health & Human Services. 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.

CRA Solo 401k Trust

July 23, 2018

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You may call or write the local Department of Health & Human Services if you need any additional information or assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jasa Greene".

Jasa Greene, R.E.H.S.

Registered Environmental Health Specialist

JG/mb

Enclosures:

Copy of site evaluation

Copy of soil evaluation

Copy of Rule .1948