

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section

P. O. Box 848/210 Hospital Street

Mocksville, NC 27028

(336)751-8760

pa

Account #: 990003399

Billed To: Jeff Joyner

Reference Name:

Proposed Facility Residence

Tax PIN/EH #: 5727-59-7580

Subdivision Info: 249 Persimmon Grove Rd

Location/Address: Green Hill Road-27028

Property Size: 50.53 acres

ATC Number: 4026

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

NOTE This Authorization for Wastewater System Construction MUST BE ISSUED by the Davie County Environmental Health Section prior to issuance of any building permit(s). This Form/Authorization Number should be presented to the Davie County Building Inspections Office when applying for building permit(s) (in compliance with Article 11 of G.S. Chapter 130A, Wastewater Systems, Section .1900 Sewage Treatment and Disposal Systems). THIS AUTHORIZATION FOR WASTEWATER CONSTRUCTION IS VALID FOR A PERIOD OF FIVE YEARS.

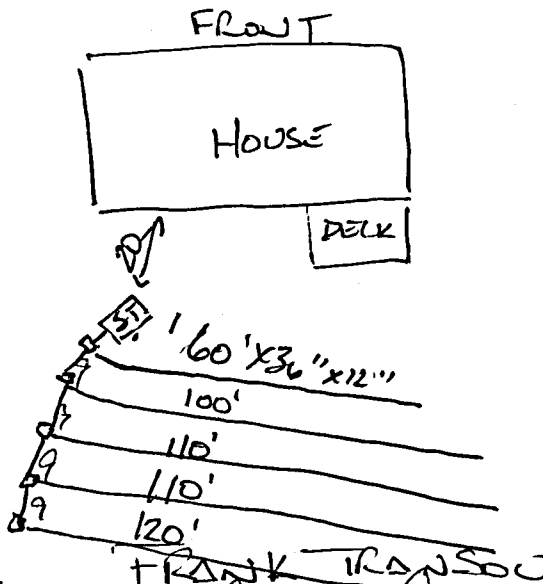
Environmental Health Specialist's Signature: [Signature] Date: 3/29/05

W

CERTIFICATE OF COMPLETION

NOTE The issuance of this Certificate of Completion shall indicate the system described on Improvement/Operation Permit has been installed in compliance with Article 11 of G.S. Chapter 130A, Section .1900 "Sewage Treatment and Disposal Systems," but shall in NO WAY be taken as a guarantee that the system will function satisfactorily for any given period of time.

60
100
110
110
120



TANK DATE 4-8

Septic System Installed By: FRANK IRANSSO

Environmental Health Specialist's Signature: [Signature] Date: 9/13/05

1:00

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section

P. O. Box 848/210 Hospital Street

Mocksville, NC 27028

(336)751-8760

pd 6-6-05

IMPROVEMENT/OPERATION PERMIT

Account #: 990003399

Billed To: Jeff Joyner

Reference Name:

Proposed Facility Residence

Tax PIN/EH #: 5727-59-7580

Subdivision Info:

Location/Address: Green Hill Road-27028

Property Size: 50.53 acres

ATC Number: 4026

NOTE This Improvement/Operation Permit DOES NOT authorize the construction of a septic tank system or any wastewater system. An AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION must be obtained from this Department prior to the construction/installation of a system or the issuance of a building permit (in compliance with Article 11 of G.S. Chapter 130A, Wastewater Systems, Section .1900 Sewage Treatment and Disposal Systems). THIS PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE. YOUR WASTEWATER SYSTEM CONTRACTOR MUST SEE THIS PERMIT BEFORE INSTALLING SYSTEM.

Residential Specification: Building Type HOUSE #People 2 #Bedrooms 3 #Baths 4

Dishwasher: Garbage Disposal: Washing Machine: Basement w/Plumbing: Basement/No Plumbing:

Commercial Specification: Facility Type _____ #People _____ #People/Shift _____ #Seats _____ Industrial Waste:

Lot Size 50+ACRES Type Water Supply Well Design Wastewater Flow (GPD) 360 Site: New Repair

System Specifications: Tank Size 1000 GAL. Pump Tank _____ GAL. Trench Width 36" Rock Depth 12" Linear Ft. 500'

Other: 5 DISTRIBUTION BOXES

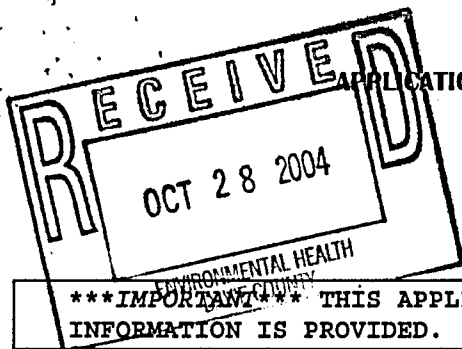
Required Site Modifications/Conditions: INSTALL ON CONTOUR, KEEP 15' FROM HOUSE, KEEP 100' FROM WELL

IMPROVEMENT/OPERATION PERMIT LAYOUT - APPROVED EFFLUENT FILTER. RISER(S) IF 6" BELOW FINISHED GRADE. ****NOTICE: Contact a representative of the Davie County Health Department for final inspection of this system between 8:30 a.m. to 9:30 a.m. or 1:00 p.m. to 1:30 p.m. on the day of installation. Telephone # is (336)751-8760.****

* TRENCH DEPTH 26"-34"

* FEED LINES IN ORDER

Environmental Health Specialist's Signature: _____ Date: 3/29/05



APPLICATION FOR SITE EVALUATION/IMPROVEMENT PERMIT & ATC
Davie County Health Department
Environmental Health Section
P.O. Box 848/210 Hospital Street
Mocksville, NC 27028
(336) 751-8760

Pa
1-14-09

IMPORTANT THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL THE REQUIRED INFORMATION IS PROVIDED. Refer to the INFORMATION BULLETIN for instructions.

1. Name to be Billed JEFF JOYNER Contact Person JEFF JOYNER
 Mailing Address 222 SHULER RD. Home Phone 492-5652
 City/State/ZIP MOCKSVILLE N.C. 27028 Business Phone 336-399-1165

2. Name on Permit/ATC if Different than Above _____
 Mailing Address _____ City/State/zip _____

3. Application For: Site Evaluation Improvement Permit/ATC Both
 3-24-05 Requested

4. System to Service: House Mobile Home Business Industry Other _____

5. Type system requested: Conventional conventional modified innovative

6. If Residence: # People 2 # Bedrooms 3 # Bathrooms 4
 Dishwasher Garbage Disposal Washing Machine Basement/Plumbing Basement/No Plumbing

7. If Business/Industry /Other: verify type _____ # People _____ # Sinks _____
 # Commodes _____ # Showers _____ # Urinals _____ # Water Coolers _____

IF FOODSERVICE: # Seats _____ Estimated Water Usage (gallons per day) _____

8. Type of water supply: County/City Well Community

9. Do you anticipate additions or expansions of the facility this system is intended to serve? Yes No
 If yes, what type? _____

IMPORTANT CLIENTS MUST COMPLETE THE REQUIRED PROPERTY INFORMATION REQUESTED BELOW. Either a PLAT or SITE PLAN MUST BE SUBMITTED by the client with THIS APPLICATION.

Property Dimensions: 50.53 ac WRITE DIRECTIONS (from Mocksville) to PROPERTY: _____
 Tax Office PIN: # 5727-597580 _____
 Property Address: Road Name GREEN HILL RD. See attached
 City/Zip _____
 If in a Subdivision provide information, as follows: _____
 Name: _____
 Section: _____ Block: _____ Lot: _____ Date home corners flagged: 10/27/04

This is to certify that the information provided is correct to the best of my knowledge. I understand that any permit(s) issued hereafter are subject to suspension or revocation, if the site plans or intended use change, or if the information submitted in this application is falsified or changed. I, also, understand that I am responsible for all charges incurred from this application. I, hereby, give consent to the Authorized Representative of the Davie County Health Department to enter upon above described property located in Davie County and owned by _____ to conduct all testing procedures as necessary to determine the site suitability.

DATE 10/28/04 SIGNATURE [Signature]

THIS AREA MAY BE USED FOR DRAWING YOUR SITE PLAN (Include all of the following: Existing and proposed property lines and dimensions, structures, setbacks, and septic locations).

Call to meet
on site

Site Revisit Charge	
Date(s):	_____
Client Notification Date:	_____
EHS:	_____

Sign given Yes Account No. 3399
 Revised DCHD (05/03) Invoice No. 4486
 Call when septic permit is ready INV # 4723
 site eva

238



(7.80A)
3351

1668

(4.57A)
1804
1624

108

FRIENDSHIP CT

(14.50A)
3492
123

(4.46A)
1807

1593

1213

1333

1745

COUNTY HOME RD

LAKEY RD

170

171 RD

173

771
775

JERICHO - HARDISON
RUITAN CLUB

817

827

845

867 879

895

915

865

POND

X



DAVIE COUNTY HEALTH DEPARTMENT
Environmental Health Section
Soil/Site Evaluation

APPLICANT INFORMATION

PROPERTY INFORMATION

Account #: 990003399
 Billed To: Jeff Joyner
 Reference Name:
 Proposed Facility: Residence

Tax PIN/EH #: 5727-59-7580
 Subdivision Info:
 Location/Address: Green Hill Road-27028
 Property Size: 50.53 acres
 Date Evaluated: 11/10/04

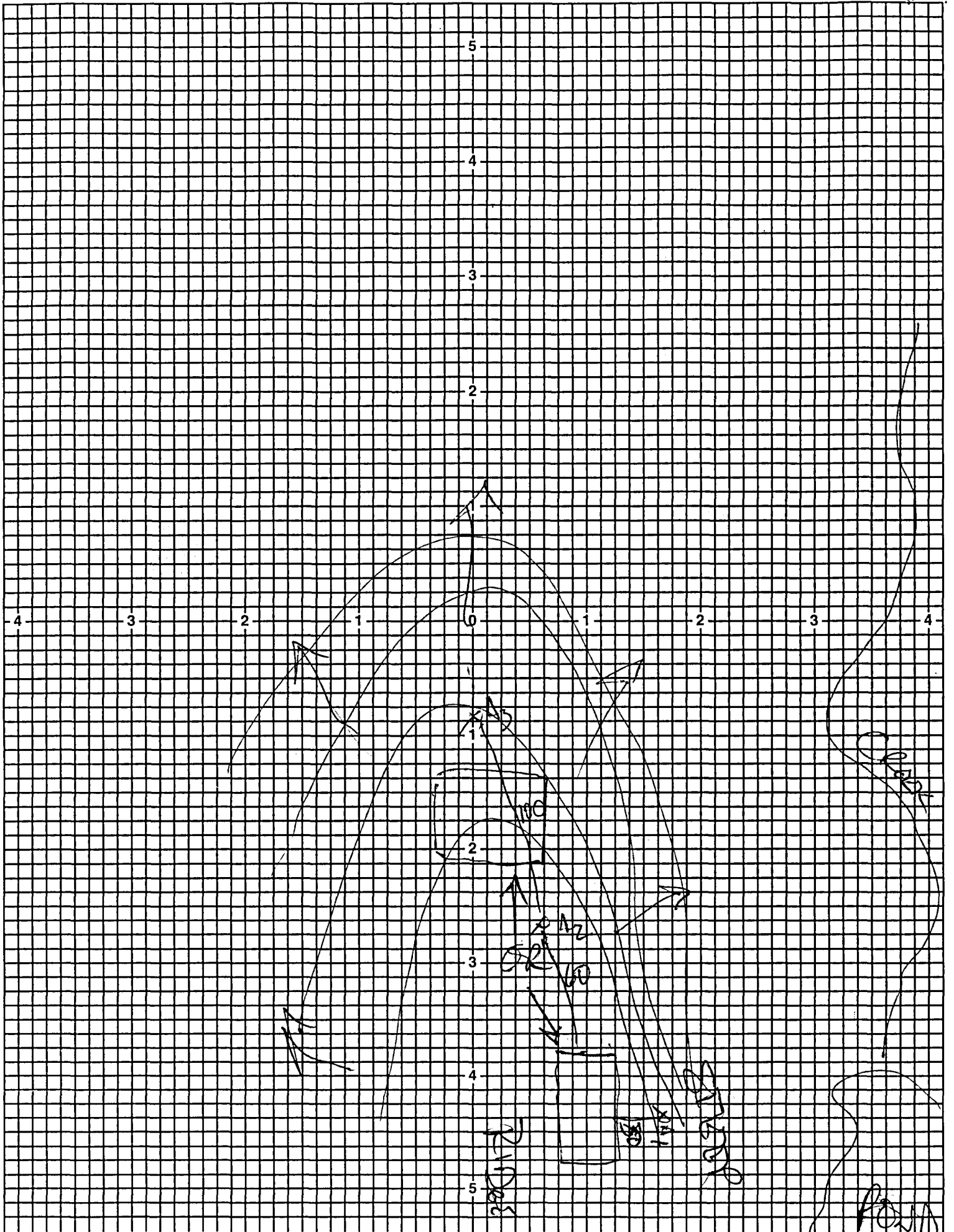
Water Supply: On-Site Well Community _____ Public _____
 Evaluation By: Auger Boring _____ Pit _____ Cut _____

FACTORS	1	2	3	4	5	6	7
Landscape position	L	R	R				
Slope %	10%	6%	6%				
HORIZON I DEPTH	0-8	0-6	0-14				
Texture group	SIL	CL	C				
Consistence	FSSSP	FSSSP	VFI/VSP				
Structure	CR	CR	M				
Mineralogy	SXP	SXP	LXP				
HORIZON II DEPTH	8-12	6-24	14-28				
Texture group	C	C	Sip (LS)				
Consistence	FISP	VFI/VSP	FSSSP				
Structure	SBK	M	CL				
Mineralogy	MIXED	LXP	SXP				
HORIZON III DEPTH	12-46	24-48	28				
Texture group	Sip(SL)	Sip(SL)	Handker. 12				
Consistence	FSSSP	FSSSP					
Structure	CR	SBK					
Mineralogy	SXP	SXP					
HORIZON IV DEPTH	46						
Texture group	Rock						
Consistence							
Structure							
Mineralogy							
SOIL WETNESS							
RESTRICTIVE HORIZON							
SAPROLITE							
CLASSIFICATION	PS	US/PS- US					
LONG-TERM ACCEPTANCE RATE	0.3	0.3					

SITE CLASSIFICATION: PS EVALUATION BY: Jeff Beauchamp
 LONG-TERM ACCEPTANCE RATE: 0.3 OTHER(S) PRESENT: Jeff Joyner
 REMARKS: AH2 > 24" DEPTH

LEGEND

- Landscape Position**
 R - Ridge S - Shoulder L - Linear slope FS - Foot slope N - Nose slope
 CC - Concave slope CV - Convex slope T - Terrace FP - Flood plain H - Head slope
- Texture**
 S - Sand LS - Loamy sand SL - Sandy loam L - Loam SI - Silt
 SICL - Silty clay loam SIL - Silty loam CL - Clay loam SCL - Sandy clay loam
 SC - Sandy clay SIC - Silty clay C - Clay
- CONSISTENCE**
- Moist**
 VFR - Very friable FR - Friable FI - Firm VFI - Very firm EFI - Extremely firm
- Wet**
 NS - Non sticky SS - Slightly sticky S - Sticky VS - Very Sticky
 NP - Non plastic SP - Slightly plastic P - Plastic VP - Very plastic
- Structure**
 SC - Single grain M - Massive CR - Crumb GR - Granular ABK - Angular blocky
 SBK - Subangular blocky PL - Platy PR - Prismatic
- Mineralogy**
 1:1, 2:1, Mixed
- Notes**
 Horizon depth - In inches
 Depth of fill - In inches
 Restrictive horizon - Thickness and inches from land surface
 Saprolite - S(suitable), U(unsuitable)
 Soil wetness - Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less
 Classification - S(suitable), PS(provisionally suitable), U(unsuitable)
 LTAR - Long-term acceptance rate - gal/day/ft²



POINT

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section

PO Box 848/210 Hospital Street

Mocksville, NC 27028

Phone: (336)751-8760 / Fax: (336)751-8786

November 12, 2004

Jeff Joyner
222 Shuler Road
Mocksville, NC 27028

Re: Site Evaluation-
50.53 Acre Tract/Greenhill Road
Tax PIN#: 5727-59-7580

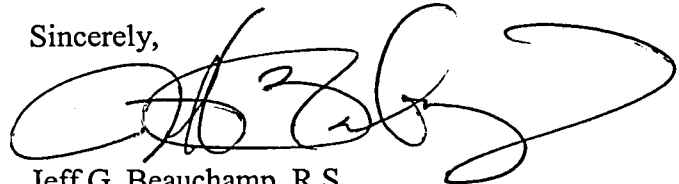
Dear Client(s):

As requested, a representative from this office visited the above site November 10, 2004 to perform a site evaluation. Based on the information provided on the *Application for Site Evaluation* and after the evaluation was completed, the site was found to be provisionally suitable for the installation of an on-site sewage disposal system.

Before a representative of this office will revisit the site to issue an Improvement Permit/Authorization to Construct, the appropriate application must be completed and submitted to this office. The location of the facility the system is to serve must be staked off.

If you have any questions, feel free to contact this office at 751-8760.

Sincerely,



Jeff G. Beauchamp, R.S.
Environmental Health Section

Enc(s)

DAVIE COUNTY, NC 1/24/2013 2:42:56 PM
JOYNER JEFFREY DEAN
 249 PERSIMMON GROVE LN
 41944000
 NN: 08 - DIVISION OF REAL ESTATE
 COUNTY TAX (100), FIRE TAX (100)
 23.68 AC GREENHILL RD
 23.68 AC
 Appraised by 19 on 09/26/2011 06005 JERICHO
 Return/Appeal Notes: **J3-000-00-023**
 UNIQ ID 17864
 D65-P4 ID NO: 5727597580
 CARD NO. 1 of 1
 23.680 AC SRC= Owner
 TW-06 C- EX- AT- LAST ACTION 20110712

CONSTRUCTION DETAIL	MARKET VALUE							DEPRECIATION		CORRELATION OF VALUE		
	USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB	Standard	0.20000	CREDENCE TO	MARKET
Foundation - 3												
Continuous Footing	5.00											
Sub Floor System - 4												
Plywood	8.00	01	01	1,586	101	70.70	112130	1993	1993	% GOOD	80.0	DEPR. BUILDING VALUE - CARD 89,700
Exterior Walls - 10												DEPR. OB/XF VALUE - CARD 23,010
Aluminum/Vinyl Siding	29.00											MARKET LAND VALUE - CARD 158,540
Roofing Structure - 03												TOTAL MARKET VALUE - CARD 271,250
Gable	8.00											
Roofing Cover - 03												TOTAL APPRAISED VALUE - CARD 271,250
Asphalt or Composition Shingle	3.00											TOTAL APPRAISED VALUE - PARCEL 271,250
Interior Wall Construction - 5												TOTAL PRESENT USE VALUE - PARCEL 0
Drywall/Sheetrock	20.00											TOTAL VALUE DEFERRED - PARCEL 0
Interior Floor Cover - 08												TOTAL TAXABLE VALUE - PARCEL 271,250
Sheet Vinyl/Laminate	6.00											
Interior Floor Cover - 14												
Carpet	0.00											
Heating Fuel - 04												
Electric	1.00											
Heating Type - 10												
Heat Pump	4.00											
Air Conditioning Type - 03												
Central	4.00											
Bedrooms/Bathrooms/Half-Bathrooms												
3/2/0	12.000											
Bedrooms												
BAS - 3 FUS - 0 LL - 0												
Bathrooms												
BAS - 2 FUS - 0 LL - 0												
TOTAL POINT VALUE	100.000											
BUILDING ADJUSTMENTS												
Quality	3		AVG	1.0000								
Shape/Design	3		FACTOR 3	1.0000								
Size	3		Size	1.0100								
TOTAL ADJUSTMENT FACTOR				1.010								
TOTAL QUALITY INDEX				101								

SUBAREA		GS AREA	% RPL CS	CODE	DESCRIPTION	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	L/B	AYB	EYB	ANN DEP RATE	% OVR	COND	OB/XF DEPR. VALUE
BAS		1,356	100	01	SHED	12	24	288	10.00	0	-	L	2005	2005	S5		60	1728
FOP		108	035	02	GARAGE	24	36	864	15.00	0	-	L	2006	2006	S3		79	7110
FSP		480	040						20.00	0	-	L	2007	2007	S3		82	14170
TOTAL OB/XF VALUE																		23,008

FIREPLACE 1 - None 0
 SUBAREA 1,944 112,130
TOTALS

BUILDING DIMENSIONS BAS=W14W8 FSP=N24W20S24E20S W26S2 8E28FOP=S6E20N6W4S2W6N2W10S6E10S2E6N2E4N12 N16S.

LAND INFORMATION																			
HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRON TAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES				ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	LAND NOTES
RURAL AC	0120		44	0	1.0000	4	1.0300	-12 +20 +00 -05 +00				PW	6,500.00	23.680	AC	1.030	6,695.00	158,538	
TOTAL MARKET LAND DATA															23.680			158,540	
TOTAL PRESENT USE DATA																			