



Davidson County Health Department

L. Layton Long, R.S., M.S.A.
Health Director

Mike Garrison, MD
Medical Director

Mark Davis, DDS
Chair, Board of Health

Authorization to Issue Building and/or Related Permits

Health Department File Number: 1993-1336A

Owners Name: NCRWA Date 05/14/09

Township 11 Tax Map 317 Lot 55

Release requested by NCRWA

Property location 3995 Old Hwy 52 North

This authorization is issued for the addition/construction of :

- Bedrooms added on a residence.
- Additions or renovations on a commercial building.
- A building detached from the main structure (house, manufactured home, etc.) in which plumbing is requested
- Other: Building storage building onto existing concrete pad. Be careful not to cross drainfield with heavy equipment. No plumbing requested.

A representative of the Davidson County Environmental Health Section has visited the above site and the above information is provided for your consideration, relating to 15A NCAC 18A.1901 - .1969 and the existing ground absorption sewage disposal system.

05-14-09
Date

Jason M. Knobles
Authorized State Agent

Jason Koontz

To: ncrwahg@aol.com

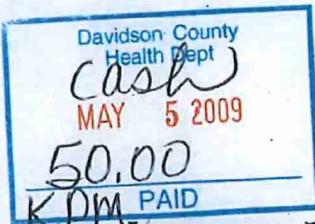
Subject: Building Authorization Complete

Heather,

Just wanted to let you know that the BA is complete and ready to be picked-up. Just go to the third floor of the Governmental Building (Inspection Dept.) to pick-up the release. I e-mailed it to them earlier. I also flagged-out the septic system. I did not have the file with me showing the layout, but from what I was able to find, I flagged. The red flags is where the ST is and the white flags are the drainlines. The lines may be a little longer but for the most part that is it. Just make sure those lines are not crossed with any heavy equipment. Any questions, just let me know.

Thanks,

Jason

Permit Number: 1993-1336A

Davidson County Health Department
Application for Improvement Permit/Authorization to Construct

Improvement Permit

Submit current site drawing & application

Date Site Ready to Evaluate

Structure staked, property lines marked

Construction Authorization**Proposed System Type (required)**

Submit current scale drawing of site & Approved system sheet with type selected & application

Building Authorization**Date Application Submitted**

Submit current site drawing & application

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THE PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. THIS APPLICATION IS VALID FOR 1 YEAR FROM DATE OF SUBMISSION.

APPLICANT INFORMATION: email address ncrwahg@aol.comNCRWAP.O.Box 540 Welcome NC 27314731-6963

Permit Requested By

Complete Mailing Address

Daytime Phone

NCRWAsame as abovesame

Property Owner

Complete Mailing Address

Daytime Phone

PROPERTY INFORMATIONTownship Welcome Tax Map 317 Lot Number 55 Road Old Hwy 52 North3995

Subdivision _____ Section _____ Directions to site: _____

DEVELOPMENT INFORMATION

House _____ Manufactured Home _____ Other _____

Expansion of Existing System _____

NEW CONSTRUCTION ONLY: REQUESTED SEPTIC SYSTEM LOCATION

Front (road facing) _____ Back _____ Do not care _____ Other _____

Residential Info: # Bedrooms _____ Basement (Y/N) _____ if Y, Fixtures _____ # of Occupants _____

Non-Residential Info: Type of Business Support Ageny # of Employees _____ # of Seats _____
Total Square Footage of building _____ Other Storage Bldg _____

Water Supply: Public _____ New Well _____ Existing Well _____ Community Well _____

Does this property: 1) Have any designated wetlands? _____ 2) Subject to approval by any other public agency(Planning & Zoning, DOT, etc) _____ Will there be any wastewater generated other than domestic sewage? _____ If yes, explain _____

I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.

Property Owner / Legal Representatives Signature Heather CagleInitial Site Visit Date 05-08-09 San ID JMK IP Date _____ San ID _____

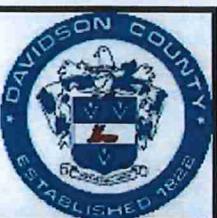
GRID _____

ATC Date _____ San ID _____ BA Date _____ San ID _____

S13 05/14/09 JMK



Davidson County GIS



Parcel Number : 1131700000055

Land Units: 0.91 AC

Pin Id : 6737-01-07-5911

Deed Book: 1045 Pg: 1766

NORTH CAROLINA RURAL WATER

Owner :

Deed Date: 08/27/1997

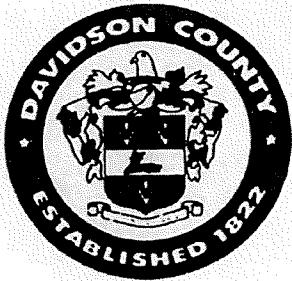
WELCOME NC 273740540

Property Address: 003979 OLD US HWY 52

Account Number: 000009033183

Township: Lexington

Exempt Code:



Davidson County Health Department

RICHARD C. BAXLEY, A.B., R.S., M.P.H.
Health Director

Authorization To Issue Building and/or Related Permits

Owners Name Roger + Lois Hull Date 1-6-95

Tax Map 317 Lot 55 Township Lexington

Release requested by Brad Leonard

Property location 1/52 N on Left B-4 Hanes Puring Building

This authorization is issued for the addition/construction of:

Bedrooms added on a residence.

Additions or renovations on a commercial building.

A building detached from the main structure (house, manufactured home, etc.) in which plumbing is requested.

Other: Rebuild Old Horse + Rider Store (3 Employees)

A representative of the Davidson County Environmental Health Section has visited the above site and the above information is provided for your consideration, relating to 15A NCAC 18A .1901-.1969 and the existing ground absorption sewage disposal system.

Date 1-6-95

State Agent C. Baxley

LEXINGTON OFFICE
P.O. Box 439
Lexington, NC 27293-0439

TOLL FREE NUMBERS:
Lexington, 242-2300
Thomasville, 472-8022
Denton, 869-2194
Winston Salem, 724-3803

THOMASVILLE OFFICE
203 Old Lexington Road
Thomasville, NC 27360

DAVIDSON COUNTY HEALTH DEPARTMENT
P.O. BOX 439
LEXINGTON, N.C. 27292

93/1336

Building
Authorization

APPLICATION FOR IMPROVEMENTS PERMIT FOR
MULTI-FAMILY DWELLING, COMMERCIAL, INDUSTRIAL OR BUSINESS SITE

1. Property Owner Roger & Lois Hall Phone # 731-2450
Address 2204 Winston Road Lex. 27292

2. Permit Requested by Brad Leonard Phone # 246-2924
Address 610 Black Sawmill Road Lex. 27292

3. Location of Property: Township 11 Lexington Tax Map # 317
Subdivision Section # — Lot # 55
Specific Directions (including state rd. numbers)
hwy 52 N on left B-4 Hanes Paving Co
(Old Horse & Rider Building)

4. Property Size: Front 200 ft.; Left 183 ft.; Back 200 ft.;
right 219 ft.; Acres .94 Date lot was subdivided old lot

5. Type of Structure Proposed (describe) store Building
Dimensions: width 70 ft. depth 30 ft.
Number of Bedrooms None; Basement None; Basement fixtures None
No. of Employees 3; No. of shifts 1; No. of seats/chairs 5
Other

6. Type of Water Supply: Davidson Water

7. Are there any liquid wastes generated other than domestic (toilets, lavatories and showers)? None

8. A. Provide a plat of property for the Environmental Health Specialist with accurate dimensions.
B. Stake all four corners of lot; use at least 3-foot stakes with flags to be easily seen. If property is larger than 1 acre, provide side line markers.
C. Stake off exact location and size of proposed structure.
D. Show location of driveway, roads, and parking.
E. Backhoe pits are required for soil evaluation unless otherwise specified.
F. Bush hog, clear or clean large uncontrolled vegetation on area to be evaluated in order for Environmental Health Specialist to have access. Do not cut large trees or cut top soil off lot.
G. Post "site for Health Department evaluation" sign in a location that is readily visible from the road.
H. Call Environmental Health Specialist when lot is ready for evaluation.

I hereby make application to the Davidson County Health Department for a site evaluation for an onsite wastewater disposal system for the property described above and authorize Health Department representatives to go on such property for evaluation purposes. I agree that the contents of this application are true. I understand that the permit shall be null and void if substantial changes are made to the approved sewage absorption area. The issuance of a permit does not relieve me from compliance with any and all other relevant laws or regulations. I certify that I have checked my zoning. System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.

1-5-95
DATE
SRRF#2/APPLICA.SUB

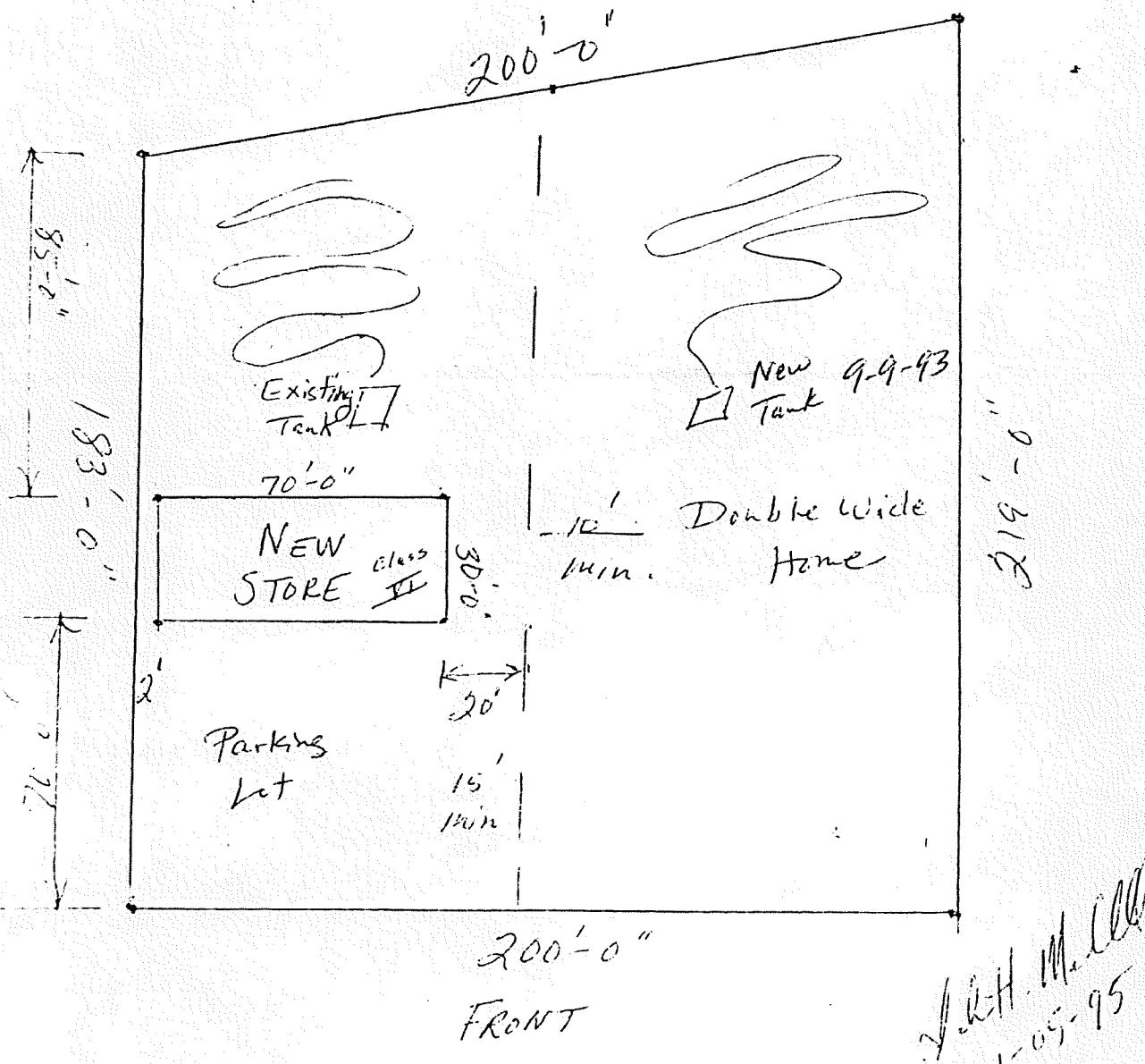
Brad Leonard
OWNER/AUTHORIZED AGENT

5-14-A
1-6-95 Gdf

BRAD LEONARD BUILDERS, INC.

Rt. 21, Box 2026
Lexington, NC 27292
(704) 246-2924

Roger & Lois Hall 731-2450
2204 Winston Road
Lexington, NC 27292
Map 317 Lot 53
Deed BK 0898 Pg 1011



DAVIDSON COUNTY HEALTH DEPARTMENT

DATE REC.: 9-9-93

MAP CODE: 5E5A

FILE NO.: 93 / 1336

RECEIVED FROM
READ LEONARD BUILDERS INC

AMT. PD.

11 LEXINGTON

TOWNSHIP

RT 21 BOX 2026

LEXINGTON
CITYNC
ST.27292
ZIP(704) 246-2924
PHONEADDRESS
HALL, ROGER & JOIS - HORSE

SUBDIVISION

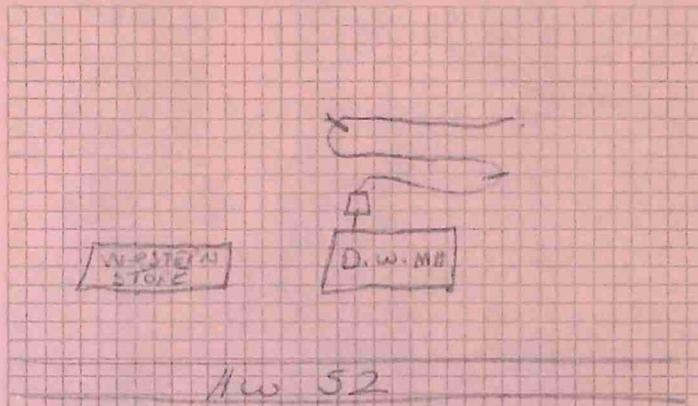
317
MAP55
LOT

SEC.

CURRENT PROPERTY OWNER
Property Located: Road HWY 52N
Directions to Property: HWY 52N ON LEFT B-4 LINERS
(BUILDING AUTHORIZATION)

SYSTEM DESIGNED FOR:

IMPROVEMENT PERMIT

New Repair Addition Structure BUSI GYNo. Occupants No. Bedr. No. Empl. 1 Shifts Basement Basement Fixtures Septic Tank 7000 Gal. Pump Tank Gal.Grease Trap Gal. No. of Lines 1Length of Lines 200 Line Width 3Nitrification Field 600 Sq. Ft. Stone Depth 6 to 6Water Supply PUBL System Classification IILot Size: F L B R Set Back: F L B R Conditions: 

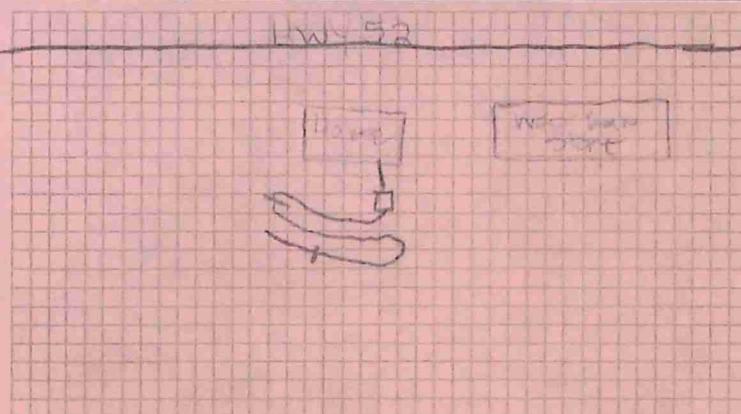
NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, of the North Carolina Administrative Code.

This permit may not be altered without written permission from a representative of the Davidson County Health Department. System must be installed within 5 years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

Permit Granted Permit Denied

(See Reverse)

Owner/Agent State Agent Bene YgrysDate 9-8-93Date Certificate of Completion Operation Permit Approved Disapproved Date 9-9-93State Agent Spencer B. Chen RSInstaller Mark H. H. H. S.Remarks: SHANE T. DOUGAN

NOTICE: This approval is issued subject to all the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, of the North Carolina Administrative Code. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized state agent. This approval indicates that this system has been installed in compliance with the standards set forth in the above rules, but shall no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

See Important Information on Reverse.

WHITE AND YELLOW COPIES - HOME OWNER
PINK - FILE COPY

APPLICATION FOR IMPROVEMENTS PERMIT FOR
MULTI-FAMILY DWELLING, COMMERCIAL, INDUSTRIAL OR BUSINESS SITE

1. Property Owner Roger + Lois Hall - Horse + Rider Phone # 731-4863
Address 2205 Winston Road Lexington, NC 27292

2. Permit Requested by Brad Leonard Bldrs, Inc Phone # 246-2924
Address Rt. 21, Box 2026 Lexington

3. Location of Property: Township Lexington Tax Map # 11-317-0-000-
Subdivision _____ Section # _____ Lot # 0055
Specific Directions (including state rd. numbers)
US Hwy 52 - Horse + Rider on the left before you get to Liners

4. Property Size: Front _____ ft.; Left _____ ft.; Back _____ ft.;
right _____ ft.; Acres _____ Date lot was subdivided _____

5. Type of Structure Proposed (describe) addition - vinyl siding
Dimensions: width 18 ft. depth 24 ft.
Number of Bedrooms 1; Basement 1; Basement fixtures 1
No. of Employees 1; No. of shifts 1; No. of seats/chairs 3
Other _____

6. Type of Water Supply: Davidson Water

7. Are there any liquid wastes generated other than domestic (toilets,
lavatories and showers)? None

8. A. Provide a plat of property for the Environmental Health Specialist
with accurate dimensions.
B. Stake all four corners of lot; use at least 3-foot stakes with flags
to be easily seen. If property is larger than 1 acre, provide side
line markers.
C. Stake off exact location and size of proposed structure.
D. Show location of driveway, roads, and parking.
E. Backhoe pits are required for soil evaluation unless otherwise
specified.
F. Bush hog, clear or clean large uncontrolled vegetation on area to be
evaluated in order for Environmental Health Specialist to have access.
Do not cut large trees or cut top soil off lot.
G. Post "site for Health Department evaluation" sign in a location that
is readily visible from the road.
H. Call Environmental Health Specialist when lot is ready for evaluation.

I hereby make application to the Davidson County Health Department for a site evaluation for an onsite wastewater disposal system for the property described above and authorize Health Department representatives to go on such property for evaluation purposes. I agree that the contents of this application are true. I understand that the permit shall be null and void if substantial changes are made to the approved sewage absorption area. The issuance of a permit does not relieve me from compliance with any and all other relevant laws or regulations. I certify that I have checked my zoning. System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.

DATE 8/30/93
SRRF #2/APPLICA.SUB

S-6
9-8-93
8A

Linda B Leonard
OWNER/AUTHORIZED AGENT