



## 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

*Jaron M. Hooters*  
Authorized State Agent

**Jason Koontz**

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**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

5/14/2009



Permit Number: 1993-1336A

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

<b>Improvement Permit</b> _____	<b>Date Site Ready to Evaluate</b> _____
Submit current site drawing & application	Structure staked, property lines marked
<b>Construction Authorization</b> _____	<b>Proposed System Type (required)</b> _____
Submit current scale drawing of site & Approved system sheet with type selected & application	
<b>Building Authorization</b> <input checked="" type="checkbox"/>	<b>Date Application Submitted</b> _____
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 ncrwhg@aol.com

<u>NCRWA</u>	<u>P.O. Box 540 Welcome NC 27374</u>	<u>731-6963</u>
Permit Requested By	Complete Mailing Address	Daytime Phone
<u>NCRWA</u>	<u>same as above</u>	<u>same</u>
Property Owner	Complete Mailing Address	Daytime Phone

**PROPERTY INFORMATION**

Township 11 Welcome Tax Map 317 Lot Number 55 Road 3995 Old Hwy 52 North  
 Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Directions to site: \_\_\_\_\_

**DEVELOPMENT INFORMATION**

House \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Other \_\_\_\_\_  
 Repair to Existing Septic Tank System \_\_\_\_\_ 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 Agency # 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 Cagle

Initial Site Visit Date 05-08-09 San ID Jmk IP Date \_\_\_\_\_ San ID \_\_\_\_\_

ATC Date \_\_\_\_\_ San ID \_\_\_\_\_ BA Date \_\_\_\_\_ San ID \_\_\_\_\_

513 05/14/09 Jmk





## Davidson County GIS



**Parcel Number :** 1131700000055  
**Pin Id :** 6737-01-07-5911  
NORTH CAROLINA RURAL WATER

**Land Units:** 0.91 AC  
**Deed Book:** 1045 Pg: 1766

**Owner :**  
WELCOME NC 273740540

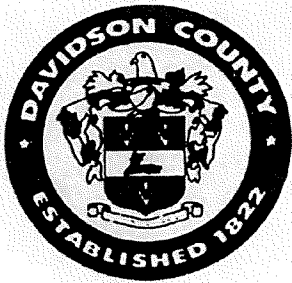
**Deed Date:** 08/27/1997

**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 Off 52 N on Left B-4 Hanes Paving 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 [Signature]

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 27380



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

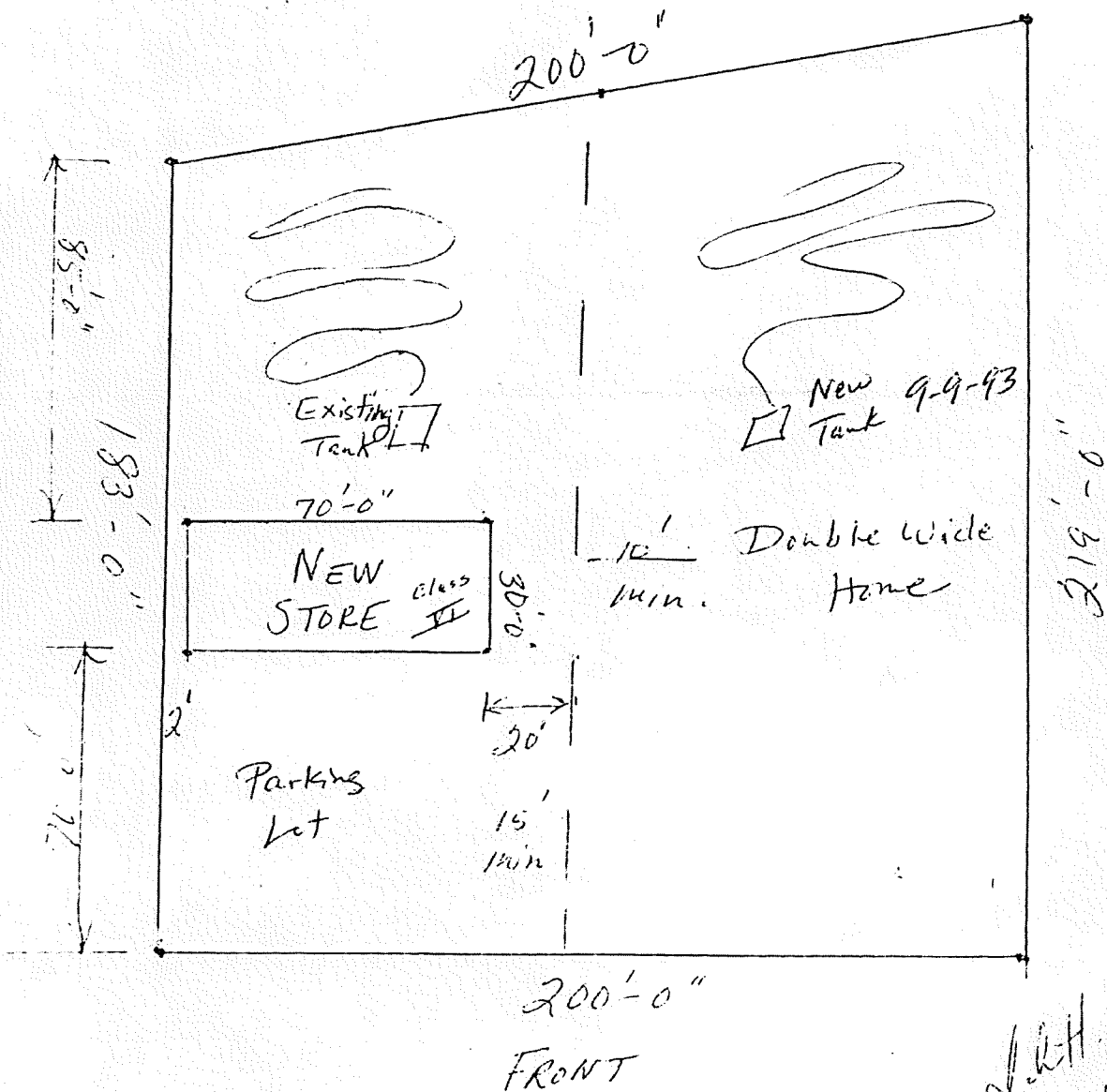
Brad Leonard  
OWNER/AUTHORIZED AGENT

5-14-A  
1-6-85 Cdf

**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 55  
Deed BK 0898 Pg 1011



J. H. M. L. L.  
1-05-95



# DAVIDSON COUNTY HEALTH DEPARTMENT

DATE REC.: 9-9-93

MAP CODE: 5E5A

FILE NO.: 93 / 1336

READ LEONARD BUILDERS INC  
RECEIVED FROM

AMT. PD.

11 LEXINGTON

TOWNSHIP

RT 21 BOX 2026

LEXINGTON

NC

27292

(704)

246-2924

ADDRESS

CITY

ST.

ZIP

PHONE

HALL ROGER & LOIS - HORSE

/

SUBDIVISION

317

MAP

55

LOT

SEC.

Property Located: Road HWY 52N

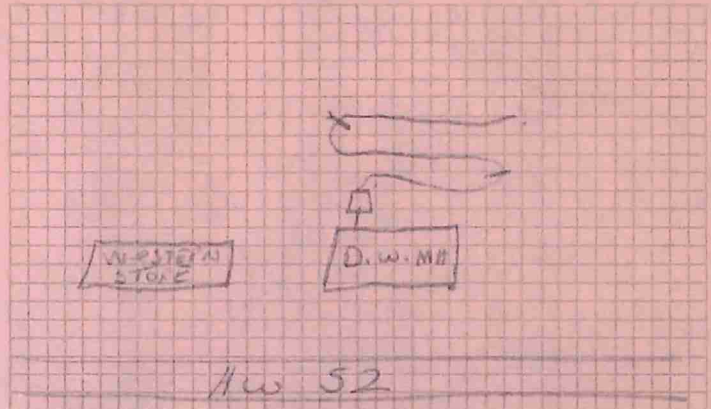
Directions to Property: HWY 52N ON LEFT B-4 LINERS

(BUILDING AUTHORIZATION)

## SYSTEM DESIGNED FOR:

New ☐ Repair ☒ Addition ☐ Structure BUSI GY  
No. Occupants \_\_\_\_\_ No. Bedr. \_\_\_\_\_ No. Empl. 1 Shifts \_\_\_\_\_  
Basement \_\_\_\_\_ Basement Fixtures \_\_\_\_\_  
Septic Tank 1000 Gal. Pump Tank \_\_\_\_\_ Gal.  
Grease Trap \_\_\_\_\_ Gal. No. of Lines 1  
Length of Lines 200 Line Width 3  
Nitrification Field 600 Sq. Ft. Stone Depth 616  
Water Supply PUBL System Classification II  
Lot Size: F \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_ R \_\_\_\_\_  
Set Back: F \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_ R \_\_\_\_\_  
Conditions: \_\_\_\_\_

## IMPROVEMENT PERMIT



**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 Gene Gyg RS Date 9-8-93

Date \_\_\_\_\_

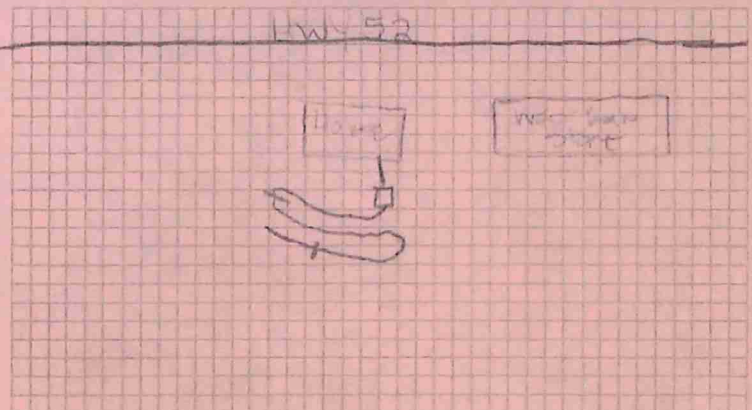
Certificate of Completion ☒ Operation Permit ☐

Approved ☒ Disapproved ☐ Date 9-9-93

State Agent G. J. Smith RS

Installer M. J. Smith Remarks: \_\_\_\_\_

Stone 7-20 100 Gal



**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**



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

93 / 001336

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 Lenoir
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 —; Basement —; Basement fixtures —  
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.

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

S-6  
9-8-93  
St

Linda B Leonard  
OWNER/AUTHORIZED AGENT