



**Guilford County Application
For Improvement Permit
and/or Authorization to Construct**

- Scaled site plan submitted - (Valid 60 Months)
- Unscaled site plan submitted - (Valid 60 months)
- Survey plat to scale* submitted - (Valid without expiration)
- * scale of 1" = no more than 60'

layout

Building Permit # 24-02-BLDR-02084 Septic Permit # 22-02-SNHR-00776 Well Permit # public

PROPERTY INFORMATION
 Address 7605 Hawkins Ridge Dr City FORKS Zip Code 27357 Parcel REID # 236025
 Development Name TREELINE TRAILS Section/Phase # 2 Lot # 56 Plat Book # 210 Page # 85
 Lot of Record First Lot Out Plat Required >5 acres (5-17-65 to 2-1-74) >10 acres (2-1-74 to present)
 Date Lot Originally Deeded & Recorded _____ Directions to property _____

ZONING INFORMATION
 Zoning: RS-30 Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: _____
 Comments: _____
 PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION
 Applicant Name: CJ Builders Inc Address: 7769 NC Hwy 68 N Stokesdale NC
 Phone 1: 336 706-2658 Phone 2: _____ Email: commie@cbuilders.biz
 Owner Name: CJ Builders Inc Address: 7769 NC Hwy 68 N Stokesdale NC
 Phone 1: 336 706-2658 Phone 2: _____ Email: commie@cbuilders.biz

DEVELOPMENT INFORMATION
 NEW (new septic for new home) MODIFICATION (adding to existing home / septic) REPAIR (repair of malfunctioning septic)
 HOUSE MODULAR MH MULTIFAMILY/DUPLEX RENOVATION OTHER _____
 Residential Specifications: Max # of Bedrooms: 4 MAX. # of Occupants: _____ Total # of Rooms: 10 Size of Structure (sq ft): 2784
 Basement: Yes No Basement Fixtures: Yes No
 Non-Residential Type: Commercial Industrial Other _____
 Wastewater Strength: Domestic High Strength Industrial Process
 MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
 Description of Facility: _____
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: New Well Existing Well Community Well Public Water Spring
 Are there any existing wells, springs, or waterlines on this property? Yes No

Sewage Disposal: Please Indicate Desired System Type
 Conventional Accepted Modified Alternative Other _____ Any/All

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

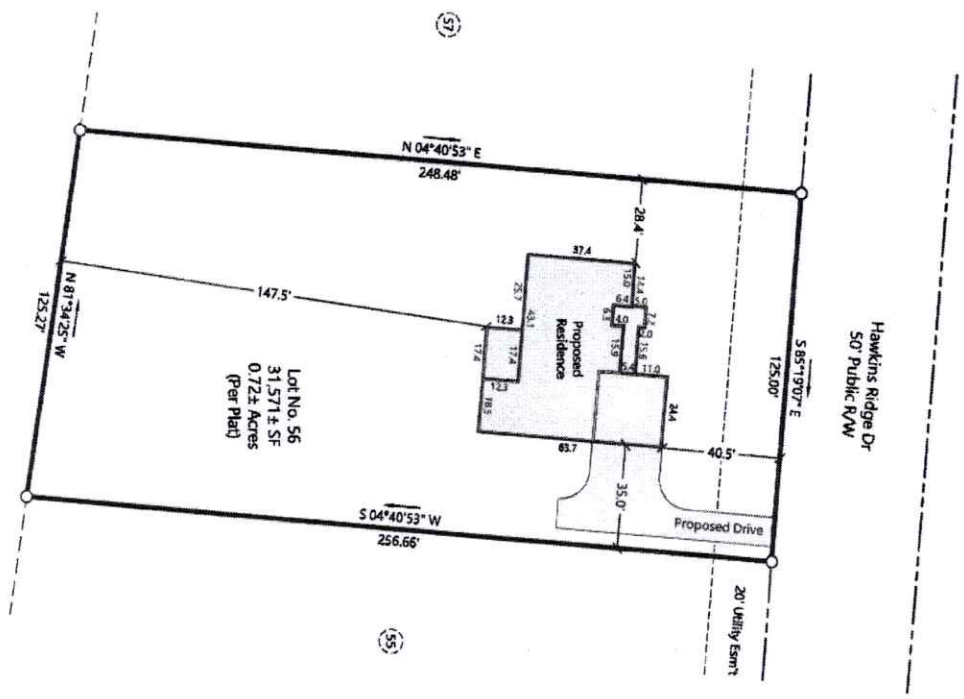
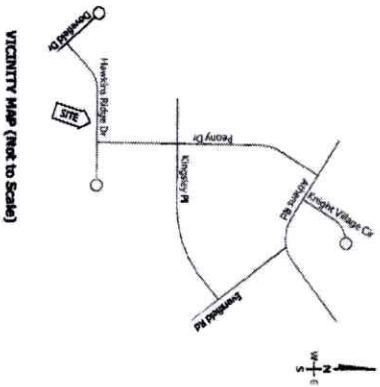
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Does the site contain any existing wastewater systems?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Is the site subject to approval by any other public agency?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Are there any easements or right of ways on this property?

I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. 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, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID.

Commie Jones
 Property Owner's or Owner's legal Representative* Signature (Required) Date 2-28-24
 * Must provide documentation to support claim as owner's legal representative.
Pardue Rd, H/L Athens Rd, Hr Peony Dr, Hr Hawkins Ridge; lot on left
NC 68 N, Hr US 158, Hr Angel

TL 516



Parcel No. 164112
 Ted T. Lamson &
 Connie H. Lamson
 DB 7485, PG 813

NORTH
 Plat Book 210, Page 85

FOR ILLUSTRATIVE PURPOSES ONLY
 THIS MAP IS NOT A CERTIFIED
 LAND SURVEY

LAND SOLUTIONS
 SURVEYING - DESIGN - PLANNING

Post Office Box 347
 Oak Ridge, NC 27310-0347
 Telephone: 336.605.0328
 Firm License No. P-1190

GENERAL NOTES AND SYMBOL LEGEND
 1. THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS OR RIGHTS OF WAY WHICH WERE NOT VISIBLE AT THE TIME OF ANY INSPECTION. THIS DOCUMENT WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT OR SURVEY OF RECORDS. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO EVIDENCE OF ANY EASEMENTS, AGREEMENTS OR RIGHTS OF WAY. ALL DISTANCES ARE HORIZONTAL, GROUND IN US SURVEY FEET.

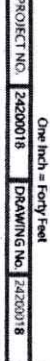
BL BUILDING LINE
 DE DRAINAGE EASEMENT
 BR EXISTING BRON PIPE
 ESM-T EXISTING TRENCH
 NIN NEW/NOIN ROAD
 RW RIGHT OF WAY

OSSE OFF-SITE SEPTIC EASEMENT
 PSOMA PRIVATE SANITARY MANHOLE
 ACCES & MAINTENANCE
 PT POINT AND MONUMENT
 SWR SIGHT DISTANCE EASEMENT
 UP UTILITY POLE

PROPERTY CORNER
 POINT AND MONUMENT
 EASEMENT CORNER
 LINES NOT SURVEYED
 FENCE
 OVERHEAD UTILITIES (SCALE)

PLOT PLAN for PROPOSED RESIDENCE
 Lot No. 56, TreeLine Trails, Phase Two, Sheet One of One
 Title Source: Plat Book 210, Page 85
 Oak Ridge Township, Guilford County, North Carolina
 Property Address: 7605 Hawkins Ridge Drive
 Survey Date(s): N/A

Prepared For:
CJ Builders, Inc.
 PROJECT NO: 24200018 DRAWING NO: 24200018
 One inch = Forty Feet





Environmental Health Division
Water Quality Section
400 W. Market St.
Suite 300
Greensboro, NC 27401
(336) 641-7613



Improvement Permit

Address: 7605 Hawkins Ridge DR Permit Number: 22-02-SNHR-00776

This Improvement Permit shall be valid for five years from the date issued upon a satisfactory showing to the health department that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that the wastewater system can be installed to meet the following requirements that were in effect on the date the Improvement Permit was issued.

Design Flow	480
Facility Type	Residence
Number of Bedrooms	4

Conditions Lot # 56

Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an authorization to construct a wastewater system. The authorization for wastewater system construction with system specifications must be completed before any building permits or system installation can commence.

Permit Issued:

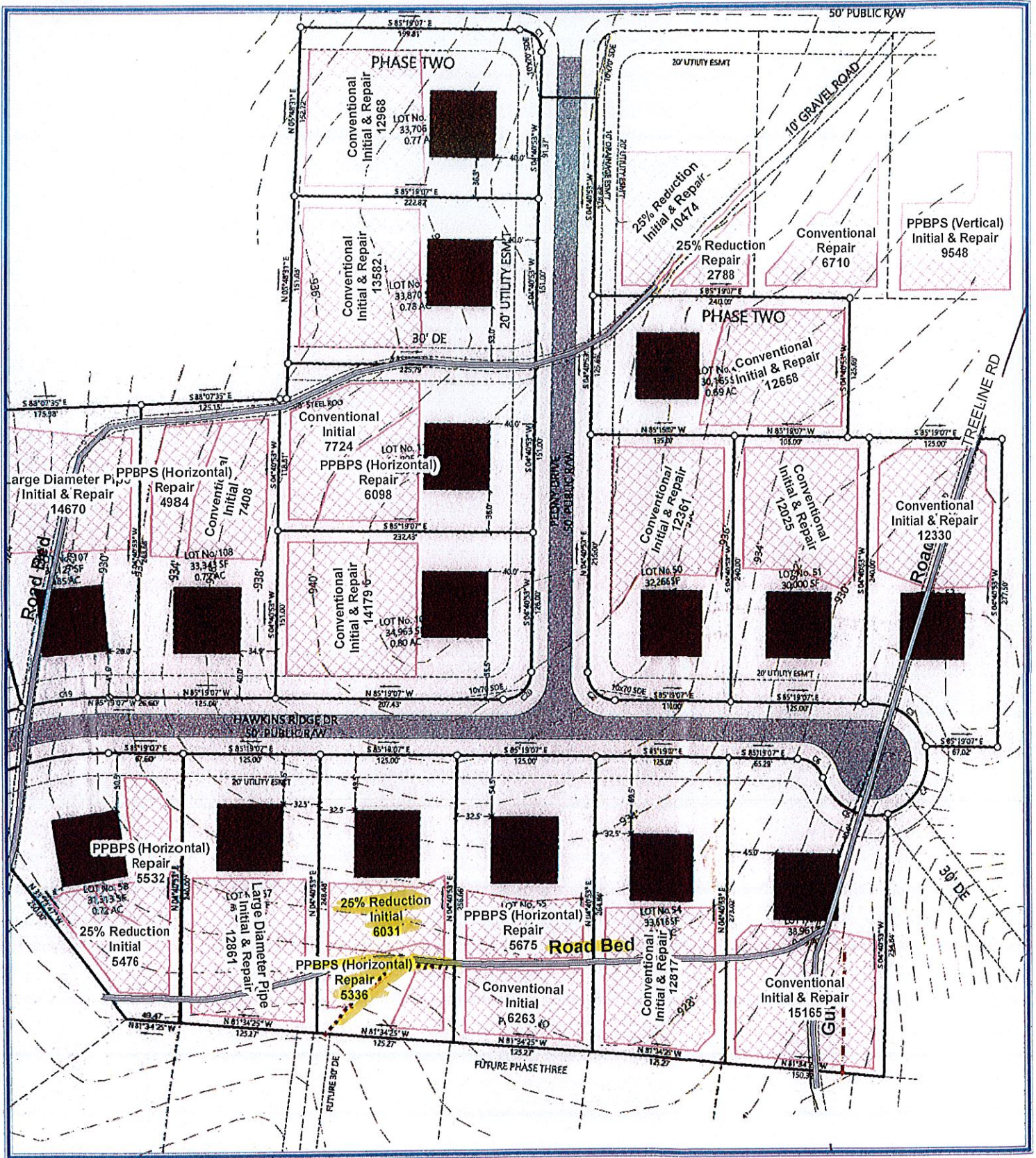
Shana L R
Environmental Health Specialist

Date Issued:

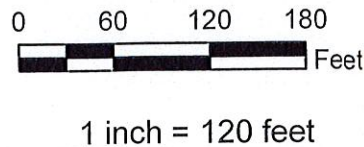
7/5/22



Diagram



Address: 7605 Hawkins Ridge Dr
 Permit #: 22-02-SNHR-00776
 Issuer's Initials: SKB
 Date: 7/5/2022



DISCLAIMER:
 The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.

#	54	55	56	100	101	102	57	58	59
landscp	L	T	L	L	L	T	L	L	L
slope	5	5	5	6	4	4	4	3	5
H1_depth	0 - 13	0 - 16	0 - 16	0 - 8	0 - 22	0 - 5	0 - 9	0 - 13	0 - 15
H1_text	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL
H1_consist	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
H1_strct	wSBK	WBK	WBK	WBK	WBK	WBK	wSBK	wSBK	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	13 - 27	16 - 24	16 - 24	8 - 27	22 - 32	5 - 22	9 - 23	13 - 40	15 - 25
H2_text	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
H2_strct	SBK	SBK	SBK	BK	BK	BK	wABK	wSBK	SBK
H2_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth	27 - 32	24 - 48	24 - 48	27 - 48	32 - 48	22 - 26	23 - 36	40 - 40	25 - 52
H3_text	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	SCL	CL (BC)	Water	CL (BC)
H3_consist	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
H3_strct	wSBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK
H3_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H4_depth	32 - 32					26 - 48			
H4_text	Water					Clay			
H4_consist						Fi			
H4_strct						BK			
H4_minrl						SEXP			
soil_wet			33				33		
saprolite									
class	PS	PS	PS	PS	PS	PS	PS	PS	PS
ltar	0.25	0.25	0.25	0.275	0.275	0.25	0.25	0.275	0.25
notes	H2O @ 32				Depression	Buried A	Chroma 3+4 @ 23	Chroma 3+4 in lower B	Chroma 4 throughout
eval_by	JPS	SKB	SKB	SKB	SKB	SKB	JPS	JPS	SKB
eval_date	03/02/22	03/02/22	03/02/22	03/09/22	03/11/22	03/11/22	03/02/22	03/02/22	03/02/22
Initial/Repair LTAR	.25/.25						.25/.25		
Initial/Repair System Type	3g/ppbbs						conv/ppbbs		

#	60	61	62	63	64	65	66
landscp	L	L	L	L	L	L	L
slope	1	5	5	1	5	5	4
H1_depth	0 - 12	0 - 15	0 - 15	0 - 11	0 - 7	0 - 14	0 - 14
H1_text	SL	SCL	SCL	SL	SCL	SCL	SCL
H1_consist	VFr	Fr	Fr	VFr	Fr	Fr	Fr
H1_struct	GR	WBK	WBK	GR	wSBK	WBK	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	12 - 24	15 - 25	15 - 24	11 - 21	7 - 34	14 - 25	14 - 31
H2_text	SCL	Clay	Clay	Clay	Clay	Clay	Clay
H2_consist	Fr	Fi	Fi	Fi	Fi	Fi	Fi
H2_struct	wSBK	SBK	SBK	WBK	SBK	SBK	SBK
H2_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth	24 - 39	25 - 48	24 - 52	21 - 41	34 - 47	25 - 52	31 - 50
H3_text	Clay	CL (BC)	CL (BC)	Clay	CL (BC)	CL (BC)	CL (BC)
H3_consist	Fi	Fr	Fr	Fi	Fr	Fr	Fr
H3_struct	wSBK	WBK	WBK	wSBK	wSBK	WBK	WBK
H3_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H4_depth	39 - 39			41 - 41			
H4_text	Water			Water			
H4_consist							
H4_struct							
H4_minrl							
soil_wet							
saprolite							
class	PS	PS	PS	PS	PS	PS	PS
ltar	0.2	0.25	0.25	0.225	0.3	0.25	0.3
notes	Chroma 3+4 t/o B	Chroma 4 lower b	Chroma 4 throughout	Chroma 3+4 @ 21			
eval_by	JPS	SKB	SKB	JPS	JPS	SKB	SKB
eval_date	03/02/22	03/02/22	03/02/22	03/02/22	03/02/22	03/02/22	03/02/22
Initial/Repair LTAR	.225/.225			.25/.25			
Initial/Repair System Type	conv/conv			conv/conv			

FOR ILLUSTRATIVE PURPOSES ONLY
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LAND SURVEY



Post Office Box 347
Oak Ridge, NC 27310-0347
Telephone: 336.605.0328
Firm License No. P-1190

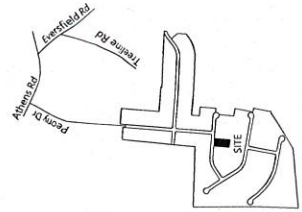
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2. ALL BEARINGS & COORDINATES ARE BASED UPON THE PLAT REFERENCES.
3. ALL DISTANCES ARE HORIZONTAL, UNLESS OTHERWISE NOTED.

- B/L BUILDING LINE
- ER EXISTING IRON ROD
- IR IRON ROD
- N/W RIGHT OF WAY
- OFF-SITE SEPTIC EASEMENT
- PS PSYCHEDELIC ACCESS & MAINTENANCE
- EASEMENT MONUMENT
- UT UTILITY POLE
- UT UTILITY POLE EASEMENT
- PROPERTY CORNER
- POINT (NO MONUMENT)
- EASEMENT CORNER
- POINTS NOT SURVEYED
- FENCE
- OVERHEAD UTILITIES (OHU)

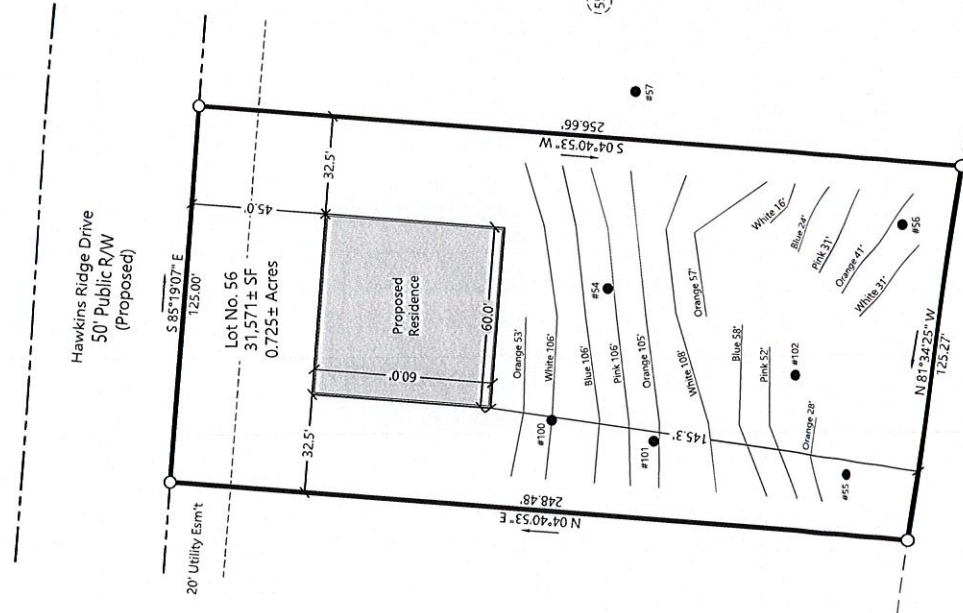
SEPTIC SYSTEM LAYOUT for
Lot No. 56, Treeline Trails, Phase Two
Title Source: Plat not yet recorded
Oak Ridge Township, Guilford County
Town of Stokesdale, North Carolina
Property Address: Hawkins Ridge Drive
Survey Date(s): N/A
Prepared For:
Treeline Development, LLC



PROJECT NO. 22030025 DRAWING NO. 22030025



VICINITY MAP - 1" = 2000'



Proposed Septic System Information

Lot	Bdrml	LTAR	Length of Line	Initial	Repair
56	4	0.25	922'	35% Reduction	35% Reduction





For Improvement Permit and/or Authorization to Construct

Unscaled site plan submitted - (Valid 60 months)
 Survey plat to scale* submitted - (Valid without expiration)
 * scale of 1" = no more than 60'

Building Permit # _____ Septic Permit # 22.02.SNHR.00776 Well Permit # _____

PROPERTY INFORMATION

Address 41605 Hawkins Ridge Dr City Stokesdale, NC 27357 Parcel REID # _____
 Development Name Treeline Development Section/Phase # 2 Lot # 56 Plat Book # _____ Page # _____
 Lot of Record First Lot Out Plat Required >5 acres (5-17-65 to 2-1-74) >10 acres (2-1-74 to present)
 Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: _____ Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: _____
 Comments: _____

1.72 ac

PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION

Applicant Name: Land Solutions Address: POB 347, Oak Ridge NC 27310
 Phone 1: 336-605-0328 Phone 2: _____ Email: bill@landsolutionspc.com
 Owner Name: Treeline Development Address: 8011 Treeline Rd, Stokesdale, NC 27357
 Phone 1: 336-362-1577 Phone 2: _____ Email: mark@treelineinvestments.com

DEVELOPMENT INFORMATION

NEW ACCESSORY SWMH MULTIFAMILY/DUPLEX ADDITION (TYPE) _____
 HOUSE MODULAR DWMH RENOVATION OTHER TYPE _____
 Residential Specifications: Max # of Bedrooms: 4 MAX. # of Occupants: _____ Total # of Rooms: _____ Size of Structure (sq ft): _____
 Basement: Yes No Basement Fixtures: Yes No
 Non-Residential Type: Commercial Industrial Other _____
 Wastewater Strength: Domestic High Strength Industrial Process
 MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
 Description of Facility: _____
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: New Well Existing Well Community Well Public Water Spring
 Are there any existing wells, springs, or waterlines on this property? Yes No

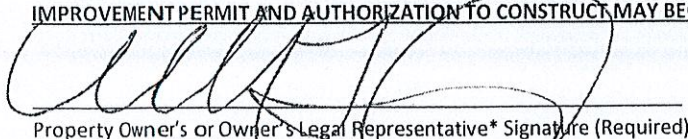
Sewage Disposal: Please Indicate Desired System Type (see back)
 Conventional Accepted Modified Alternative Other _____ Any/All

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- | | | |
|-----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Does the site contain any existing wastewater systems? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Is the site subject to approval by any other public agency? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Are there any easements or right of ways on this property? |

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 Property Owner's or Owner's Legal Representative* Signature (Required)

_____ Date

* Must provide documentation to support claim as owner's legal representative.