

PROPERTY SERVICE CHART

8504 Peony Dr

236041

ADDRESS

REID #

SERVICE	COMMENTS	DATE	REHS
Layout	3 bedroom/no basement single family residence layout. Plumb out left rear to the septic tank. Approved area has not been disturbed. Property served by public water.	1/27/23	EGD
CA	Issued CA.	1/27/23	EGD
Septic Final	Glenn Meredith set HPPP1000 STB156 (3/26/23) w/ polylok 7' from HSE and plumbed 4' of 4" sch40 supply to 4 lines IQ4P totaling 348'	5/18/23	AMR
Cover Check	Cover check approved. Depth to septic tank 8", cover smooth over drainfield with seed and straw, gutter drains diverted away from system.	7/13/23	KCM
OP	Issued	7/13/23	KCM



**Guilford County
Environmental Health Division
Water Quality Section
400 W. Market Street
Greensboro, NC 27401
336.641.7613**



Operation Permit

Address: 8504 PEONY DR, STOKESDALE, NC 27357

Permit Number: 22-02-SNHR-00791

Contractor: GLEN MEREDITH SEPTIC TANK

Design Flow: 360 GPD
 Initial System Type: 2a – Conventional
 Septic Tank Capacity: 1000 GAL
 Septic Tank ID #: HPPP1000 STB156
 Septic Tank Mfg: High Point Pre-Cast (HPPP)
 Septic Tank Date: 03/26/2023
 Filter Type: Polylok
 Trench Type: Chamber
 Trench Length: 348 FT
 Trench Width: 36 IN

Comments:

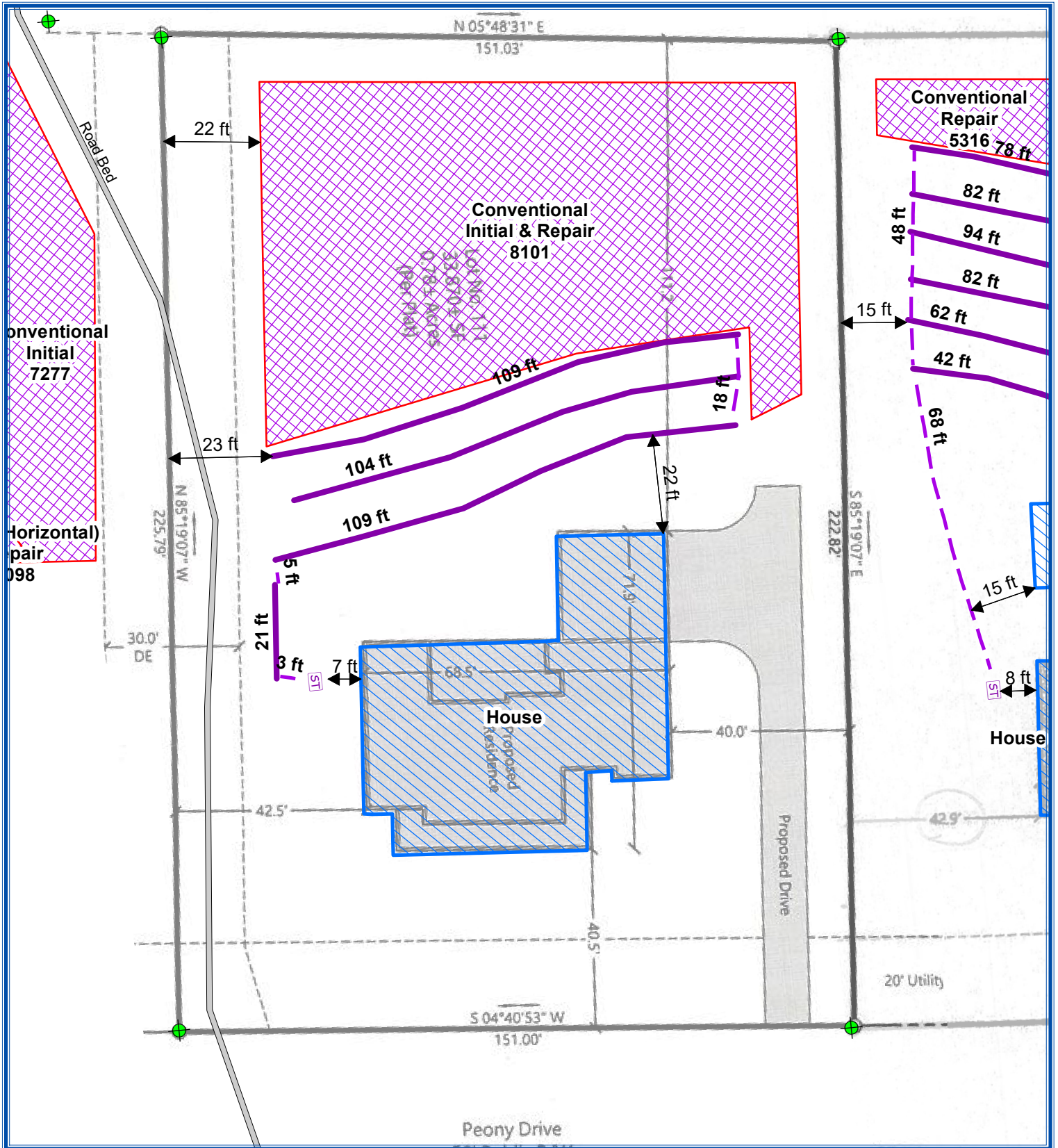
Glenn Meredith set HPPP1000 STB156 (3/26/23) w/ polylok 7' from HSE and plumbed 4' of 4" sch40 supply to 4 lines IQ4P totaling 348'

Drainfield Approval:	<u>AMR</u> Environmental Health Specialist	Date: <u>5/18/23</u>
Tank Approval:	<u>AMR</u> Environmental Health Specialist	Date: <u>5/18/23</u>
Supply Line Approval:	<u>AMR</u> Environmental Health Specialist	Date: <u>5/18/23</u>
Pump/Alarm Approval:	----- Environmental Health Specialist	Date: _____
Operational Permit Approval:	<u><i>Kenneth C Melder RCHS</i></u> Environmental Health Specialist	Date: <u>7/13/23</u>

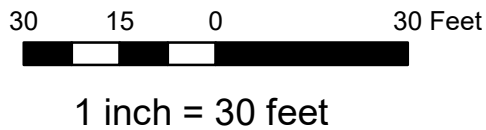
This System is in compliance with Article 11 of G.S. Chapter 130A .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.



Diagram



Address: 8504 Peony Dr
 Permit #: 22-02-SNHR-00791
 Issuer's Initials: KCM
 Date: 7/13/2023



DISCLAIMER:
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CONDITIONS:

Initial system and designated repair areas must be protected from traffic, construction, destruction, cultivation, landscaping, erosion, or any other circumstances that may alter site conditions and may cause problems with the initial system or the future system as permitted.

Surface and/or subsurface drainage diversion around the system must be maintained as permitted.

Heavy vegetative growth over drainfields and the root system of many shallow-rooted trees are detrimental to the proper operation of subsurface sewage systems and must be controlled periodically.

All subsurface sewage disposal systems must be maintained and operated in a manner that prevents surface discharge or any other potential public health concerns. All public health concerns created by the operation of this system must be addressed immediately (within 48 hours). Required permits to correct the public health concern must be obtained from the Environmental Health Water Quality Unit and corrections to the system are to be completed within 30 days of the date of that permit.

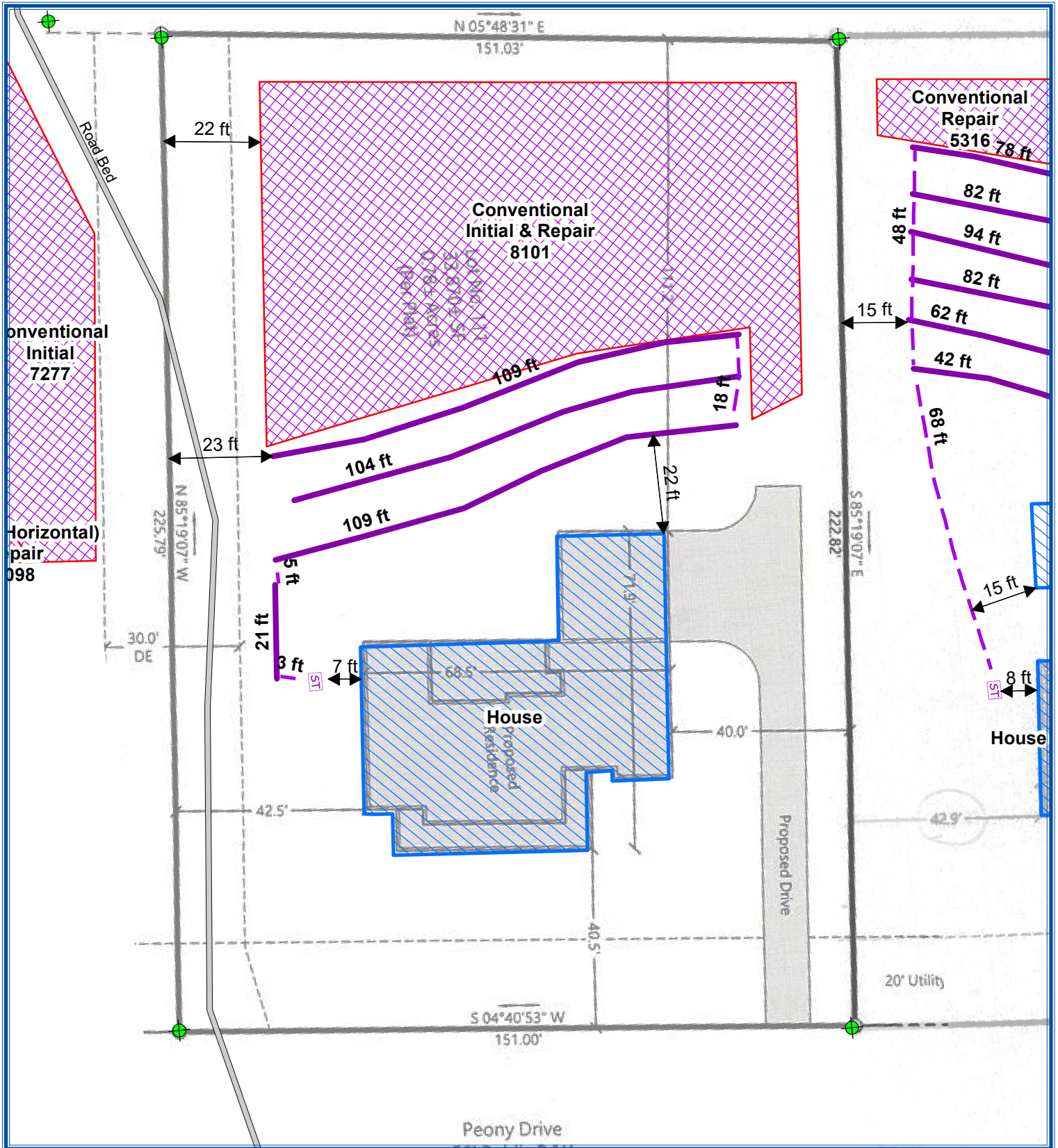
Establish cover over drainlines.

Access to tanks, tank components (pumps, float controls, valves, etc.), drainfields, or other system components must be maintained to allow periodic follow up inspections as required and/or to evaluate system concerns.

To avoid damage to the system, the septic tanks should be pumped out every 3-5 years.



Diagram

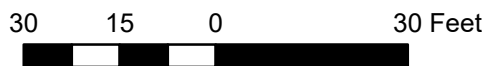


8504 Peony Dr

Permit #: 22-02-SNHR-00791

Issuer's Initials: AMR

Date: 6/15/2023



1 inch = 30 feet

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Septic System Installation Inspection Checklist

Guilford County Water Quality

Permit # 22-02-SNHR-00791



Septic Tank Tank Stamp <u>1888/000 9B156</u> Date <u>3/26/23</u> filter type <u>polylok</u> tank level? <input checked="" type="checkbox"/> Risers' <u>0</u> w/n 6" finished grade? <input checked="" type="checkbox"/> distance from house <u>7'</u> rebar or honeycombing? <u>0</u> vents busted out? <input checked="" type="checkbox"/>	Pump Tank Tank Stamp _____ Date _____ Pump _____ Tether Length _____ Alarm _____ rebar or honeycombing? _____ riser info _____ supply outlet: ___ tank ___ riser tank level? _____
---	--

Supply Line Gravity Tank to Drainfield: size <u>4"</u> (3" min .1955(e)) length <u>4'</u> cleanouts? <input checked="" type="checkbox"/> fall <u>3/4"</u> (min 1/8" per ft .1955(e))	Pump Tank to Drainfield: size _____ length _____ Tank to Stub-up: size _____ length _____ From Stub-up to Drainfield: size _____ length _____
---	--

Trench type <u>IQ4P</u> gravel size <u>3 4 5 57 6</u> (.1955(h)) gravel depth <u>0</u>
--

Line	Length	Chambers	Fall	Trench Depth	Tap size
1	<u>22'</u>	<u>5</u>	<u>1/2" 3/4"</u>	<u>23"</u>	_____
2	<u>110'</u>	<u>27</u>	<u>1/4"</u>		
3	<u>106'</u>	<u>26</u>	<u>1/4"</u>		
4	<u>110'</u>	<u>27</u>	<u>1"</u>	<u>26"</u>	
5					
6					
7					

400' / 300'

20-33"

(max 1/4" per 10 ft .1955(g))

Distribution Device:	Type: _____	# lines: _____
	Level? _____	size: _____

Installer: <u>Glenn Meredith</u>	Notes:
Date: <u>5/18/23</u>	
REHS: <u>AMR</u>	
Address: <u>8504 Peony</u>	



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



Authorization for Wastewater System Construction

Address: 8504 PEONY DR, STOKESDALE, NC 27357

Permit Number: 22-02-SNHR-00791

This Construction Authorization shall be valid for five years from the issue date of the Improvement Permit. The area designated for a Subsurface Sewage Treatment and Disposal System shall not be graded and appropriate measures shall be taken to prevent vehicular traffic, erosion, or any other disturbance to the site. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this Authorization.

Design Flow:	360 GPD	Septic Tank Capacity:	1000 GAL	
Initial System Type:	2a – Conventional	Pump Tank Capacity:	GAL	
Initial Trench Type:	Conventional	Pump Dose Volume:	GAL to GAL	
Gravity <input checked="" type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Number of Bedrooms: 3	
Repair System Type:	2a – Conventional	<u>Site Requirements:</u>		
Repair Trench Type:	Conventional	Setback:	40.5 FT off of the Front	
Gravity <input checked="" type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Offset:	40 FT off of the Right
Facility Type:	Single Family	Setup:	111.2 FT	
Trench Depth:	20 IN to 33 IN	Basement:	N	
Trench Length:	400 FT	Well Site Available:	N (Public Water)	
Trench Width:	36 IN	Repair Area Required:	Y	
Trench Separation:	9 FT On-Center			
Soil Cover:	8 IN to 21 IN			
Gravel Depth:	12 IN			

Pre-Construction Meeting: N Post Construction Meeting: N Maintenance Agreement Required: N

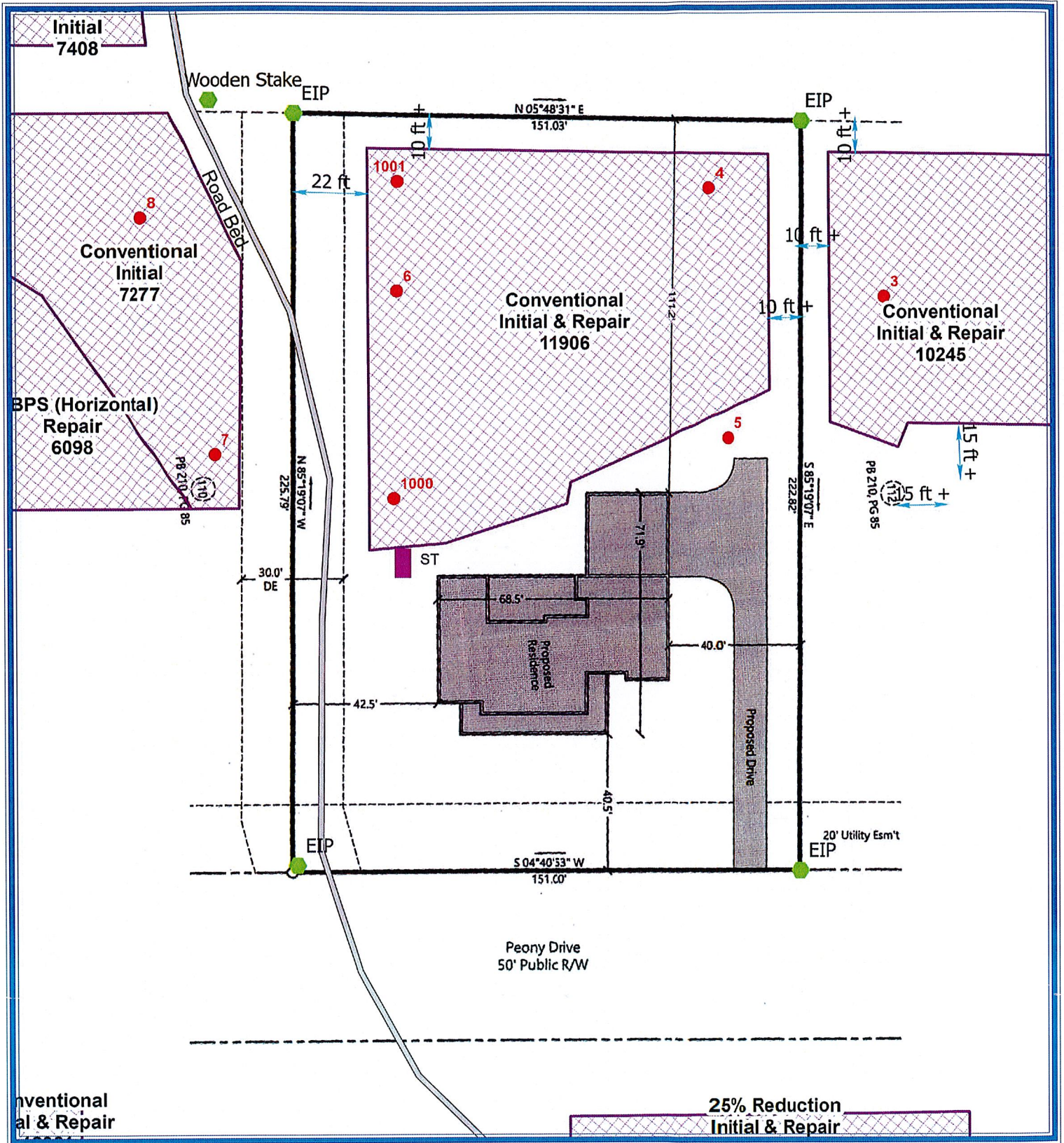
Authorization Issued: Eric Doblina REHS Date Issued: 1/27/2023
Environmental Health Specialist

Owner or Authorized Agent: [Signature] Date: 2/2/23
Owner or Authorized Agent

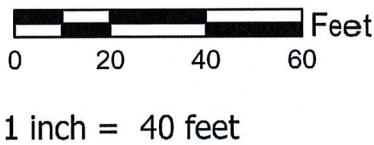
Comments: Plumb out the left rear of the single-family residence to the septic tank. Install the nitrification field on contour in the approved area as shown on the permit keeping the nitrification trench bottoms level while maintaining the specified trench depth. Do not grade or fill the approved septic areas. Maintain minimum setbacks. Property lines and corners must be clearly flagged at time of the septic installation. All surface water including foundation and gutter drains must be diverted away from the septic system. Must maintain a minimum of 100 feet separation from any well. Must maintain at least 10 feet laterally from a waterline to any part of the septic system.



Diagram



Address: 8504 Peony Dr
 Permit #: 22-02-SNHR-00791
 Issuer's Initials: EGD
 Date: 1/29/2023



DISCLAIMER:
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**Sumner 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 # 23-01-BLDR-00472 Septic Permit # 22-02-SNHR-009A1 Well Permit # public

PROPERTY INFORMATION

Address 8504 Peony Drive City Stokesdale Parcel REID # 236041
 Development Name Trakeline Trails Section/Phase # 3 Lot # 111 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 _____

ZONING INFORMATION

Zoning: _____ Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: 40.5 Side Street: 40.0, 42.5 Side Yard: 40.0, 42.5 Rear: 111.2
 Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

(Mark Winfree)

APPLICANT INFORMATION

Applicant Name: Lamb and Peeples Builders Address: 9890 NC Hwy 65, Stokesdale
 Phone 1: (336) 332-4159 Phone 2: _____ Email: winfree.mark14@gmail.com
 Owner Name: SMJE Address: _____
 Phone 1: _____ Phone 2: _____ Email: _____

DEVELOPMENT INFORMATION

NEW ACCESSORY SWMH MULTIFAMILY/DUPLEX ADDITION (TYPE) _____
 HOUSE MODULAR DWMH RENOVATION OTHER TYPE _____
 Residential Specifications: Max # of Bedrooms: 3 MAX. # of Occupants: _____ Total # of Rooms: _____ Size of Structure (sq ft): 2185
 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): 2185
 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

Wastewater 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.

- YES NO Does the site contain any jurisdictional wetlands?
- YES NO Does the site contain any existing wastewater systems?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other public agency?
- YES NO Are there any easements or right of ways on this property?

RECEIVED
 JAN 23 2023
 E Subm

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.

(Signature)
 Property Owner's or Owner's Legal Representative* Signature (Required)
 * Must provide documentation to support claim as owner's legal representative.

1/13/23
 Date

US 220N, 1/4 US 158, 1/4 Athens, 1/4 Peony Dr, lot on right past Kingstey Place

Bedrooms confirmed as 3 per Applicant



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



Improvement Permit

Address: 8504 Peony DR Permit Number: 22-02-SNHR-00791

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 # 111

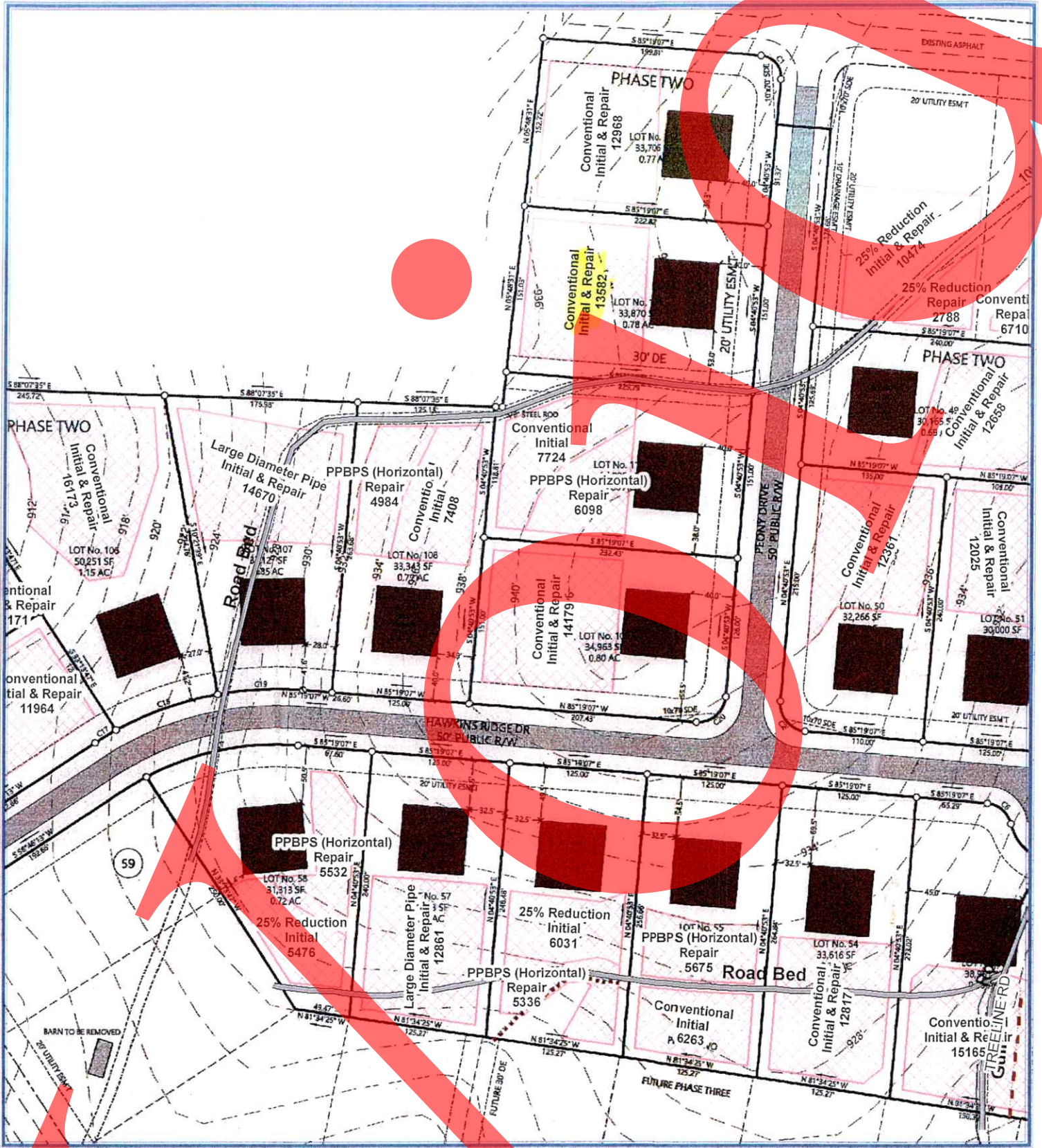
Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an authorization to construct a wastewater system. The authorization for wastewater system construction with system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

Permit Issued: SPencer K. R. Prens
 Environmental Health Specialist

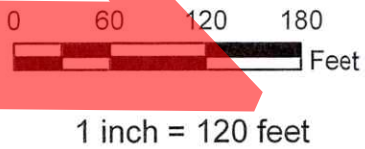
Date Issued: 7/5/22



Diagram



Address: 8504 Peony Dr
 Permit #: 22-02-SNHR-00791
 Issuer's Initials: SKB
 Date: 7/5/2022



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#	1	2	3	4	5	6	7	8	9
landscp	L	L	L	L	L	L	L	L	L
slope	4	5	4	3	4	4	5	5	3
H1_depth	0 - 12	0 - 17	0 - 10	0 - 14	0 - 14	0 - 26	0 - 13	0 - 13	0 - 12
H1_text	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL
H1_consist	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
H1_struct	WBK	WSBK	WSBK	WSBK	WBK	WBK	WSBK	WSBK	WSBK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	12 - 27	17 - 48	10 - 48	14 - 48	14 - 32	26 - 50	13 - 30	13 - 30	12 - 23
H2_text	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
H2_struct	SBK	SBK	SBK	SBK	SBK	SBK	SBK	SBK	SBK
H2_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth	27 - 45				32 - 50		30 - 37	30 - 37	23 - 27
H3_text	CL (BC)				CL (BC)		CL (BC)	CL (BC)	CL (BC)
H3_consist	Fr				Fr		Fr	Fr	Fr
H3_struct	WBK				WBK		WSBK	WSBK	WSBK
H3_minrl	SEXP				SEXP		SEXP	SEXP	SEXP
H4_depth							37 - 37	37 - 37	27 - 27
H4_text							CR	CR	CR
H4_consist									
H4_struct									
H4_minrl									
soil_wet									
saprolite									
class	PS	PS	PS	PS	PS	PS	PS	PS	PS
ltar	0.275	0.3	0.275	0.3	0.275	0.325	0.275	0.275	0.25
notes			Chroma 4 start @ 27		Chroma 4 upper b				Shallow Placement
eval_by	SKB	JPS	JPS	JPS	SKB	SKB	JPS	JPS	JPS
eval_date	03/01/22	03/01/22	03/01/22	03/01/22	03/01/22	03/01/22	03/01/22	03/01/22	03/01/22
Initial/Repair LTAR	.275/.275			.3/.3			.275/.275		
Initial/Repair System Type	conv/conv			conv/conv			conv/ppbps		

	#	10	11	12
landscp	L	L	L	L
slope	3	4	4	4
H1_depth	0 - 14	0 - 14	0 - 14	0 - 14
H1_text	SCL	SCL	SCL	SCL
H1_consist	Fr	Fr	Fr	Fr
H1_struct	WSBK	WBK	WBK	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP
H2_depth	14 - 32	14 - 25	14 - 30	14 - 30
H2_text	Clay	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi	Fi
H2_struct	SBK	SBK	SBK	SBK
H2_minrl	SEXP	SEXP	SEXP	SEXP
H3_depth	32 - 52	25 - 48	30 - 50	30 - 50
H3_text	CL (BC)	CL (BC)	CL (BC)	CL (BC)
H3_consist	Fr	Fr	Fr	Fr
H3_struct	WSBK	WBK	WBK	WBK
H3_minrl	SEXP	SEXP	SEXP	SEXP
H4_depth				
H4_text				
H4_consist				
H4_struct				
H4_minrl				
soil_wet				
saprolite				
class	PS	PS	PS	PS
ltar	0.3	0.25	0.3	0.3
notes				
eval_by	JPS	SKB	SKB	SKB
eval_date	03/01/22	03/01/22	03/01/22	03/01/22
Initial/Repair LTAR	.275/.275			
Initial/Repair System Type	conv/conv			



**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'

Building Permit # _____ Septic Permit # JA-02 SNHR-00791 Well Permit # _____

PROPERTY INFORMATION

Address 8504 Peony Dr City Stokesdale, NC 27357 Parcel REID # _____
 Development Name Treeline Development Section/Phase # 2 Lot # 111 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: _____

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

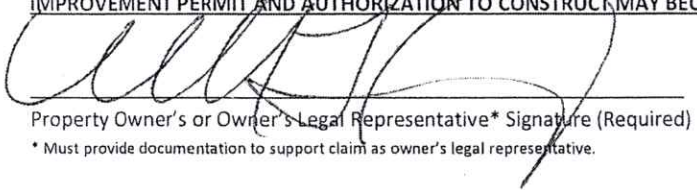
Sewage Disposal: Please Indicate Desired System Type (see back)
 Conventional Accepted Modified Alternative Other _____ Any/All

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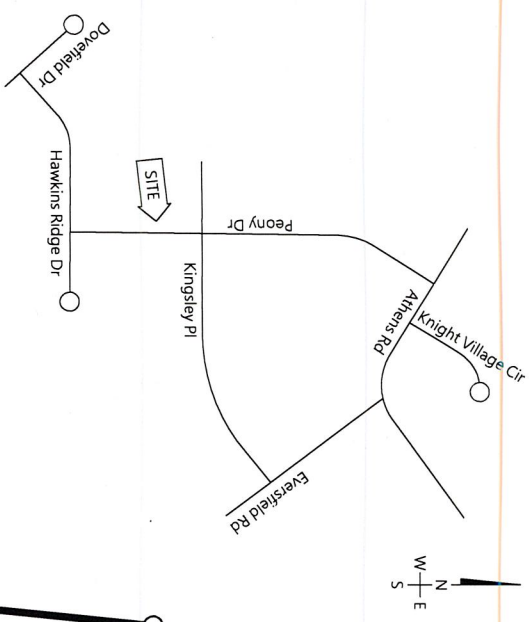
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- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
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- YES NO Are there any easements or right of ways on this property?

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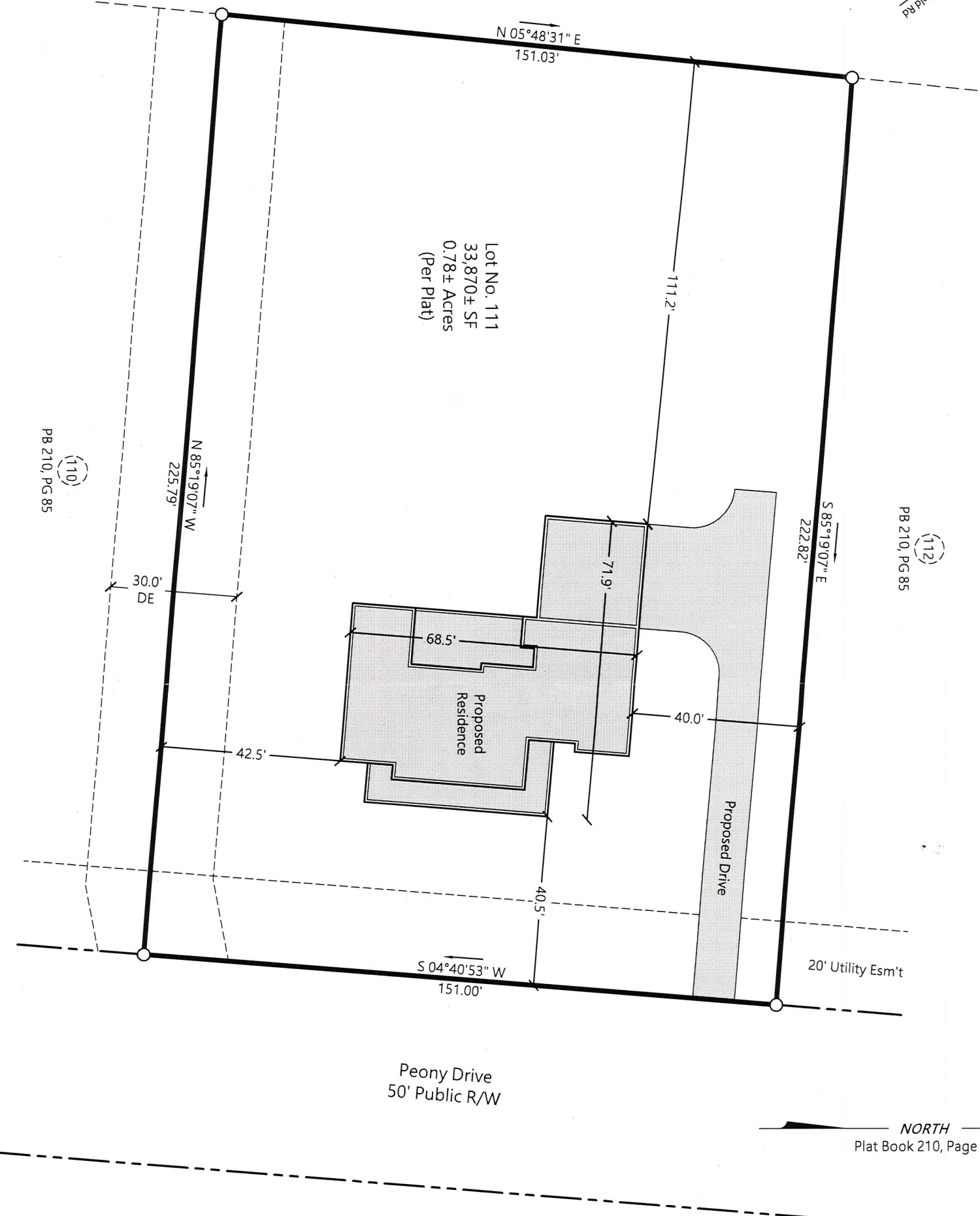
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 Property Owner's or Owner's Legal Representative* Signature (Required)
 * Must provide documentation to support claim as owner's legal representative.

_____ Date



Parcel No. 164111
 Donald F. Davenport &
 Mary Wood Davenport
 DB 3331, PG 859



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

- THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS OR RIGHTS OF WAY, WHICH WERE NOT VISIBLE AT THE TIME OF MY INSPECTION. THIS DOCUMENT WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
- ALL BEARINGS & COORDINATES ARE BASED UPON (SEE PLAT REFERENCES).
- ALL DISTANCES ARE HORIZONTAL GROUND IN US SURVEY FEET.

B/L	BUILDING LINE	OSSE	OFF-SITE SEPTIC EASEMENT
DE	DRAINAGE EASEMENT	PSSAME	PRIVATE SANITARY SEWER
EIP	EXISTING IRON PIPE		ACCESS & MAINTENANCE
EIR	EXISTING IRON ROD	EASEMENT	
ESM'T	EASEMENT	PT	POINT (NO MONUMENT)
NIR	NEW IRON ROD	SDE	SIGHT DISTANCE EASEMENT
R/W	RIGHT-OF-WAY	UP	UTILITY POLE
			UTILITY POLE
			PROPERTY CORNER
			POINT (NO MONUMENT)
			EASEMENT CORNER
			LINES NOT SURVEYED
			FENCE
			OVERHEAD UTILITIES (OHU)

PLOT PLAN for PROPOSED RESIDENCE

Lot No. 111, Treeline Trails, Phase Two
 Title Source: Plat Book 210, Page 85
 Oak Ridge Township, Guilford County
 Town of Stokesdale, North Carolina
 Property Address: 8504 Peony Drive
 Survey Date(s): N/A

Prepared For:
Lamb & Peeples Builders, Inc.

One Inch = Thirty Feet