



PITT COUNTY
 ENVIRONMENTAL HEALTH
 1717 W. 5th Street
 Greenville, NC 27834-1696
 Office (252) 902-3200
 Fax (252) 902-3208

IMPROVEMENT PERMIT

Application Date: 3-18-2021 Project Number: PRJ2021-127025 Application Number: WLS2021-108731

Applicant: Mike Corey
 106 Kilby Dr.
 Greenville, NC 27858

Owner: Mike Corey
 106 Kilby Dr.
 Greenville, NC 27858

Site Address: LLoyd Corey Rd.

Tax Parcel #(s): ⁰¹¹⁰⁷55856

Subdivision Magnolia Farms

Lot #: 1 Block/Phase: Sec1/Ph 1

Name:

| | | | |
|------------------------|-----------------|---------------------|-----------------------|
| Date of Evaluation | <u>10/15/21</u> | System Type | <u>llg</u> |
| Tank Size | <u>1000</u> gal | Nitrification Field | <u>Eq 1,360</u> ft sq |
| Pump Tank | _____ gal | Trench Bottom Depth | <u>12</u> in |
| Grease Trap | _____ gal | Estimated Flow | <u>480</u> gpd |
| Maximum # of Occupants | <u>8</u> | # of Bedrooms | <u>4</u> |

Remarks: Do not drive/build over system/repair areas.
Cover system with 6-8 inches of approved material
and landscape to shed surface water.
If gravity flow cannot be achieved, a pump system
will be required.

Permit Reference #'s _____

An Authorization to Construct a wastewater system must be obtained from Environmental Health before construction of the wastewater system begins. Depending on the system design, an additional fee may be charged before the Authorization to Construct can be issued.

Date Issued: 12-1-2021 Environmental Health Specialist Brent Jones REHS

(GS130A-335) This Improvement Permit is subject to revocation if the site is altered or if the site plan or intended use change.

Improvement Permit Valid _____ No Expiration Five (5) Years



PITT COUNTY
ENVIRONMENTAL HEALTH
 1717 W. 5th Street
 Greenville, NC 27834-1696
 Office (252) 902-3200
 Fax (252) 902-3208

APPLICATION FOR IMPROVEMENT PERMIT

Type of Inspection: Evaluation for a New Septic System
 Appointment Requested:
 Date Site Ready: 3/19/2021
 Fees Paid: Yes

Application Date: 03/18/2021 Project Number: PRJ2021-127025 Application Number: WLS2021-108731

Applicant:
 MIKE COREY
 106 KILBY DRIVE
 GREENVILLE, NC 27858
 (252) 341-9789

Owner:
 MIKE W COREY
 106 KILBY DRIVE
 GREENVILLE, NC 27858
 (252) 341-9789

No FD
 No PG
 TD
 3/18/21

Site Address: ~~3421~~ LLOYD COREY RD ROBERSONVILLE, NC 27871

Tax Parcel #(s): 55856

Subdivision Name: Magnolia Farms Sec 1 Ph 1

Lot #: 1

Block/Phase: SEC 1/PH 1

Directions to Site: Directions - Total Distance: 15.33; Start at 1717 W 5th ST.; Go north on HOSPITAL DR toward W 6TH ST; Turn right on W 6TH ST; Turn left on S MEMORIAL DR; Turn right on NC 903 N; Continue on BEARGRASS RD; Turn left on SHEPPARD MILL RD; Bear right on LLOYD COREY RD; Finish at 0 LLOYD COREY RD ON THE right. FLAGGED LOTS ARE +/- .3 MILE AFTER 3421 LLOYD COREY RD, on the left; LOTS ARE CLOSE TO THE SHEPPARD MILL RD/LLOYD COREY RD INTERSECTION;

Water Supply: New Well

Are there any existing wells or springs on this property? No

Type Use: House

Number of Occupants:

If Residential

Proposed # of Bedrooms: 4

Existing # of Bedrooms:

If Commercial

of Children:

of Employees:

of Seats:

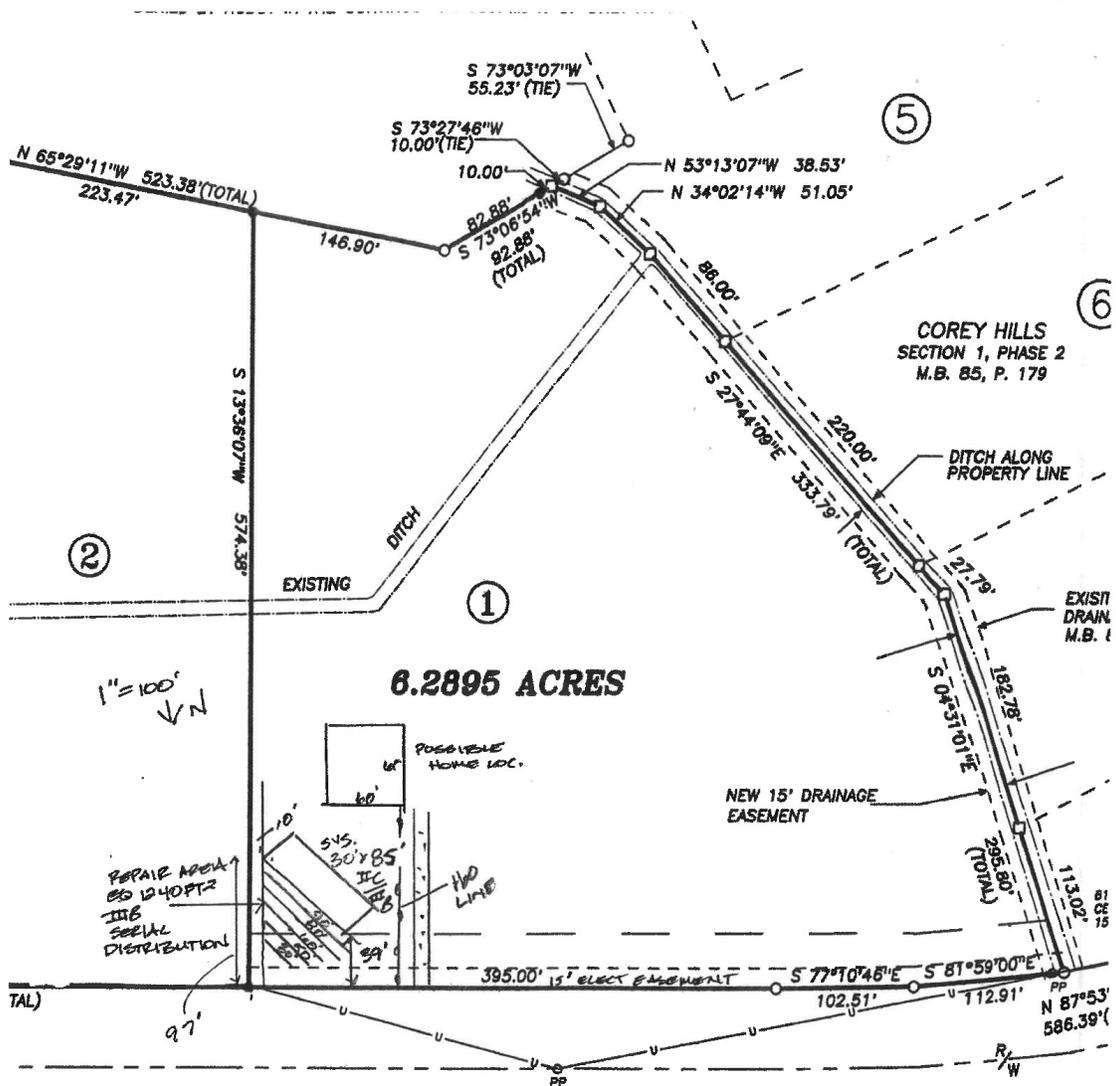
Does the site contain any previously identified jurisdictional wetlands? No
 Does the site contain any existing wastewater systems? No
 Is any wastewater going to be generated on the site other than domestic sewage? No
 Is the site subject to approval by any other public agency? Yes
 Are there any known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

I have read this application and certify that the information provided herein is true, complete and correct. 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 and making the site accessible so that a complete site evaluation can be performed. 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 shall become invalid.

See attached docs for signature
 Applicant's Signature

Date: 3/18/21

Application Valid for Six (6) Months



1" = 100'
 ↓ N

6.2895 ACRES

REPAIR AREA
 60' x 40' x 2'
 SEE LAL
 DISTRIBUTION

POSITIVE HOME LOC.

H2O LINE

NEW 15' DRAINAGE
 EASEMENT

COREY HILLS
 SECTION 1, PHASE 2
 M.B. 85, P. 179

DITCH ALONG
 PROPERTY LINE

EXISTING
 DRAIN
 M.B. 85, P. 179

395.00' 15' ELECT EASEMENT

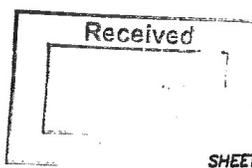
REFERENCES

- D.B. 1678, P. 446
- D.B. 1125, P. 151
- D.B. 2736, P. 611
- D.B. 1678, P. 428
- D.B. U-34, P. 562
- D.B. B-28, P. 23
- M.B. 60, P. 196
- M.B. 60, P. 198
- M.B. 69, P. 83
- M.B. 85, P. 179
- PITT COUNTY REGISTRAR

Improvement Permit

WLS2021-10B731

An Approved Site Plan Must Be
 Submitted Before A Construction
 Authorization Can Be Issued.



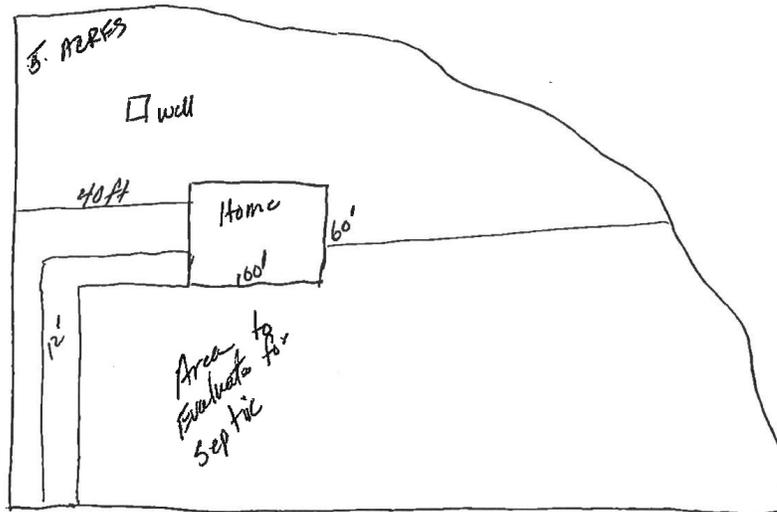
HAT THIS SURVEY CREATES A
 I OF LAND WITHIN AN AREA
 TY THAT HAS AN ORDINANCE
 ATES PARCELS OF LAND

SPRULL L-2723

SHEET 1 OF 1
 FINAL PLAT
MAGNOLIA FARMS

Please Use This Space to Draw Your Site Plan

Magnolia Farms Lot 1



[Handwritten Signature]

Property Owner's or Applicant Signature

3-18-2021

Date





John L. Silvernail, M.D., MPH
Health / Medical Director

New On-Site Wastewater Permit Questionnaire

If you are not the current owner of the property, you must have signed written consent from the owner granting you the authority to make this application on their behalf. The following information is required for all new lot evaluations. Additional information may be required.

Owner's Name: Mike Corey Applicant's Name: Mike Corey
Mailing Address: 106 Kilby Dr. Greenville, NC 27838 Mailing Address: 106 Kilby Dr. Greenville NC 27838
Phone Number: (252) 341-9789 Phone Number: (252) 341-9789

Type of Use: Residential Commercial Assembly Event Venue Other _____

Property Location: Lloyd Corey Rd. Stokes NC Lot 1
Tax Parcel Number: 55856

Will property have access to Municipal water? Yes No; If yes please list water supplier _____

Will property utilize private well? Yes No If yes is the well existing? Yes No; If yes; please identify the well(s) location on the site plan or plat; if no; a well permit is needed

Provide the original date (month/day/year) the property was created by recorded deed description or recorded plat: _____

Any room or addition that can reasonably be expected to function as a bedroom shall be considered a bedroom for design purposes

Residential:

Number of bedrooms 4 Maximum Number of occupants _____

Please list any information or factors that would help determine the design flow or wastewater characteristics: (examples would include but not be limited to: home medical equipment that produces wastewater, garbage grinders, garden tubs, multiple spray shower heads in a single shower, sauna or sauna showers, etc.)

Commercial:

Type of business _____ Number of employees _____
Days/Hours of operation _____ Will structure have foundation/floor drains? Yes No

Assembly:

Number of seats _____ How many days a week will service be held? _____

Will facility have a fellowship hall? Yes No; If yes will there be a fully equipped kitchen? Yes No

Will kitchen have an ice machine? Yes No Will facility have a for profit daycare? Yes No

Number of children _____ Number of employees _____ Days/Hours of operation _____





John L. Silvernail, M.D., MPH
Health / Medical Director

Event Venue:

Max. number of guests _____ Number of employees _____
Days/hours of operation _____ Will facility have an ice machine? Yes No
Will facility have a fully equipped kitchen? Yes No

Does the property contain any previously identified jurisdictional wetlands? Yes No
If yes, provide documentation supporting the agency's (i.e. state and/or federal) official wetland determination in accordance with Section 404 of the Clean Water Act.

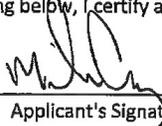
Will any wastewater other than domestic sewage be generated on the property? Yes No
If yes, explain. _____

Is the site subject to approval by other local, state, or federal agencies? Yes No
(examples would include but not be limited to: building inspections, zoning compliance, etc)
If yes, explain. _____

Is the property subject to any legal agreements? Yes No
If yes, please provide a copy of each legal agreement (e.g., a plat; a deed description; the location and dimensions of the legal agreement; restrictive covenants, easements, rights-of-way, riparian buffers, etc.)

A site plan must be submitted with this documentation, you may attach a separate drawing or use the attached blank page to sketch out your site plan

By signing below, I acknowledge and understand that any information I submit to Pitt County Environmental Health is considered public information and may be released in a public records request. By signing below, I certify all information is true and correct to the best of my knowledge



Applicant's Signature

3-18-2021
Date



PITT COUNTY ENVIRONMENTAL HEALTH SOIL SITE EVALUATION FORM

DATE: 10-15-21 PARCEL #: 55850 APPLICATION #: W162021-108731
 APPLICANT: MIKE LOBEY DATE EVALUATED: 10-15-21
 PROPOSED FACILITY: RES PROPERTY SIZE: 560M²
 LOCATION OF SITE: MALCOLM FARMS LOT 1 DESIGN FLOW: 480 GPD
 WATER SUPPLY: ON-SITE WELL EVALUATION METHOD: AUGER
 COMMUNITY WELL PIT
 PUBLIC

| Profile # | .1940 LANDSCAPE POSITION AND SLOPE | HORIZON DEPTH IN INCHES | .1941 | | | COLOR | | OTHER PROFILE FACTORS |
|-----------|------------------------------------|-------------------------|-----------------|-------------------|--------------------------------|---------|------------|--|
| | | | (a) (1) TEXTURE | (a) (2) STRUCTURE | (a) (3) MINERALOGY CONSISTENCY | MATRIX | MOTTLE | |
| 1 | 0-5/6 SS | 0-13 | LS | CL | LOO | 2.5Y6/4 | | .1942 Wetness Cond. - 30" |
| | | 13-30 | SCL | CBK | FR/CL | 2.5Y6/6 | 10YR5/6 | .1943 Soil Depth - - |
| | | 30-36 | SCL | SBK | FR | 10YR6/6 | 10YR6(2/6) | .1944 Restrictive Horizon - - |
| | | | | | | | | .1948 Profile Class - PS Profile LTAR - .4 |
| 2 | | 0-2 | LS | CL | LOO | 2.5Y6/4 | | .1942 Wetness Cond. - 24" |
| | | 2-18 | SL | SBK | JFR | 2.5Y6/5 | | .1943 Soil Depth - - |
| | | 18-24 | SCL | SBK | FR | 10YR5/6 | | .1944 Restrictive Horizon - - |
| | | 24+ | " | " | " | " | 10YR6/2 | .1948 Profile Class - PS Profile LTAR - .35 |
| 3 | | | SAME | AS 2 | TB=2" | | | .1942 Wetness Cond. - |
| | | | | | | | | .1943 Soil Depth - |
| | | | | | | | | .1944 Restrictive Horizon - |
| | | | | | | | | .1948 Profile Class - Profile LTAR - |
| 4 | | | | | | | | .1942 Wetness Cond. - |
| | | | | | | | | .1943 Soil Depth - |
| | | | | | | | | .1944 Restrictive Horizon - |
| | | | | | | | | .1948 Profile Class - Profile LTAR - |

.1945 AVAILABLE SPACE .1946 OTHER FACTORS .1948 SITE CLASSIFICATION PS
 SYSTEM TYPE JIC LONG TERM ACCEPTANCE RATE .85% @ 1.4AA
 EVALUATED BY: [Signature] OTHERS PRESENT: _____
 COMMENTS _____

10-15-21

