IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 , Mooresville Office (704) 660-3625 PERMIT # 228093

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 3785-64-3878

APPLICANT/OWNER: Grayhouse Farms APPLICANT ADDRESS: 527 New Sterling Rd Stony Pt NC

SITE ADDRESS: 234 Riggs Rd Stony Pt NC PHONE: 704 902-5410 ALT. PHONE 704 873-6996

SITE DIRECTIONS: I-40 W to Old Mountain Rd T Off ramp TL Pressley Farm TL Riggs Rd on rt SAP CONTROLLED: ☐ YES ☒ NO

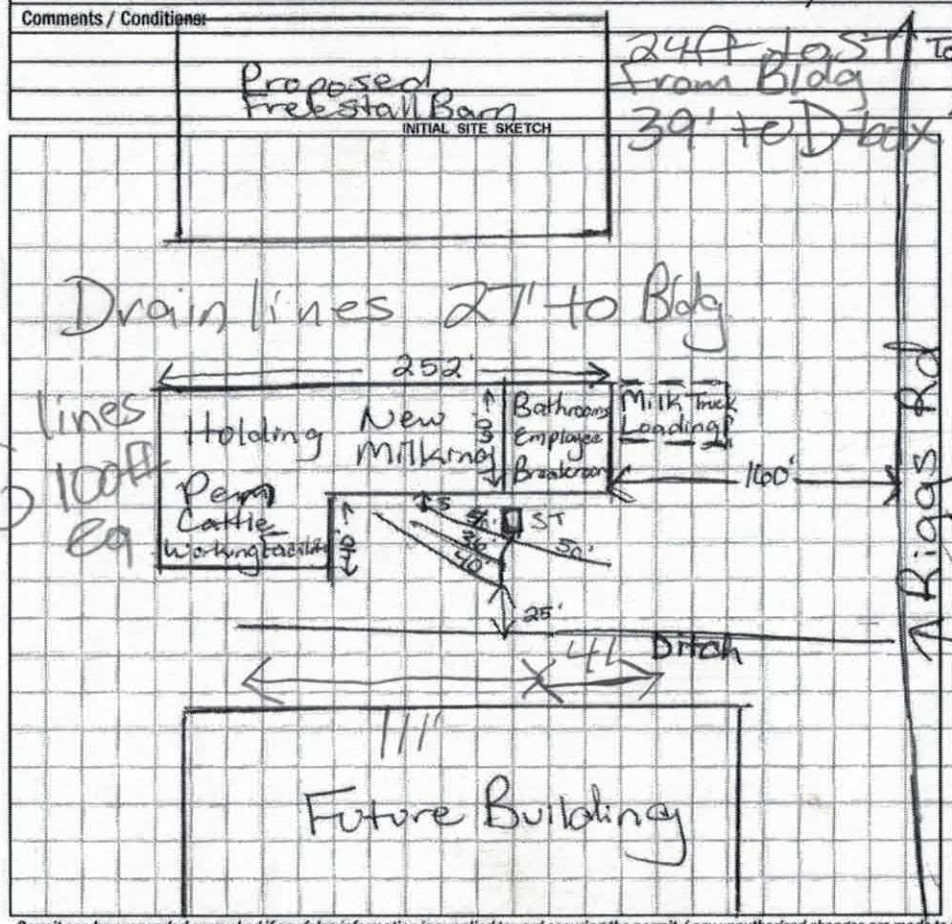
SUBDIVISION: — SECTION: LOT # — LOT AREA: 128 acres DESIGN FLOW: 150 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☐ Residence	No. Bedrooms		Water Supply				
Pump Tank		(gal)	PT		Date		System Description:	☒ Gravity - Conventional				☐ Business	No. Persons		☒ Private	Exist			
Pump Make			Model		Serial #		Repair System Description:	Same				☒ Other Dairy	No. Employees	60	☐ Public				
# Nitrification Fields	1		# Lines	3	Linear Ft	166'	Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab Farm	☐ Crawl Space	25 gpd	☐ Community				
Trench Width	36"		Trench Bottom Depth(Low side)	24"			Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☒ Basement w/o plumbing				

Comments / Conditions:

Proposed Freestall Barn

INITIAL SITE SKETCH

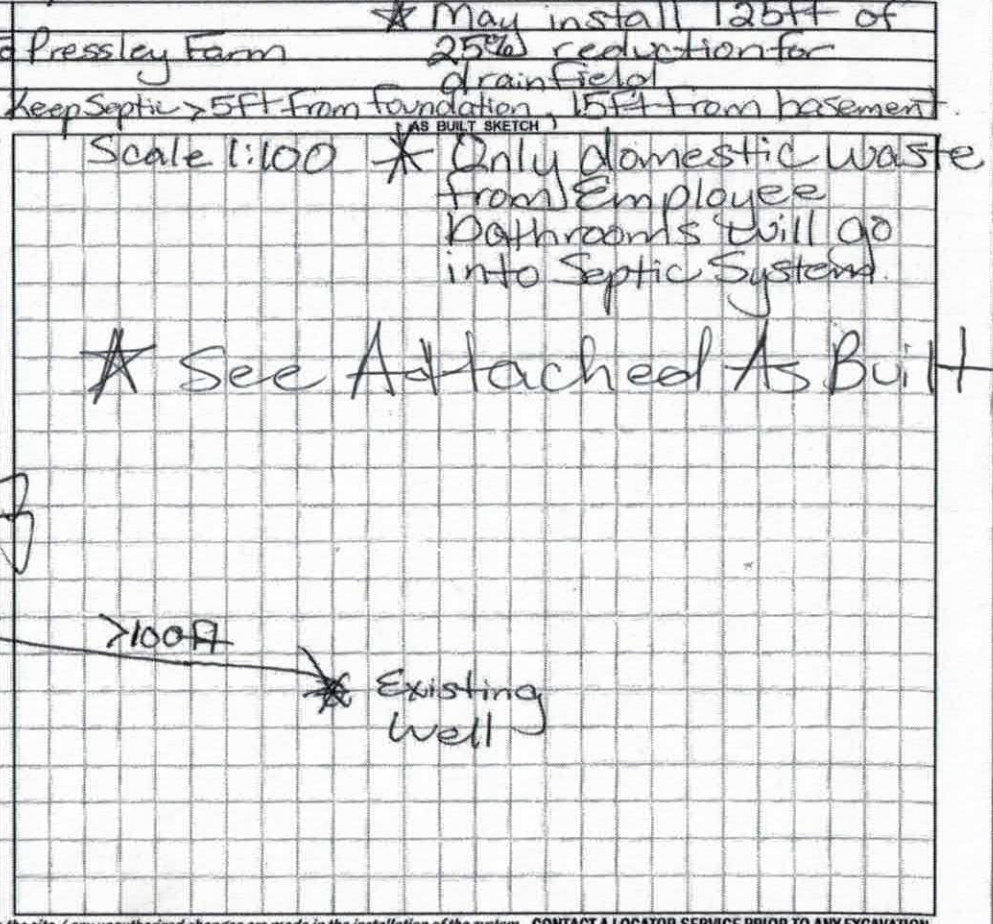


* May install 125ft of 25% reduction for drainfield

Keep Septic > 5ft from foundation, 15ft from basement.

AS BUILT SKETCH

Scale 1:100



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Cindy Gray Date: 12/5/17 Installed by: Jimmy Gray

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/11/17 OPERATION PERMIT by: Maria Dotson Date: 7/5/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/11/17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228093

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 3785-64-3878

APPLICANT/OWNER: Grayhouse Farms APPLICANT ADDRESS: 527 New Sterling Rd Stoney Pt, NC

SITE ADDRESS: 234 Riggs Rd Stoney Pt, NC PHONE: 704 902-5440 ALT. PHONE 704 878-6996

SITE DIRECTIONS: SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 150gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 1012 Date >28days

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft 200'

Trench Width 36" Trench Bottom Depth(Low side) Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - Conventional

Repair System Description: Gravity - 25% Red

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons

☒ Other Diary No. Employees 6a

☒ Slab Farm ☐ Crawl Space 25gpd

☐ Basement w/plumbing ☐ Basement w/o plumbing

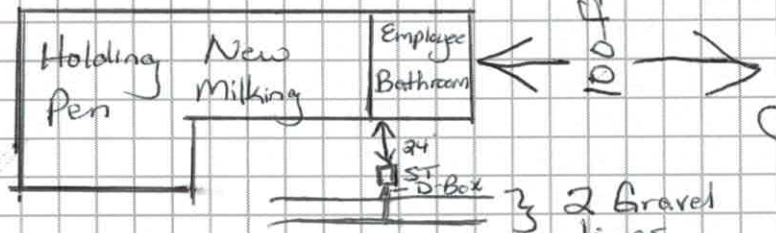
Water Supply: ☒ Private Exist ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH

Scale 1:100



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Jimmy Gray

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 7/5/18

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

emailed to Grayhousefarms Shunts@gmail.com

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Grayhouse Farms — APPLICATION DATE ____
ADDRESS: 527 New Sterling Rd — DATE EVALUATED: 6/26/17
PROPOSED FACILITY: Dairy Farm — PROPOSED DESIGN FLOW (.1949): 150gpd — PROPERTY SIZE: ____
LOCATION OF SITE: 234 Riggs Rd Stony Pt, NC — PROPERTY RECORDED: ____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Rep 5%	0-34"	Brw	CL w SBK	SS, SP, SExp				PS .25-.3
		34-39"	CL/Quartz	Rock mix	SS, SP, SExp, FR				
		39-48"	Brw	L SAP	massive, FR				
	Int. 4%	0-10	Brw	SCL w	SBK SS, SP, SExp				PS .3
		10-25	Rd/Brw	CL w SBK SS, SP, SExp w/ common Mica					
		25-38	Brw	CL w SBK	SS, SP, SExp, FR w/ few to many SAP Incl				
		38-48"	L SAP	massive, FR					
	Int 4-5%	0-12	Brw	SCL					PS .3
		12-21	Rd/Brw	CL w SBK	SS, SP, SExp, FR w/ few				
		21-39	Rd/Brw	CL w SBK	SS, SP, SExp, FR w/ few to many SAP Incl				
		39-48"	L SAP	massive, FR					
	4%	0-12	Brw	SCL	SS, SP, SExp, FR				PS .3
		12-32	Brw	CL w SBK	SS, SP, SExp w/ few to many SAP Incl				
		32-48	L SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conventional	25% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

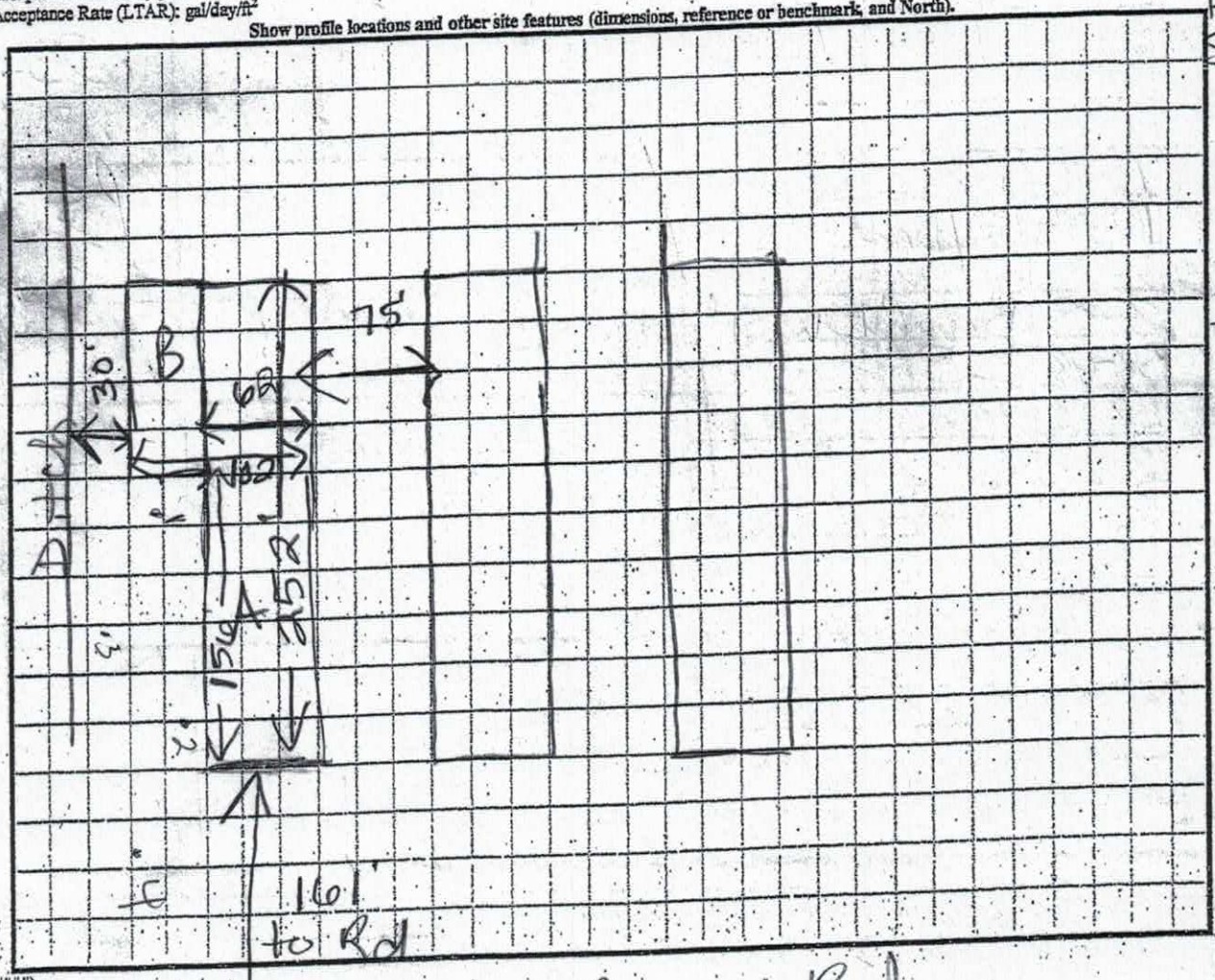
W - 25' to Bldg B
R&B - 47' to Bldg B
W - 10' down from B
R - 5' down "
B - 15' down "

NOTES

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



From Street Side of Bldg
R 16'
B 64'
W 76'
From Bldg
R mid end
B 35'
W 39'
Soil Well ~100'
In front of
MH across
Street
2nd P

DENR (######)
Review (#####)

Riggs Rd

6ft overhang on Bldg on A

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS. APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Greyhouse Farms	527 New Sterling	704-873-6996	704-902-5440 (Andy)
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jimmy Gray	527 New Sterling Rd Stony Point	704-878-2867	704-902-5441

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
234 Riggs Rd Stony Point		

Driving Directions: I-40 W to Old Mtn. Rd turn rt. go 4 miles turn left onto Pressley Farm go 1 mile turn left Riggs Rd go 3/4 mile on rt.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

IF Non-Residential Site Development:
Type of Business: Dairy Farm
Square Footage of Building:
Maximum Number of Employees: 3 per shift (bathrooms)
Maximum Number of Seats: 3 shifts

6. Proposed Water Supply: Shift 1 & Shift 3 will be same employee

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
(X) Yes ( ) No Is the site subject to approval by any other public agency?

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.

9. Signature: Andy Gray — 6-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

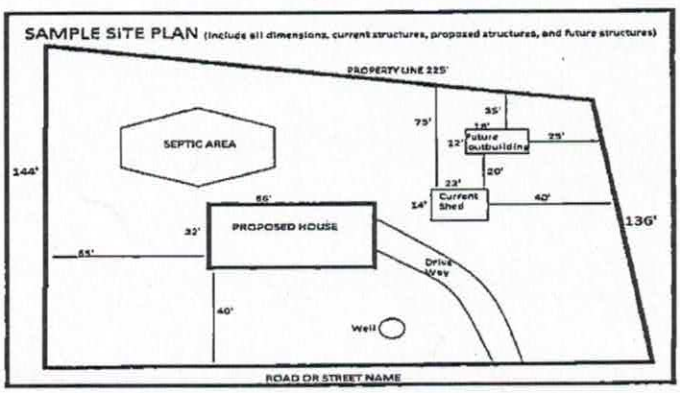
SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:
____ Property Line measurements are clearly identified... **____ All proposed structures are indicated...**

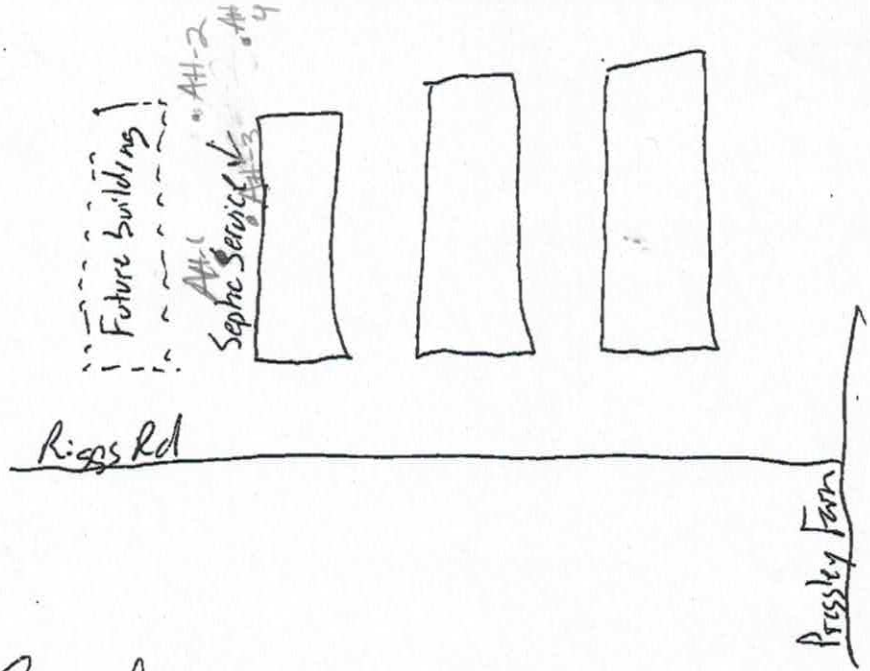
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**
____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**



R 100'
B 46'
W. 55
201

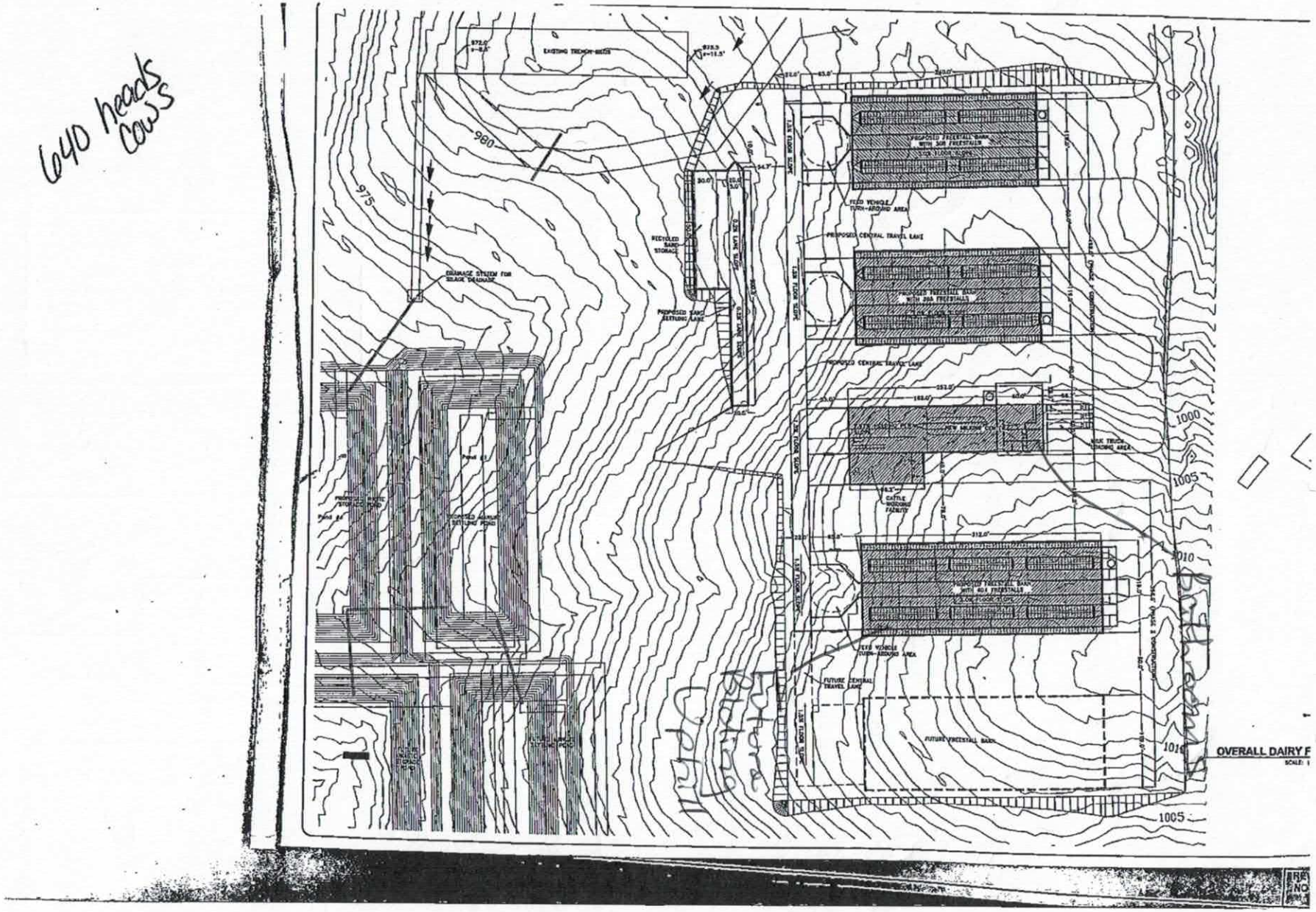
USE THIS SPACE TO DRAW YOUR SITE PLAN

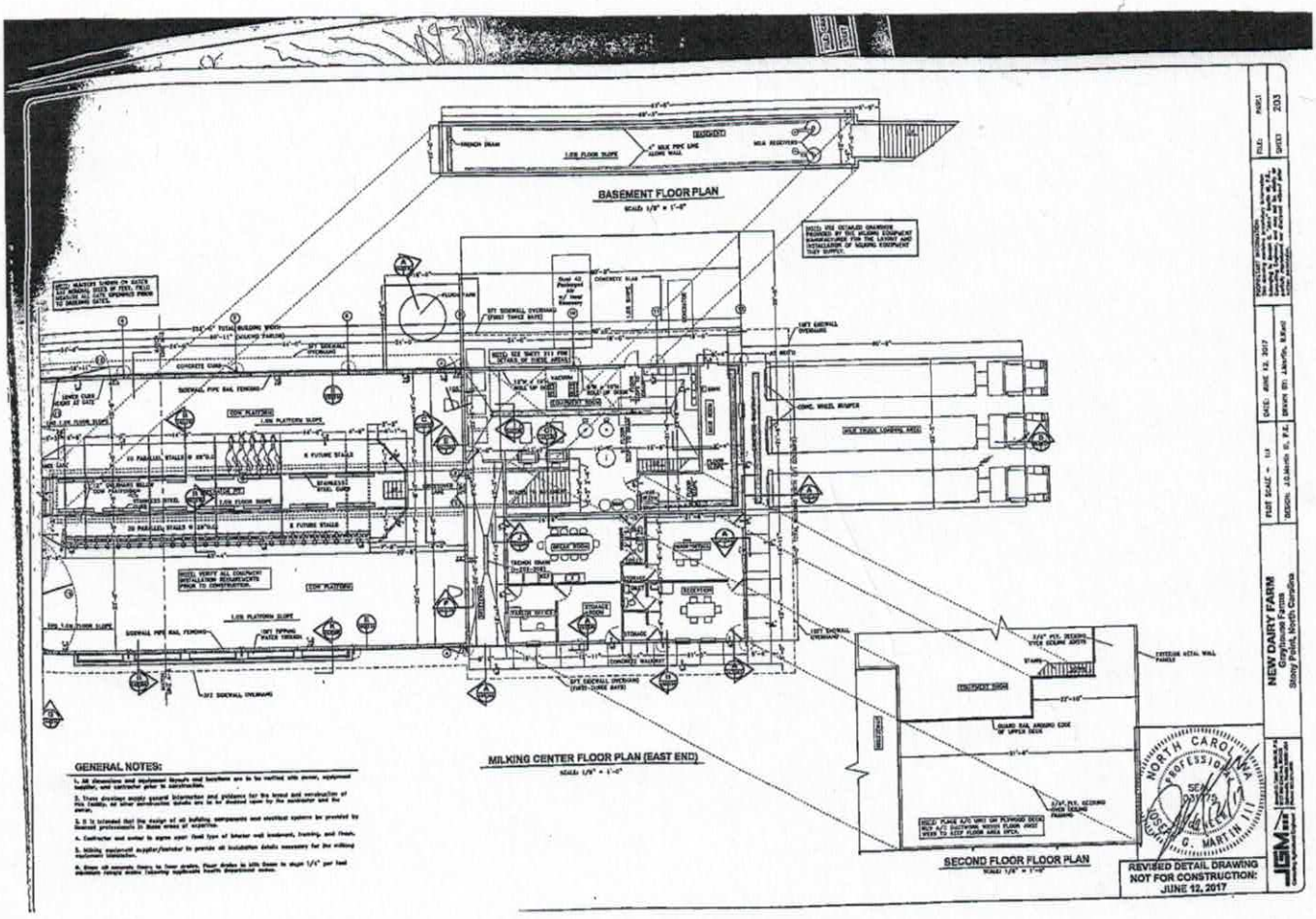


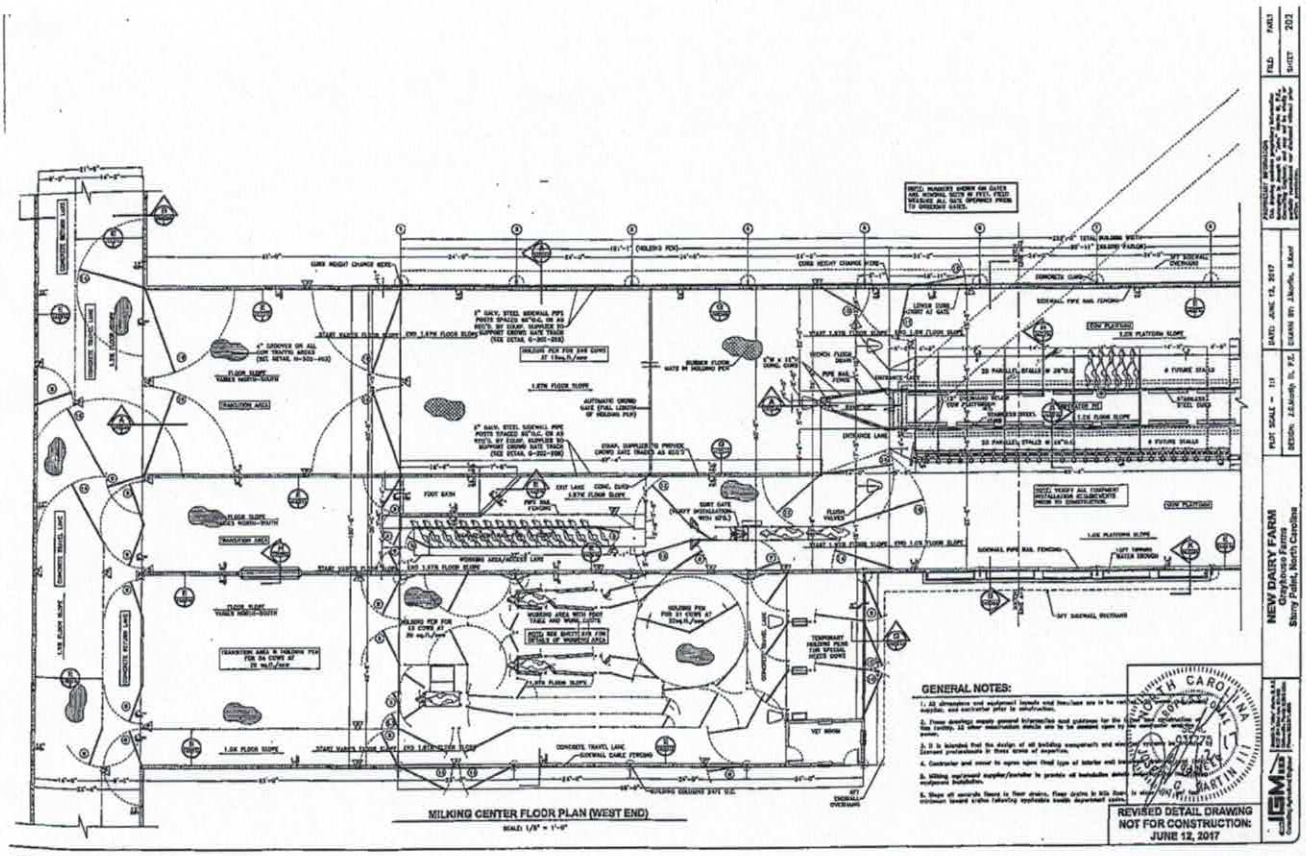
Signature: Andy Ivey
REQUIRED property owner or owner's legal representative signature.

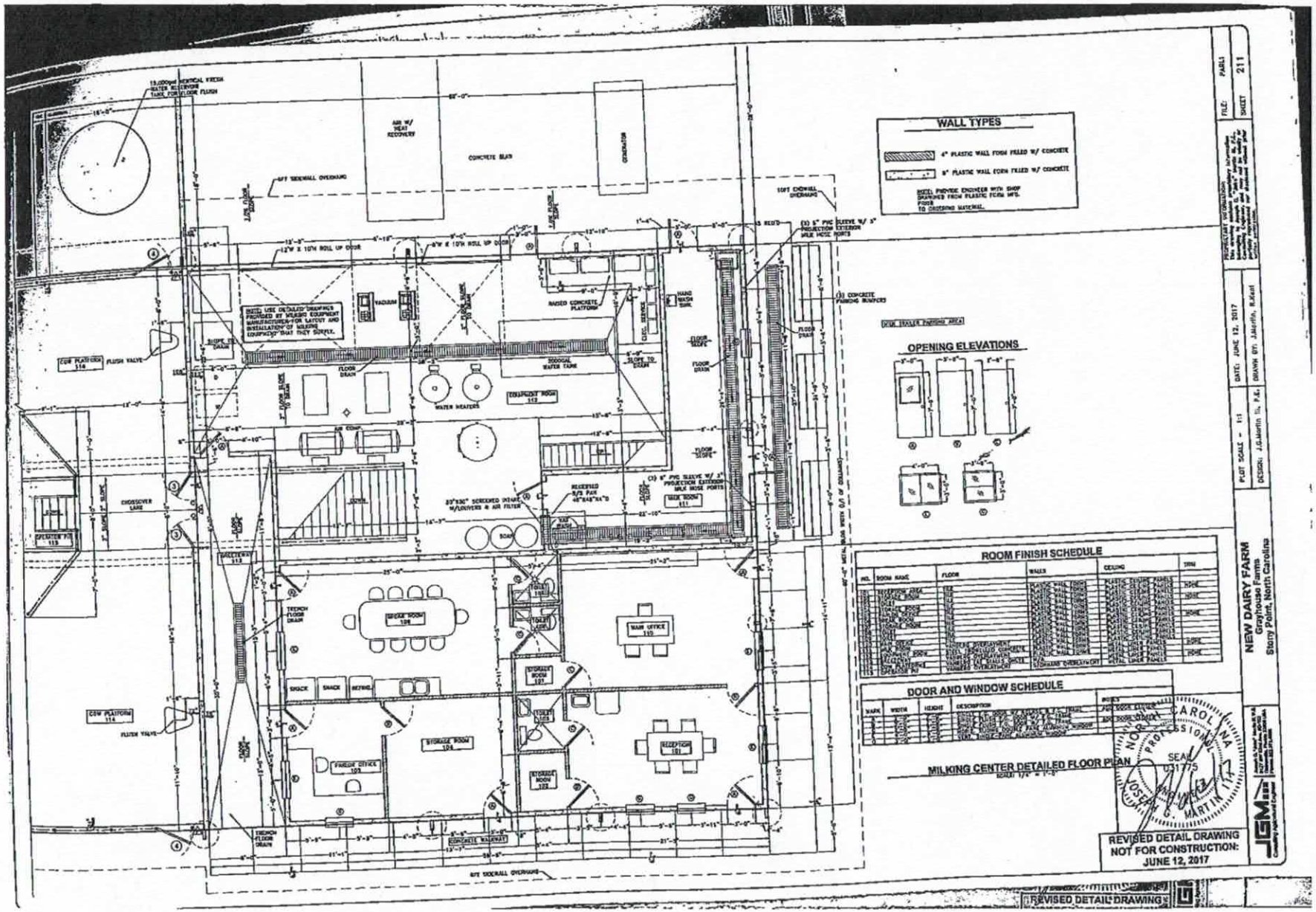
6-20-17
DATE

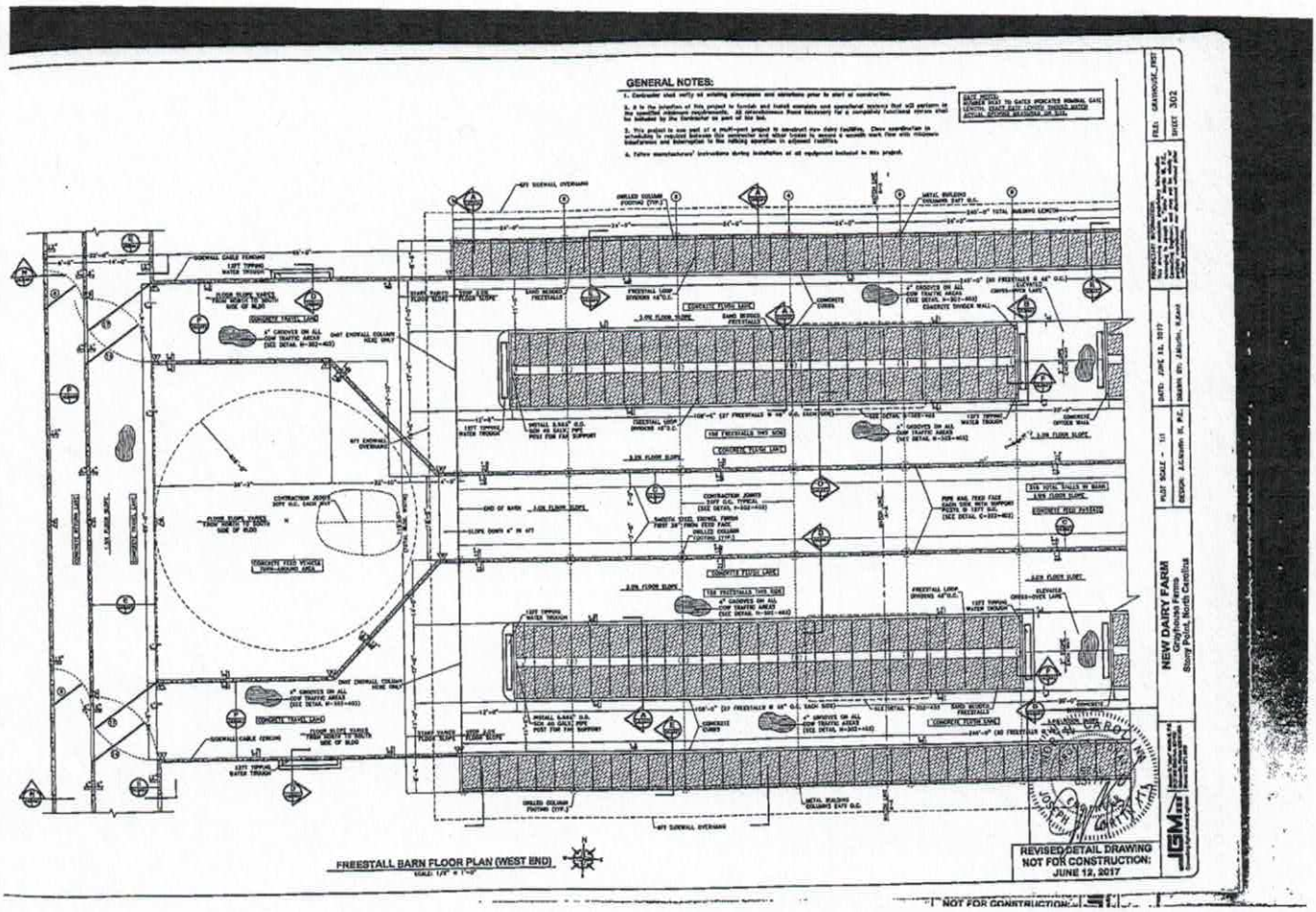
640 heads
Cows

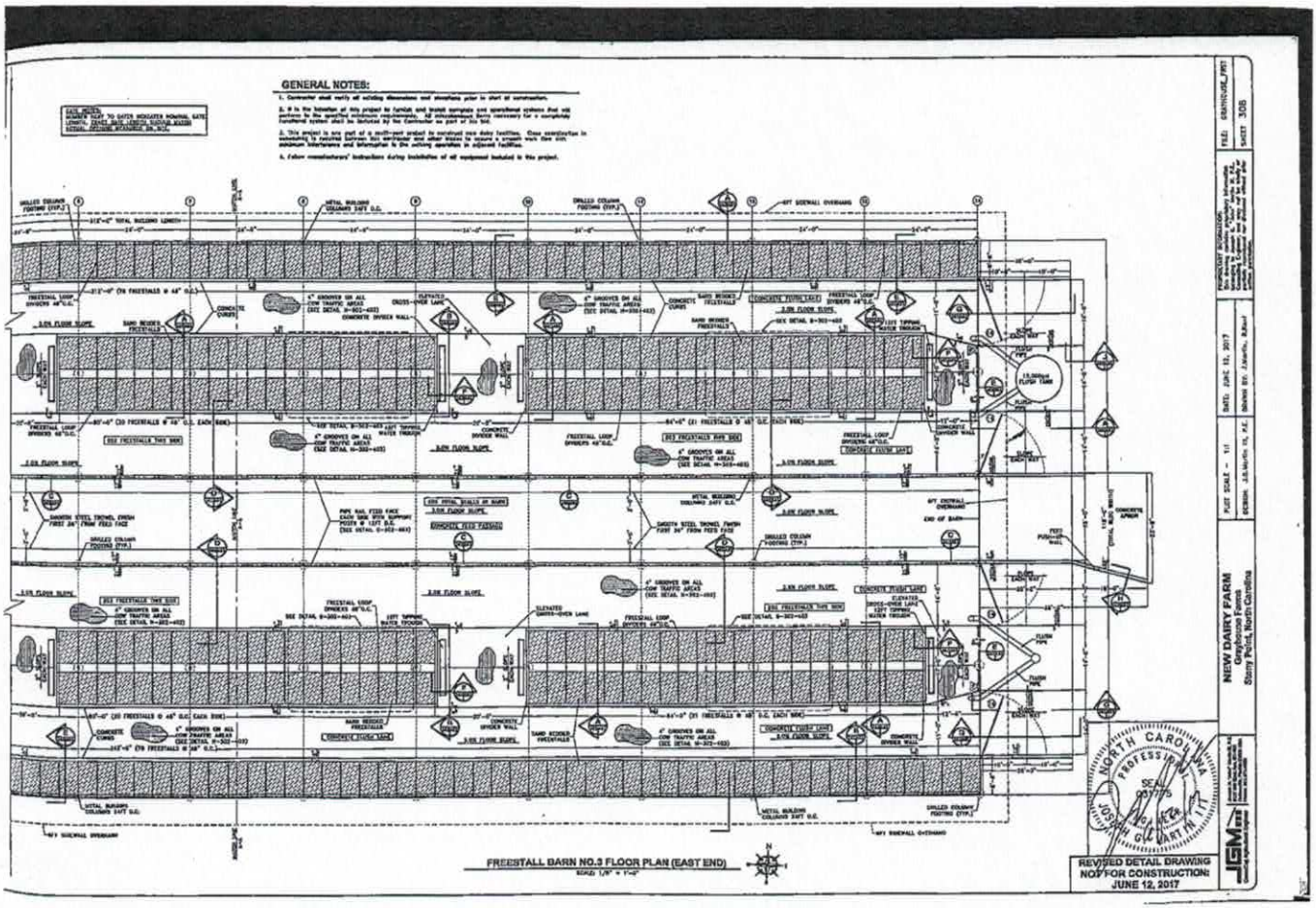



BASEMENT FLOOR PLAN
MILKING CENTER FLOOR PLAN (EAST END)
SECOND FLOOR FLOOR PLAN
GENERAL NOTES:
NEW DAIRY FARM
Greyhouse Farms
Stony Point, North Carolina
REVISED DETAIL DRAWING
NOT FOR CONSTRUCTION:
JUNE 12, 2017

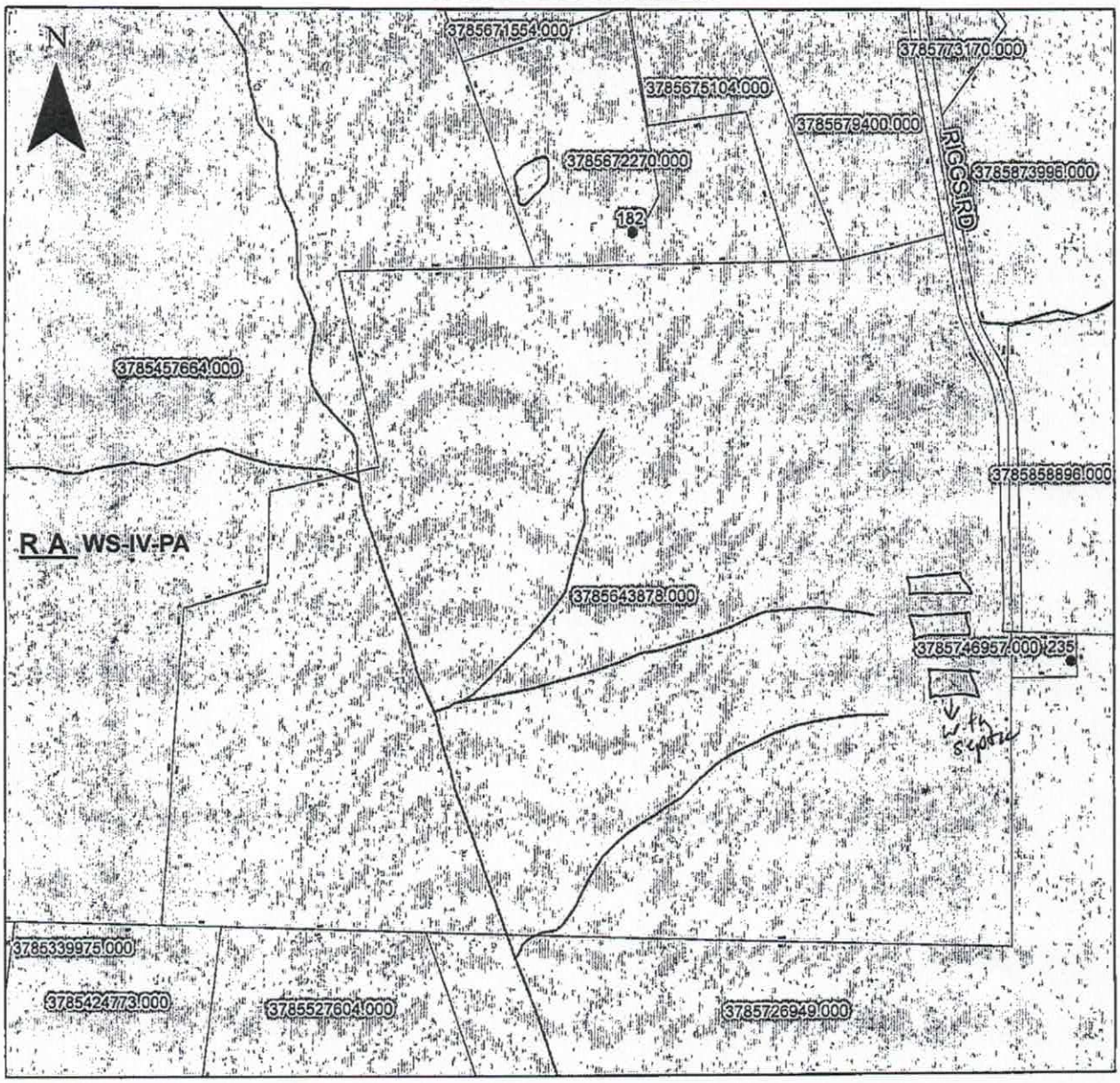

MILKING CENTER FLOOR PLAN (WEST END)
SCALE: 1/8" = 1'-0"
GENERAL NOTES:
REVISED DETAIL DRAWING
NOT FOR CONSTRUCTION:
JUNE 12, 2017
NEW DAIRY FARM
Cherry Farms
Stony Point, North Carolina
PLOT SCALE = 1:1
DESIGN: J.E.Moody, II, P.E.
DATE: JUNE 12, 2017
DRAWN BY: J.Martin, E.Assoc
PRELIMINARY INFORMATION
SHEET 202


WALL TYPES
4" PLASTIC WALL FORM FILLED W/ CONCRETE
8" PLASTIC WALL FORM FILLED W/ CONCRETE
OPENING ELEVATIONS
ROOM FINISH SCHEDULE
DOOR AND WINDOW SCHEDULE
MILKING CENTER DETAILED FLOOR PLAN
SCALE: 1/4" = 1'-0"
NEW DAIRY FARM
Greyhouse Farms
Stony Point, North Carolina
DESIGN: J.G.Martin II, P.E.
DRAWN BY: JAkerlin, K.Kast
DATE: JUNE 12, 2017
PLOT SCALE = 1:1
FILE: PARL1
SHEET 211
SEAL 031775
JOSEPH G. MARTIN II
NORTH CAROLINA
PROFESSIONAL ENGINEER
REVISED DETAIL DRAWING
NOT FOR CONSTRUCTION:
JUNE 12, 2017
REVISED DETAIL DRAWING


GENERAL NOTES:
FREESTALL BARN FLOOR PLAN (WEST END)
REVISED DETAIL DRAWING
NOT FOR CONSTRUCTION:
JUNE 12, 2017
NEW DAIRY FARM
Greyhouse Farms
Stony Point, North Carolina
NOT FOR CONSTRUCTION


GENERAL NOTES:
FREESTALL BARN NO.3 FLOOR PLAN (EAST END)
NEW DAIRY FARM
Greybeard Farms
Stanly County, North Carolina
REVISED DETAIL DRAWING
NOT FOR CONSTRUCTION
JUNE 12, 2017
NORTH CAROLINA
PROFESSIONAL
SEAL
JOSEPH GLEN HART III

ZONING DISCLAIMER



Property Address 234 Riggs Rd.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant _____ Date _____