



## Environmental Health Division Water Quality Section

400 W Market St.  
Greensboro, NC 27401  
(336) 641-7613

### Improvement Permit

---

**Address:** 5838 WINFREY-CUMMINGS RD  
GIBSONVILLE, NC 27249

**Permit Number:** 24-02-SNHR-00962

This Improvement Permit shall be valid for 5 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: 360

Bedrooms: 3

Conditions: okay for 3 bedroom residence utilizing a conventional initial/low profile chamber repair type drainfield

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.

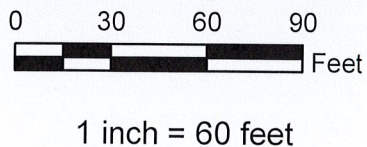
Permit Issued: Randy Dimean, PEHS  
Environmental Health Specialist

Date Issued: 04/09/24





5838 Winfrey Cummings Rd  
 Permit #:  
 Issued by: Randy Duncan  
 Date: 4/9/2024

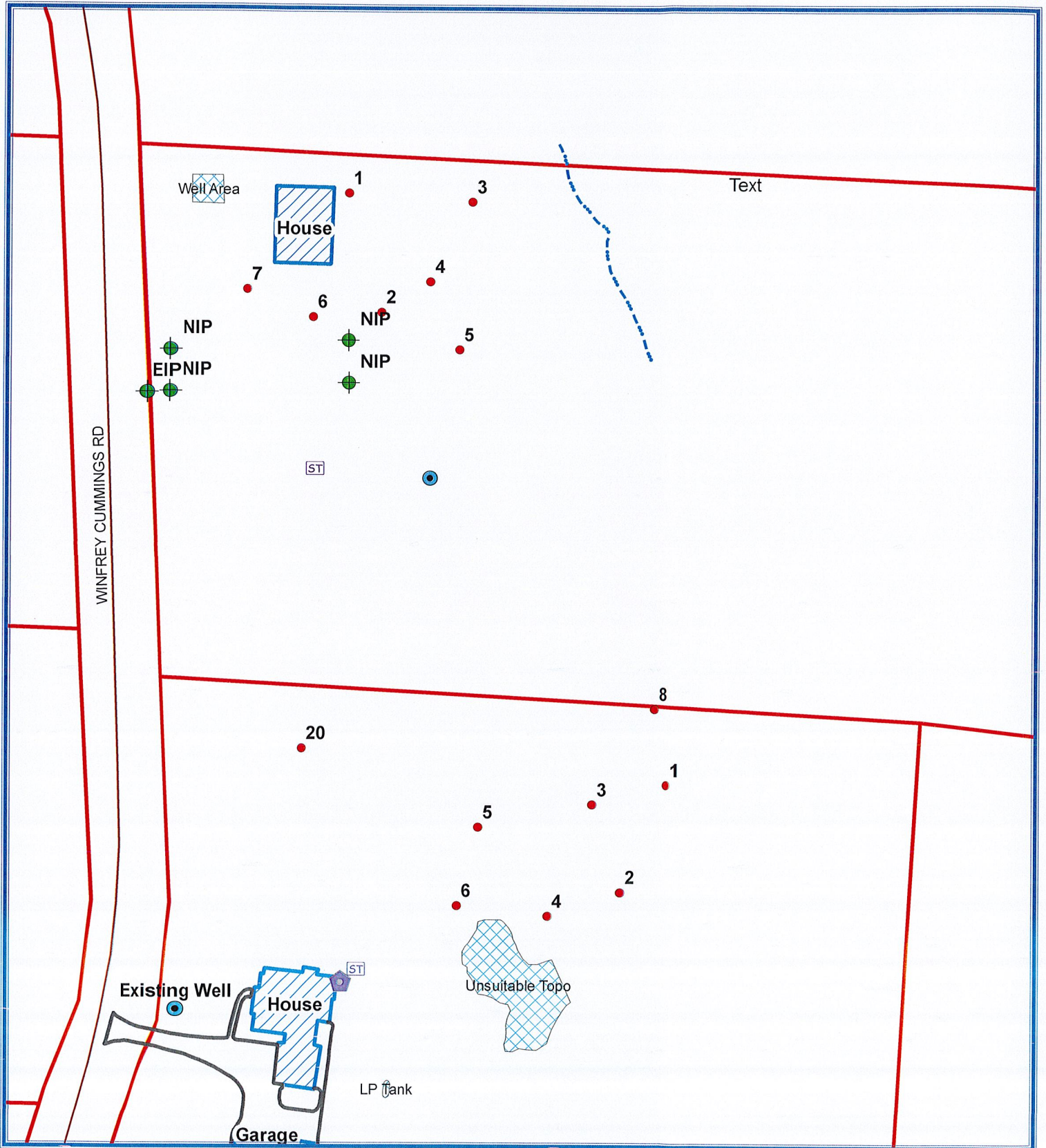


**DISCLAIMER:**  
 The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.





# Diagram

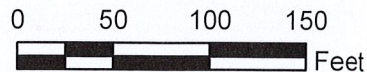


5838 Winfrey Cummings Rd

Permit #:

Issued by: Randy Duncan

Date: 4/11/2024



1 inch = 100 feet

**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.



#	1	2	3	4	5	6	7
landscp	L	L	L	L	L	S	L
slope	6	9	6	12	12	10	8
H1_depth	0 - 10	0 - 24	0 - 10	0 - 4	0 - 6	0 - 26	0 - 27
H1_text	CL	Clay	CL	CL	CL	Clay	Clay
H1_consist	Fi	Fi	Fi	VFr	Fi	Fi	Fi
H1_strct	BK	BK	BK	BK	BK	BK	BK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	10 - 26	24 - 40	10 - 26	4 - 25	6 - 43	26 - 48	27 - 48
H2_text	Clay	None	Clay	Clay	Clay	CL (BC)	CL (BC)
H2_consist	Fi	None	Fi	Fr	Fi	Fr	Fi
H2_strct	BK	None	BK	WBK	BK	WBK	BK
H2_minrl	SEXP	None	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth				25 - 30	43 - 48		
H3_text	None	None	None	CL (BC)	CL (BC)	None	None
H3_consist	None	None	None	VFr	Fi	None	None
H3_strct	None	None	None	WBK	BK	None	None
H3_minrl	None	None	None	WBK	BK	None	None
H4_depth	None	None	None	SEXP	SEXP	None	None
H4_text	None	None	None				
H4_consist	None	None	None	None	None	None	None
H4_strct	None	None	None	None	None	None	None
H4_minrl	None	None	None	None	None	None	None
soil_wet	26	None	26	30	None	None	None
saprolite	None	40	None	None	None	None	None
class	s	s	s	s	s	s	s
ltar	0.225	0.275	0.25	0.25	0.275	0.275	0.25
notes	None	mottle 35-39	None	None	None	None	None
eval_by	PRD	BJB	PRD	BJB	PRD	BJB	PRD
eval_date	04/04/24	04/04/24	04/04/24	04/04/24	04/04/24	04/04/24	04/04/24
Initial/Repair LTAR							
Initial/Repair System Type							
Comments							

# PROPERTY SERVICE CHART

## ADDRESS

SERVICE	COMMENTS	DATE	REHS
Soil Evaluation	Okay for new 3 bedroom residence utilizing a conventional initial/low profile chamber repair. Located systems and gps'd for home at front and mobile home at rear of property. Moved repair for mobile home at rear of property to below initial area for said mobile home.	4/04/24	rpd/bjb/eae
Permit Issued	Issued IP. Emailed copy to Blanche Maddox	4/09/24	rpd

PROPERTY SERVICE CHART

5830A Winfrey-Cummings Rd

ADDRESS (Print)

S/T Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Well Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Subd: \_\_\_\_\_ Sec. \_\_\_\_\_ Lot \_\_\_\_\_

SERVICE	COMMENTS	DATE	SANITARIAN
Soil Evaluation	37 Acres of 10 Acre Tract Checked with Barriss - Not Approved - Owner to Do Pits on List	4-14-99	JRJ
Site Visit	Continue Evaluation with Pits - Area Approved - Need Revised Site Plan and House location	4-19-99	JRJ
Site Visit	Check New Site Location - Owner not happy with site and wants to do more pits	4-20-99	JRJ
Site Visit	Additional Soil Evaluation to Relocate Dwelling	4-21-99	JRJ
Permits	Computer update - well & S/T Permits Generated	4-22-99	JRJ
Septic Final	RJ-Turner - 440' x 3'	6-3-99	BGM
Casing	Jones set 47' SDR-21 @	6/16/99	BGM
Grout	Jones poured 20'+ portland @	6/18/99	BGM
P/A	Alarm in closet inside house. Pump floats to be fixed. Check anti-siphon hole	6-29-99	SFC
P/A (cover)	Pump Floats Fixed - Pump/Alarm ok. cover check-ok. @	7-2-99	BGM
Well Final/Bed	ROC match tags. OK to sign-off No (1/2 - Boat Pulled P/A @	9-20-99	BGM
M&M Insp	No Access to S.T., P.T. Sealed (No Access) - Drainfield OK this date Not Compliant	6-2-03	JRJ
Report	Coen/Sept	6-3-03	JRJ

Follow-up Tanks & Pump OK.....

6-23-03 2012/2/26





**Guilford County Department of Public Health  
Division of Environmental Health – Water Quality**

**Record of Septic System Inspection  
Single Effluent Pump or Siphon**

Owner James Harvell Operations Permit # 9903425

Address 5830 A Winfrey Cummings Rd Date of Issue 6/3/99

Inspection Date 11/1/18

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	_____
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>4" sludge in pump tank</u>
	Do tanks show indication of infiltration?	N	_____
	Do tanks/risers show indication of structure damage?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
Pumps	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	_____
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
Drainfield	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS System compliant - Remember to have tanks pumped every 3-5 years to prevent sludge accumulation from being pumped to drainfield

**Randy Duncan, REHS**  
Environmental Health Division  
400 W Market St  
Greensboro, NC 27401

336-641-7833  
336-641-3730 FAX  
rduncan@co.guilford.nc.us

*Randy Duncan REHS*  
\_\_\_\_\_  
Environmental Health Specialist

Legend: Y = Yes    N = No    NE = Not Evaluated







September 11, 2018

JAMES W HARVELL or Current Resident  
5830 WINFREY CUMMINGS RD  
GIBSONVILLE, NC 27249-9730

Dear Property Owner:

RE: 5830A Winfrey-Cummings Rd

Our records indicate that you are the owner of an on-site sewage treatment and disposal system. With ownership comes the responsibility for ensuring that your system is operated and maintained in a manner that prevents the occurrence of a public health or environmental hazard.

North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A .1900 mandates periodic inspection of types IIIb, IV, V and VI systems by the local health department. The type 3b system (single effluent pump) which serves your property must be inspected by this department **at least** once every five years. The purpose of these inspections is to provide system owners with technical support to help ensure proper maintenance for continued safe, effective operation of the system. Inspections may include: measurement of solid level depth in septic tank (**if accessible**), check condition of pump tank and appurtenances, observation of nitrification field area and any other monitoring as needed.

**This letter serves as notice of our intent to conduct this state mandated inspection within 30 days of the date of this letter. Guilford County has a fee of \$150 for type 3b inspections that is billed following the inspection.** Please take the necessary steps to make all parts of the sewage treatment and disposal system area easily accessible. If you have circumstances which impede access to this area (fenced yard, dog lot, etc) or if you need additional information please contact me at 336-641-7833. I look forward to working with you.

Sincerely,

Randy Duncan, REHS  
Environmental Health Water Quality Section





**Guilford County Department of Public Health  
Division of Environmental Health – Water Quality**

**Record of Septic System Inspection  
Single Effluent Pump or Siphon**

Owner James Harvell Operations Permit # 9903425

Address 5830A Winfrey-Cummings Rd Date of Issue 6/3/99

Inspection Date 7/16/08

Facility	Is facility being utilized in accordance with permit?	Y	<u>3 bedroom system</u>
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	<u>not required</u>
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>12 " sludge in pump tank</u>
	Do tanks show indication of infiltration?	N	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Is drainage properly diverted away from tanks?	Y	_____
	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	<u>alarm audible</u>
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	NE	_____
Drainfield	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS -recommend pumping out tanks in near future and then every 3-5 years

**Tim Stone, R.S.**  
Environmental Health Division  
400 W. Market St.  
Greensboro, NC 27402

336-641-6792  
336-641-3730 FAX  
tstone@co.guilford.nc.us

  
 Environmental Health Program Specialist

Legend: Y = Yes    N = No    NE = Not Evaluated



Environmental Health Division  
 Water Quality Section  
 201 S. Eugene St.  
 Greensboro, NC 27401  
 (336) 641-7613

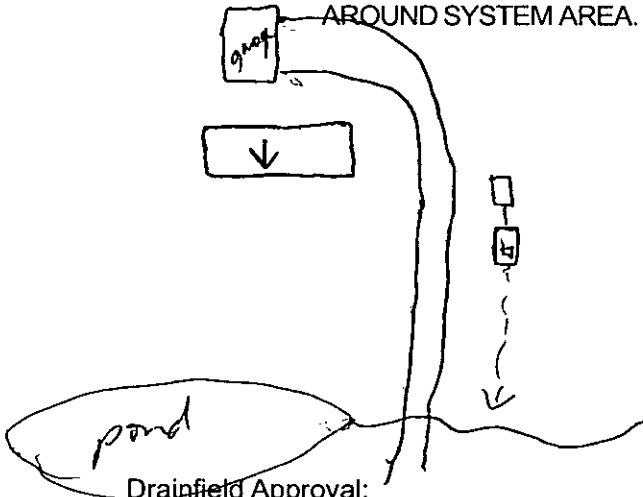


### Operation Permit

Address: 5830 WINFREY-CUMMINGSRDA, NC Permit Number: H9903425ENVH  
 System Type: 3b - Single Pump or Siphon  
 Wastewater Flow: 000360 GPD Contractor:  
 Trench Length: 440 ft Filter Type:  
 Septic Tank Size: gal Septic Tank Type: RJT1000,STB738,2-15-99  
 Pump Tank Type: WMS1000,PT121,12-19-98

Comments:

- ESTABLISH GRASS OVER SYSTEM AREA. PUMP TANK EVERY 3-5 YEARS. DO NOT DISTURB OR REMOVE SOIL IN SYSTEM OR REPAIR AREAS. DIVERT SURFACE RUN-OFF AROUND SYSTEM AREA.



- 12" sludge
- A/NA
- pump ok
- roots @ river seam

Drainfield Approval:	_____	Date:	_____
	Environmental Health Specialist		
Tank Approval:	_____	Date:	_____
	Environmental Health Specialist		
Supply Line Approval:	_____	Date:	_____
	Environmental Health Specialist		
Pump/Alarm Approval:	_____	Date:	_____
	Environmental Health Specialist		
Operation Permit Approval:	_____	Date Issued:	_____
	Environmental Health Specialist		

This System is in compliance with Article 11 of G.S. Chapter 130A, Section .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.





**Guilford County Department of Public Health**  
**Division of Environmental Health – Water Quality**

**Record of Septic System Inspection**  
**Single Effluent Pump or Siphon**

Owner James Harvell

Operations Permit # 9903425

Address 5830A Winfrey-Cummings Rd

Date of Issue 6/3/99

Inspection Date 6/2/03

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	Y	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	<u>no access to septic tank</u>
	Is pump tank accessible to check pump, float, controls, etc.	N	<u>no access to pump tank</u>
	Do tanks show indication of infiltration?	N	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Is drainage properly diverted away from tanks?	Y	_____
	Is pump in place and working as permitted?	NE	_____
	Are float controls and alarms in place and appear to be working as permitted?	NE	_____
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	NE	_____
Drainfield	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	NE	_____
	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS Remove sealed lid on pump tank to allow access to check system.

Call me at 641-4773 when removed.

**Larry R. Smith, R.S.**  
Environmental Health Division  
201 S. Eugene St.  
Greensboro, NC 27402

336-641-4773 Greensboro  
336-845-4773 High Point  
336-641-3730 FAX  
lsmith0@co.guilford.nc.us

\_\_\_\_\_  
Environmental Health Program Specialist

Legend: Y = Yes    N = No    NE = Not Evaluated



**Guilford County, NC  
Land Management System**

Menu | Favorites | Help | Logout

User ID: TSTONE

Admin Tools

Daily

ACCE

- SmartManager
- Application
- Property
- People
- Fees
- Cashier
- Workflow
- Attachments
- Inspection
- Rep

**Workflow**

Application: H9903425ENVH

**Application Name:**

**Address:** 5830 WINFREY-CUMMINGS RD A, NC

**Owner Name:** JAMES HARVELL

**Owner Address:** 5830 WINFREY CUMMINGS RD, GIBSONVILLE, NV 27249

**Type:** Building / Guilford County / Health Residential / Soil Evaluations New

<ul style="list-style-type: none"> <li>✓ Application Acceptance ▶</li> <li>✓ Site Visit Soil Evaluation ▶</li> <li>✓ IP ▶</li> <li>✓ Site Visit Layout ▶</li> <li>✓ CA ▶</li> <li>✓ System Installation Inspection ▶</li> <li>✓ Inspection P and A ▶</li> <li>✓ OP ▶</li> </ul>	<p><b>Task Details - CA</b></p> <p><b>Assigned Date:</b></p> <p><b>Assigned To:</b></p> <p><b>Current Status:</b> Issued</p> <p><b>Action By:</b> Larry R. Smith</p> <p><b>Status Comment:</b></p>	<p><b>Due Date:</b></p> <p><b>Department:</b> EHEAL1</p> <p><b>Status Date:</b> 04/22/</p> <p><b>Department:</b></p>																																		
	<p><b>Task Specific Information - CA</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Initial System Type</b></td> <td style="width: 40%;">3b - Single Pump or Siphon</td> </tr> <tr> <td><b>Repair System Type</b></td> <td></td> </tr> <tr> <td><b>Wastewater Flow</b></td> <td><input type="text"/> (Text)</td> </tr> <tr> <td><b>Number of Bedrooms</b></td> <td><input type="text"/> (Number)</td> </tr> <tr> <td><b>Facility Type</b></td> <td><input type="text"/></td> </tr> <tr> <td><b>Trench Depth Minimum</b></td> <td>18 INCHES(Number)</td> </tr> <tr> <td><b>Trench Depth Maximum</b></td> <td>24 INCHES(Number)</td> </tr> <tr> <td><b>Trench Length</b></td> <td>440 FEET(Number)</td> </tr> <tr> <td><b>Trench Width</b></td> <td><input type="text"/> INCHES(Number)</td> </tr> <tr> <td><b>Trench Separation (On Center)</b></td> <td>9 FEET(Number)</td> </tr> <tr> <td><b>Soil Cover Minimum</b></td> <td>6 INCHES(Number)</td> </tr> <tr> <td><b>Soil Cover Maximum</b></td> <td>12 INCHES(Number)</td> </tr> <tr> <td><b>Gravel Depth</b></td> <td>12 INCHES(Number)</td> </tr> <tr> <td><b>Septic Tank Capacity</b></td> <td>1000 GALLONS(Numbe</td> </tr> <tr> <td><b>Pump Tank Capacity</b></td> <td>1000 GALLONS(Numbe</td> </tr> <tr> <td><b>Pump Dosage Volume Minimum</b></td> <td>189.2 GALLONS(Numbe</td> </tr> <tr> <td><b>Pump Dosage Volume Maximum</b></td> <td>217.8 GALLONS(Numbe</td> </tr> </table>		<b>Initial System Type</b>	3b - Single Pump or Siphon	<b>Repair System Type</b>		<b>Wastewater Flow</b>	<input type="text"/> (Text)	<b>Number of Bedrooms</b>	<input type="text"/> (Number)	<b>Facility Type</b>	<input type="text"/>	<b>Trench Depth Minimum</b>	18 INCHES(Number)	<b>Trench Depth Maximum</b>	24 INCHES(Number)	<b>Trench Length</b>	440 FEET(Number)	<b>Trench Width</b>	<input type="text"/> INCHES(Number)	<b>Trench Separation (On Center)</b>	9 FEET(Number)	<b>Soil Cover Minimum</b>	6 INCHES(Number)	<b>Soil Cover Maximum</b>	12 INCHES(Number)	<b>Gravel Depth</b>	12 INCHES(Number)	<b>Septic Tank Capacity</b>	1000 GALLONS(Numbe	<b>Pump Tank Capacity</b>	1000 GALLONS(Numbe	<b>Pump Dosage Volume Minimum</b>	189.2 GALLONS(Numbe	<b>Pump Dosage Volume Maximum</b>	217.8 GALLONS(Numbe
<b>Initial System Type</b>	3b - Single Pump or Siphon																																			
<b>Repair System Type</b>																																				
<b>Wastewater Flow</b>	<input type="text"/> (Text)																																			
<b>Number of Bedrooms</b>	<input type="text"/> (Number)																																			
<b>Facility Type</b>	<input type="text"/>																																			
<b>Trench Depth Minimum</b>	18 INCHES(Number)																																			
<b>Trench Depth Maximum</b>	24 INCHES(Number)																																			
<b>Trench Length</b>	440 FEET(Number)																																			
<b>Trench Width</b>	<input type="text"/> INCHES(Number)																																			
<b>Trench Separation (On Center)</b>	9 FEET(Number)																																			
<b>Soil Cover Minimum</b>	6 INCHES(Number)																																			
<b>Soil Cover Maximum</b>	12 INCHES(Number)																																			
<b>Gravel Depth</b>	12 INCHES(Number)																																			
<b>Septic Tank Capacity</b>	1000 GALLONS(Numbe																																			
<b>Pump Tank Capacity</b>	1000 GALLONS(Numbe																																			
<b>Pump Dosage Volume Minimum</b>	189.2 GALLONS(Numbe																																			
<b>Pump Dosage Volume Maximum</b>	217.8 GALLONS(Numbe																																			





GUILFORD COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION  
WATER QUALITY UNIT

SEPTEMBER 22, 1999

JAMES HARVELL  
5830 WINFREY CUMMINGS RD  
GIBSONVILLE, NV 27249

REF: 5830A WINFREY-CUMMINGS RD

DEAR JAMES HARVELL :

ON 09-20-99, A REPRESENTATIVE FROM THIS OFFICE VISITED YOUR PROPERTY AS REFERENCED ABOVE, FOR THE PURPOSE OF COLLECTING A WATER SAMPLE FOR BACTERIOLOGICAL ANALYSIS. THE RESULTS OF THE WATER SAMPLE ARE AS FOLLOWS:

TOTAL COLIFORM PRESENT  
FECAL COLIFORM ABSENT

THE PRESENCE OF THIS BACTERIA IN THE SAMPLE INDICATES THAT DISEASE PRODUCING BACTERIA COULD ALSO BE PRESENT AT TIMES IN THE WATER. IT IS OUR RECOMMENDATION THAT YOUR WELL AND WATER SYSTEM BE THOROUGHLY DISINFECTED AS SOON AS POSSIBLE.

X THIS WELL APPEARS TO BE PROPERLY PROTECTED. PLEASE CONTACT THIS OFFICE AFTER DISINFECTION, SO THAT A REPEAT SAMPLE MAY BE COLLECTED.

\_\_\_\_\_ THIS WELL DOES NOT APPEAR TO BE PROPERLY PROTECTED. PLEASE SEE THE ATTACHED SHEET FOR THE NOTED DEFICIENCIES. NO ADDITIONAL BACTERIOLOGICAL SAMPLES WILL BE COLLECTED UNTIL THE DEFICIENCIES HAVE BEEN CORRECTED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT THIS OFFICE AT 373-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 9:00 A.M.

SINCERELY,

*Ben Morrell, R.S.*

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER  
PROPERTY FILE



GUILFORD COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION  
WATER QUALITY UNIT

SEPTEMBER 21, 1999

JAMES HARVELL  
5830 WINFREY CUMMINGS RD  
GIBSONVILLE, NV 27249

REF: 5830A WINFREY-CUMMINGS RD

DEAR JAMES HARVELL :

THIS LETTER CERTIFIES THAT TO THE BEST OF MY KNOWLEDGE, THE CONSTRUCTION OF THE WELL AT THE PROPERTY AS REFERENCED ABOVE, WAS CONSTRUCTED ACCORDING TO THE GUILFORD COUNTY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING THE CONSTRUCTION, REPAIR AND ABANDONMENT OF WELLS. THE RECORD OF CONSTRUCTION HAS BEEN RECEIVED AND THE WELL DRILLER HAS CERTIFIED THAT ALL WORK WAS DONE IN ACCORDANCE WITH THE AFOREMENTIONED RULES AND REGULATIONS.

A SAMPLE OF WATER FROM A NEWLY APPROVED WELL WILL BE ANALYZED FOR THE PRESENCE OF COLIFORM BACTERIA. THIS DEPARTMENT OFFERS OTHER WATER ANALYSIS TESTS. THESE TESTS INCLUDE: INORGANIC CHEMICAL ANALYSIS, VOLATILE CHEMICALS, PESTICIDES, NUISANCE ORGANISM, AND OTHERS. PLEASE CONTACT THIS OFFICE FOR APPLICATION INFORMATION AND FEE SCHEDULE.

THE WATER PERMITTING, INSPECTING, AND SAMPLING PROGRAMS AND POLICIES OF THE GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH ARE DESIGNED TO DOCUMENT THAT THE AFOREMENTIONED RULES AND REGULATIONS ARE COMPLIED WITH IN ORDER TO PROTECT THE PUBLIC HEALTH AND GROUNDWATER RESOURCES IN GUILFORD COUNTY. SUCH PROGRAMS AND POLICIES DO NOT GUARANTEE POTABLE WATER QUALITY OR ADEQUATE WATER QUANTITY IN ANY WELL.

IF YOU HAVE ANY QUESTIONS CONCERNING WELL REGULATIONS, THE RECORD SUBMITTED BY YOUR CONTRACTOR, OR HOW TO TEST OR TREAT YOUR WATER, PLEASE DO NOT HESITATE TO CONTACT US.

SINCERELY,

*Ben Monell, P.S.*

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER  
PROPERTY FILE



GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health  
Greensboro NC 27402

RECORD OF CONSTRUCTION, REPAIR, OR ABANDONMENT OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: Jones Well & Pump Co Inc Reg. No.: 778

Address of Well Location: 5830 A Winfrey Cummings Rd

Well Owner: \_\_\_\_\_ Well Permit Number: 9903426

Casing Type: SDR-21 Casing Depth: 47

Water Bearing Zones: \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft.

Total Depth of Well: 240 ft. Static Water Level: 30 ft.

Well Yield: 4 gal/min Date Completed: 6-17-99

Grout Type: port land Method of Placing Grout: poured

Pump Installation Contractor: Same Reg. No.: 248

Pump Depth/Pumping Water Level: 230 ft.

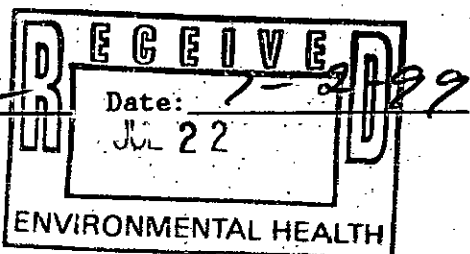
Brand of Pump Installed: Red Jacket Pump Size and Type: 3/4 hp Sub

Nature of Repair (if applicable): \_\_\_\_\_

Method of Abandonment (if applicable): \_\_\_\_\_

I do hereby certify that this well was constructed, repaired, or abandoned in accordance with, and meets the requirements of, the Guilford County Board of Health Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells in effect on this date, and that a copy of this record has been provided to the well owner.

Contractor's Signature: Randall Jones





IMPROVEMENT PERMIT

NEW RESIDENTIAL SEPTIC SYSTEM  
REF: 5830A WINFREY-CUMMINGS RD

PERMIT NO. 9903425

THE IMPROVEMENT PERMIT SHALL BE VALID ~~TWO YEARS~~ / FIVE YEARS FROM 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.

SYSTEM TYPE: SINGLE PUMP OR SIPHON  
WASTEWATER FLOW: 000360 GPD  
FACILITY TYPE: 0003 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

SITE REQUIREMENTS:

TRENCH LENGTH 440 FT.  
TRENCH DEPTH 18 IN. TO 24 IN.  
TRENCH WIDTH 36 IN.  
GRAVEL DEPTH 12 IN.  
TRENCH SEPARATION 9 FT. ON CENTER  
SOIL COVER 6 IN. TO 12 IN.  
TANK SIZE 1000 GALS.  
PUMP TANK SIZE 1000 GALS.  
DOSING VOLUME 189.2 GALS. TO 217.8 GALS.

SETBACK OFF FRONT/CL  
OFFSET 110 OFF LEFT / ~~REAR~~  
SETUP 100 OFF REAR  
BASEMENT  N

OTHER

NECESSARY USE DWELLING TO BE PLACED 100' OFF REAR OF LOT AND 110' OFF LEFT PROPERTY LINE PLUMB OUT RIGHT AND PUMP TO APPROVED DRAINFIELD SITE TO RIGHT CENTER OF LOT 35' BELOW EXISTING BARN REPAIR SPACE TO LEFT OF EXISTING DWELLING SYSTEM IN LEFT FRONT FOOT

**NOTICE**

This Plan Is Approved For  
Health Purposes Only. This  
Does Not Constitute Building  
Or Zoning Approval.

*Lacey R. South*  
\_\_\_\_\_  
ENV. HEALTH SPECIALIST

04/22/99  
DATE

THE AREA DESIGNATED FOR YOUR SUBSURFACE SEWAGE TREATMENT AND DISPOSAL AREA IS DENOTED ON THE IMPROVEMENT PERMIT. DO NOT GRADE OR DISTURB THIS AREA. DISTURBANCE OF THIS AREA, CHANGE OF SITEPLAN, OR CHANGE OF INTENDED USE COULD RESULT IN THE SUSPENSION OR REVOCATION OF THIS PERMIT.

*James W. Harwell*  
\_\_\_\_\_  
OWNER/AUTHORIZED AGENT

DATE

THIS IS NOT AN AUTHORIZATION TO CONSTRUCT A WASTEWATER SYSTEM. THE AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BEFORE ANY BUILDING PERMITS OR SYSTEM INSTALLATION CAN COMMENCE.



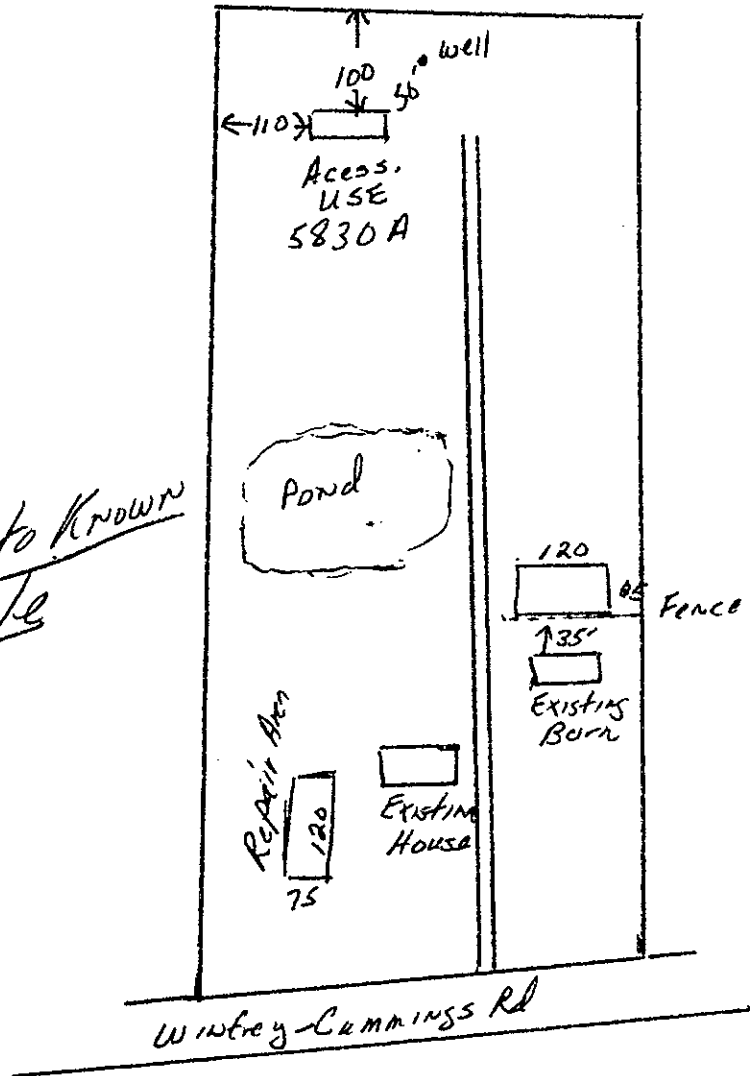


IMPROVEMENT PERMIT

5830A WINFREY-CUMMINGS RD

PAGE 2 OF 2  
PERMIT NO. 9903425

Not to Known  
Scale



**NOTICE**  
This Plan Is Approved For  
Health Purposes Only. This  
Does Not Constitute Building  
Or Zoning Approval.

SEPARATION REQUIREMENTS

HOUSE WITH BASEMENT - 15'  
 HOUSE WITHOUT BASEMENT - 5'  
 SEPTIC SYSTEM TO PROPERTY LINE - 10'

SEPTIC SYSTEM TO WELL - 100'  
 BUILDINGS TO WELL - 50'  
 WELL TO PROPERTY LINE - 10'



AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ADDRESS: 5830A WINFREY CUMMINGS RD

PERMIT #9903425

TYPE OF SYSTEM: SINGLE PUMP OR SIPHON

THE AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BY THE COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF BUILDING PERMITS AND PRIOR TO THE INSTALLATION, CONSTRUCTION, OR REPAIR OF THE WASTE-WATER SYSTEM. THIS AUTHORIZATION SHALL BE VALID FOR A PERIOD OF FIVE YEARS OR UNTIL EXPIRATION OF THE IMPROVEMENT PERMIT FOR THIS SITE, WHICHEVER OCCURS FIRST. THE SYSTEM MUST COMPLY WITH THE REQUIREMENTS SET FORTH ON THE IMPROVEMENT PERMIT.

FLOOR PLAN REVIEW

SITE PLAN REVIEW

FACILITY TYPE:	0003 BEDROOM RESIDENTIAL	SETBACK	OFF FRONT/CL
BASEMENT:	<input checked="" type="checkbox"/> N	OFFSET	110 OFF LEFT/ <del>CL</del>
		SETUP	100 OFF REAR

ALTERNATIVE SYSTEM DESIGN NA

WELL LOCATION AVAILABLE	<u>Y</u>
REPAIR AREA MAINTAINED	<u>Y</u>

*See Improvements Permit  
For Sketch*

ENV. HEALTH RELEASE

*Jarey Abbott RJ*  
 ENV. HEALTH SPECIALIST      DATE

REVISED AUTHORIZATION

\_\_\_\_\_  
 ENV. HEALTH SPECIALIST      DATE



# NOTICE

This Plan Is Approved For  
Health Purposes Only. This



Does Not Constitute Building PERMIT TO CONSTRUCT A WELL.  
Or Zoning Approval.

NUMBER 9903424

DATE ISSUED 04/22/99

PROPERTY ADDRESS: 5830A WINFREY-CUMMINGS RD

### COMMENTS/SPECIFICATIONS

WELL TO BEAT AT LEAST 50' OFF DWELLING AND 100' OFF SEPTIC TANK SYSTEM

IF WELL SITE IS WITHIN 1500' OF AN ESTABLISHED SOURCE OF GROUNDWATER  
CONTAMINATION, IT SHALL BE CASED TO A MINIMUM DEPTH OF 100'.

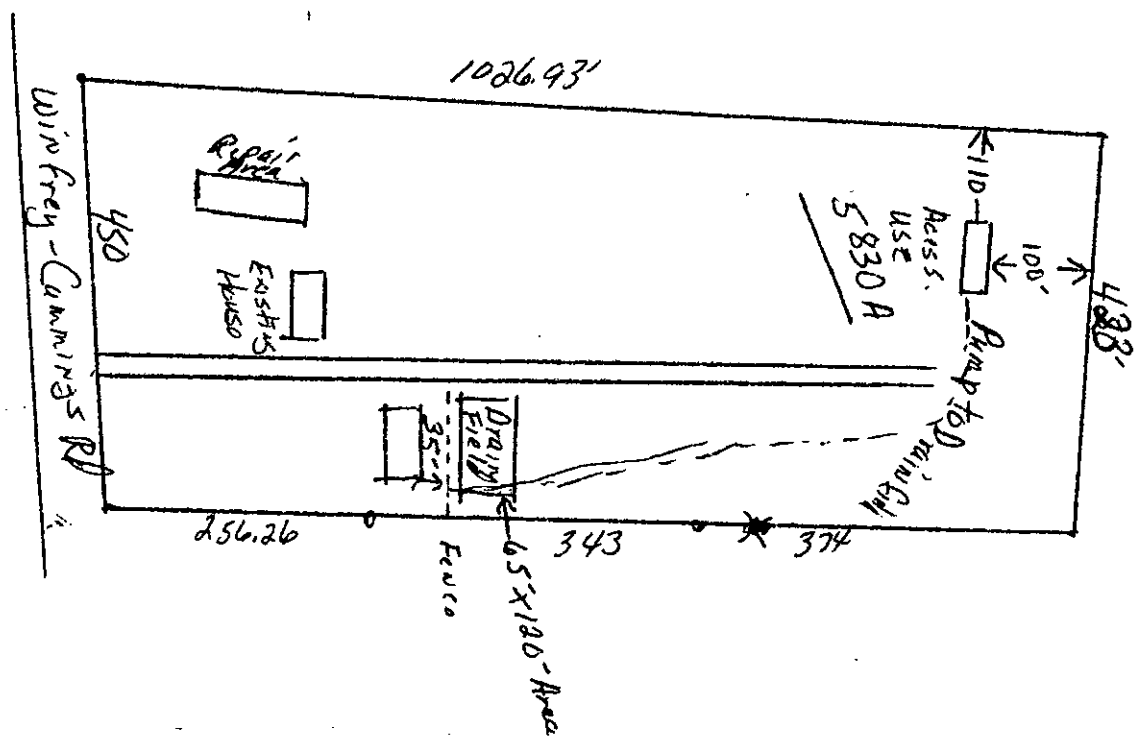
ABOVE INFORMATION CERTIFIED BY: James W. Howard  
OWNER/AUTHORIZED AGENT DATE

NEW WELL AND WELL REPAIR PERMITS EXPIRE FIVE YEARS FROM DATE OF ISSUE.  
WELL ABANDONMENT PERMITS SHALL BE VALID WITHOUT EXPIRATION

SIGNED: Larry Robert A. [Signature]  
ENVIRONMENTAL HEALTH SPECIALIST

LOCATION DIAGRAM OF WELL AREA TO INCLUDE LOT SIZE AND SHAPE; LOCATION  
OF BUILDINGS, SEPTIC SYSTEMS, SURFACE WATERS, EASEMENTS, ETC.

Not to Known Scale





**GUILFORD COUNTY  
APPLICATION FOR IMPROVEMENT PERMIT**

Building Permit: 119888 Improvement (Septic) Permit: 9903425 Improvement (Well) Permit: 9903426

**APPLICANT INFORMATION**

Applicant: JAMES HARVELL Address: 5830 WINFREY CUMMINGS RD Phone: 336 449 6732  
 Owner: JAMES HARVELL Address: 5830 WINFREY CUMMINGS RD Phone: 336 449 6732

**PROPERTY INFORMATION**

Street Address: 5830A Winfrey-Cummings Rd Twp: D1 Tax Map: 18-1107-0-0185-00 10 AC  
 Development Name: \_\_\_\_\_ Section/Phase: \_\_\_\_\_ Lot: 10 Deed Book: \_\_\_\_\_ Plat Book: 055-011

Lot of Record \_\_\_\_\_ First Lot Out \_\_\_\_\_ Plat Required \_\_\_\_\_ > 5 acres (5-17-65 to 2-1-74) \_\_\_\_\_ > 10 Acres (2-1-74 to Present)

Located in recorded roadway corridor, do not issue permit. Contact NCDOT.

**ZONING INFORMATION**

Zoning: AG Conditional Use (describe): \_\_\_\_\_ Overlay (Circle) \_\_\_\_\_ Watershed: \_\_\_\_\_ WCA: \_\_\_\_\_  
 MH SR HD AR FH \_\_\_\_\_

Building Setbacks (Zoning): Street: 40 Side Street: \_\_\_\_\_ Side Yard: 15 Rear Yard: 30

COMMENTS: Septic Soil Eval accessory DWMA moved SWMH on 10 property not DWMA

**DEVELOPMENT INFORMATION**

NEW  RENOVATION  ADDITION  ACCESSORY  
 HOUSE  MODULAR  DBMH  SWMH  MULTIFAMILY/DUPLEX  
 OTHER TYPE: \_\_\_\_\_

NON-RESIDENTIAL TYPE:  COMMERCIAL  INDUSTRIAL  OTHER

Residential: 3 # of Bedrooms \_\_\_\_\_ Total # of Rooms \_\_\_\_\_ # of Occupants \_\_\_\_\_  
 Specifications: \_\_\_\_\_ Basement Fixtures \_\_\_\_\_ # of Stories \_\_\_\_\_ Size of Structure (sq. ft.) \_\_\_\_\_

Non-residential: \_\_\_\_\_ # of Employees \_\_\_\_\_ # of Fixtures \_\_\_\_\_ Basement \_\_\_\_\_  
 Specifications: \_\_\_\_\_ Plumbing \_\_\_\_\_ # of Stories \_\_\_\_\_ Size of Structure (sq. ft.) \_\_\_\_\_

Water Supply:  NEW WELL  EXISTING WELL \_\_\_\_\_ PUBLIC \_\_\_\_\_ COMMUNITY WELL

Sewage Disposal:  
 Conventional \_\_\_\_\_ Chamber System \_\_\_\_\_ Privy \_\_\_\_\_ Low Pressure Pipe  
 PPBPS \_\_\_\_\_ Chemical Toilet \_\_\_\_\_ Drip Irrigation \_\_\_\_\_ Polystyrene Aggregate  
 Pre-treatment \_\_\_\_\_ Incinerating Toilet \_\_\_\_\_ Lg. Diameter Pipe  
 OTHER (SPECIFY): \_\_\_\_\_

Directions to Property: \_\_\_\_\_

IMPORTANT (Sign Below) Planning Department Official: \_\_\_\_\_

A plat or site plan (a.k.a. plot plan) must accompany this application. Clearly stake and flag all property lines, corners, and the corners of all proposed structures.  
 I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. I understand that any and all permits applied for or granted shall be void if any information provided is false. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. The owner/applicant is solely responsible for compliance with the applicable governing regulations.

OWNER/APPLICANT SIGNATURE: James Harvell DATE: 3-8-99

SUBDIVISION: \_\_\_\_\_  
SECTION/PHASE: \_\_\_\_\_  
LOT # \_\_\_\_\_

PROPERTY I.D. # \_\_\_\_\_  
DATE: \_\_\_\_\_  
COUNTY: GUILFORD  
ADDRESS: \_\_\_\_\_  
SEPTIC # \_\_\_\_\_  
WELL # \_\_\_\_\_  
BUILDING PERMIT # \_\_\_\_\_

FACTORS		PROFILES										11		
		1	2	3	4	5	6	7	8	9	10			
LANDSCAPE POSITION	.1940	S	S	S	S	S	S	S	S	S	S	S	S	S
SLOPE (%)	.1940	8%	7	8%	6%	6%	4%	5%	6%	7%	4%	4%	4%	4%
HORIZON 1 DEPTH		0-8	0-10	0-8	0-24	0-20	0-6	0-8	0-6	0-6	0-8	0-6	0-6	0-6
Texture Group	.1941(A)(1)	C	C	C	C	C	CL	CL	CL	C	C	C	C	C
Consistence	.1941	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE
HORIZON 2 DEPTH		8-14	10-16	8-12	24-36	20-34	6-16	8-14	6-14	6-16	8-18	6-12	6-12	6-12
Texture Group	.1941(A)(1)	CHS	CHS	C	CHS	CHS	C	C	CHS	CHS	C	C	C	C
Consistence	.1941	Fi	Fi	UFi	UFi	Fi	UFi	UFi	Fi	Fi	Fi	Fi	Fi	Fi
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)	SE	SE	EX	SE	SE	EX	EX	SE	SE	SE	SE	SE	SE
HORIZON 3 DEPTH		14+	16+						14+	16+	18-24	12-18	12-18	12-18
Texture Group	.1941(A)(1)	S	S						S	S	CHS	C	C	C
Consistence	.1941	Fi	Fi								Fi	UFi	UFi	UFi
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)										SE	EX	EX	EX
HORIZON 4 DEPTH											32+	18+	18+	18+
Texture Group	.1941(A)(1)										S	CHS	CHS	CHS
Consistence	.1941										Fi	Fi	Fi	Fi
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													EX
SOIL WETNESS	.1942							14"	10"					
RESTRICTIVE HORIZON	.1944			8"	36	34"		10"	14"	16"	32"	12"	12"	12"
SAPROLITE	.1943/.1956	14"	16"	8"	36"	34"			14"	16"	32"	12"	12"	12"
CLASSIFICATION	.1948	U	U	U				U	U	U	U	PS	U	U
LONG TERM ACCEPTANCE RATE	.1955				0.25	0.25						0.25	U	U
AVAILABLE SPACE (1945):														

OTHER FACTORS (1946): \_\_\_\_\_ SITE LONG TERM ACCEPTANCE RATE: \_\_\_\_\_  
OTHER FACTORS (1946): \_\_\_\_\_ SYSTEM TYPE: \_\_\_\_\_

SITE CLASSIFICATION (1948): \_\_\_\_\_ EVALUATED BY: *LRS 4-14-99 \* Most of lot has been graded with Bulldozer*

COMMENTS: *Insufficient Area Located in 3-4 Acre Portion of Lot - Owner to dig Pits in Area in Front to Left of Existing House and System to Evaluate and Notify H. Dept.*

#12 0-10 C Fi  
10-16 CHS Fi  
16+ S U  
#15 0-26"  
Unsuitable Fill  
#14 0-8 CL Fi SE  
8-16 C UF, EX  
#15 0-11 C Fi SE  
11+ S Fi SE  
#16 0-8 C Fi SE  
8-13 CHS Fi SE  
13+ S Fi  
#17 0-6 C Fi SE  
6-13 C UF, EX



Wintre Cunnings Rd  
 Pits Evaluated  
 ↑ 100 4-19-99 J.R.



Pit #1 27 = #2  
 30



#29 = B

#3

Pit #4 Witness  
 16" MIX

Pit #5 witness  
 MIXED

#9 Road Markers  
 CL 10-CL 20-CL 30-CL 40-CL 50-CL

#10 0-15 CL  
 15-36 C  
 36-44 CTS



#10

\* #9

#11

#7  
 #8

#12 0-10 CL  
 10-21 C SE  
 21-28 C EX  
 witness at 22"

#14 0-14 CL  
 14-29 C  
 29-40 CTS  
 #15 0-10 CL  
 10-26 C M  
 26-48 CTS  
 witness at 16"

#16 0-14 CL  
 14-35 C  
 35-48 CTS  
 P.S. 0.30

#17 0-11 CL  
 11-29 C  
 29-40 CTS  
 #18 0-14 CL  
 14-35 C  
 35-48 CTS  
 48-50 CTS  
 P.S. 0.30

#19 0-11 CL  
 11-29 C  
 29-40 CTS  
 #20 0-14 CL  
 14-35 C  
 35-48 CTS  
 48-50 CTS  
 P.S. 0.30

448  
43  
1332  
176  
189.20

217



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9903425

DATE PRINTED 03/08/99

PROPERTY ADDRESS: 5830A WINFREY-CUMMINGS RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS

PHONE: H 336 449-6732 W

JAMES HARVELL

TAX #: 01 18-1167-0 0185-00 008

5830 WINFREY CUMMINGS RD

LOT SIZE: 10.000 ACRES

GIBSONVILLE, NV 27249

SUBDIV/M HOME PARK NAME

LOT # SEC # NEW SUB/LOT REC PRIOR '83

HARVELL, BLANCHE S

010

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:

LOC:

SEWAGE DISPOSAL:

LOC:

NO BDRMS: 3 NO RES: 0 BASEMENT: N PLUMBING: N FIXTURES:

EXISTING:

WATER SUPPLY: TYPE WELL: WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL: YR INSTALLED:

LOC:

NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

IN ORDER TO ACCOMPLISH THE SITE EVALUATION, ALL LOT CORNERS AND LOT LINES SHALL BE BY STAKED AND FLAGGED.

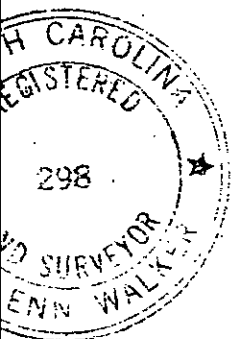
I HEREBY GRANT AUTHORIZED COUNTY AND/OR STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS AND EVALUATIONS TO DETERMINE COMPLIANCE WITH THE APPLICABLE RULES. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

I HAVE READ THIS APPLICATION AND CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERMIT APPLIED FOR OR GRANTED SHALL BE VOID IF ANY OF THE INFORMATION PROVIDED IS FALSE.

OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE



4682

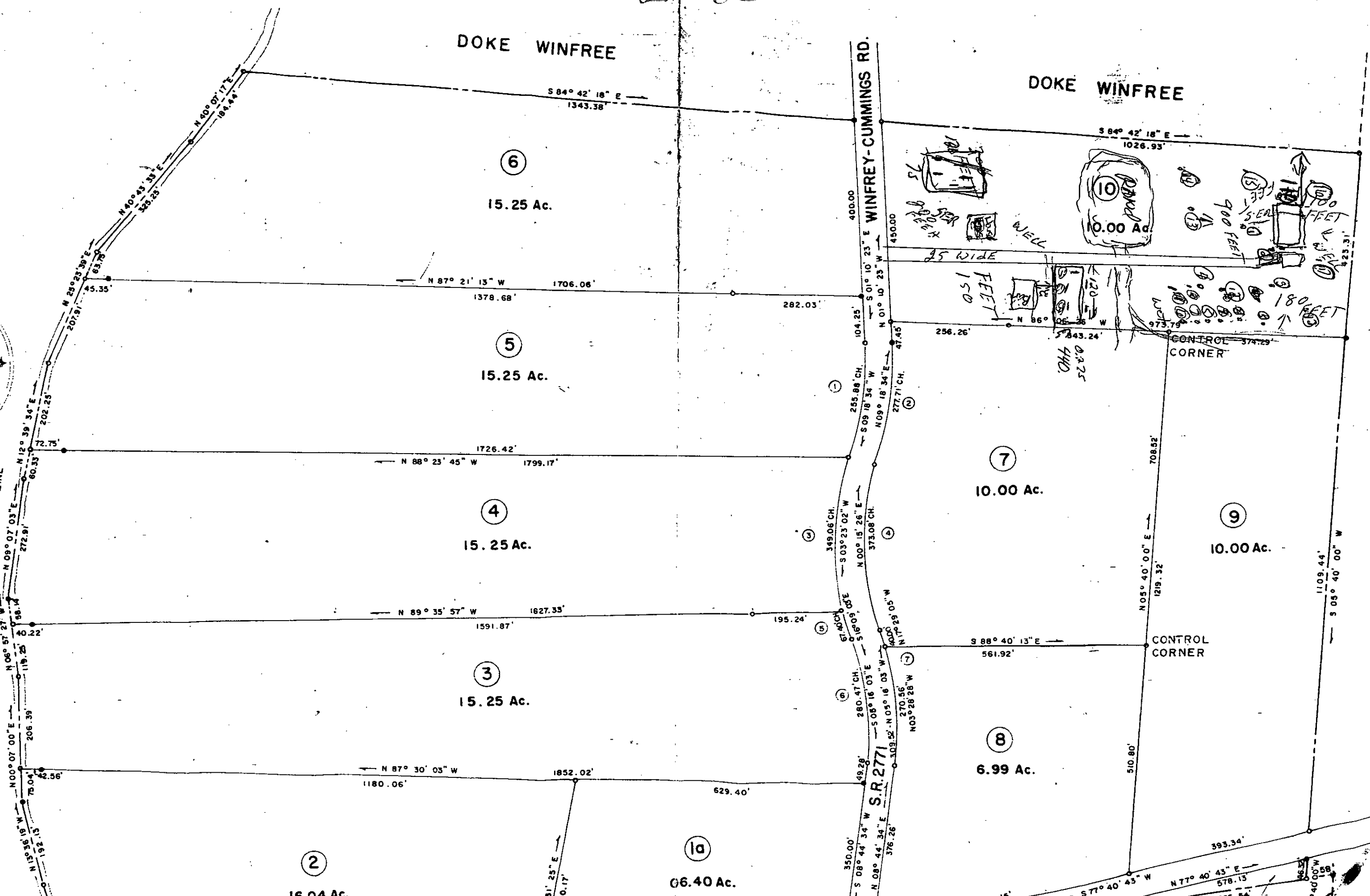


BUFFALO CREEK CENTER LINE IS THE PROPERTY LINE

DOKE WINFREE

DOKE WINFREE

WINFREY-CUMMINGS RD.



2  
16.04 Ac.

3  
15.25 Ac.

4  
15.25 Ac.

5  
15.25 Ac.

6  
15.25 Ac.

1a  
66.40 Ac.

8  
6.99 Ac.

7  
10.00 Ac.

9  
10.00 Ac.

10  
10.00 Ac.

L. A. MCINTYRE

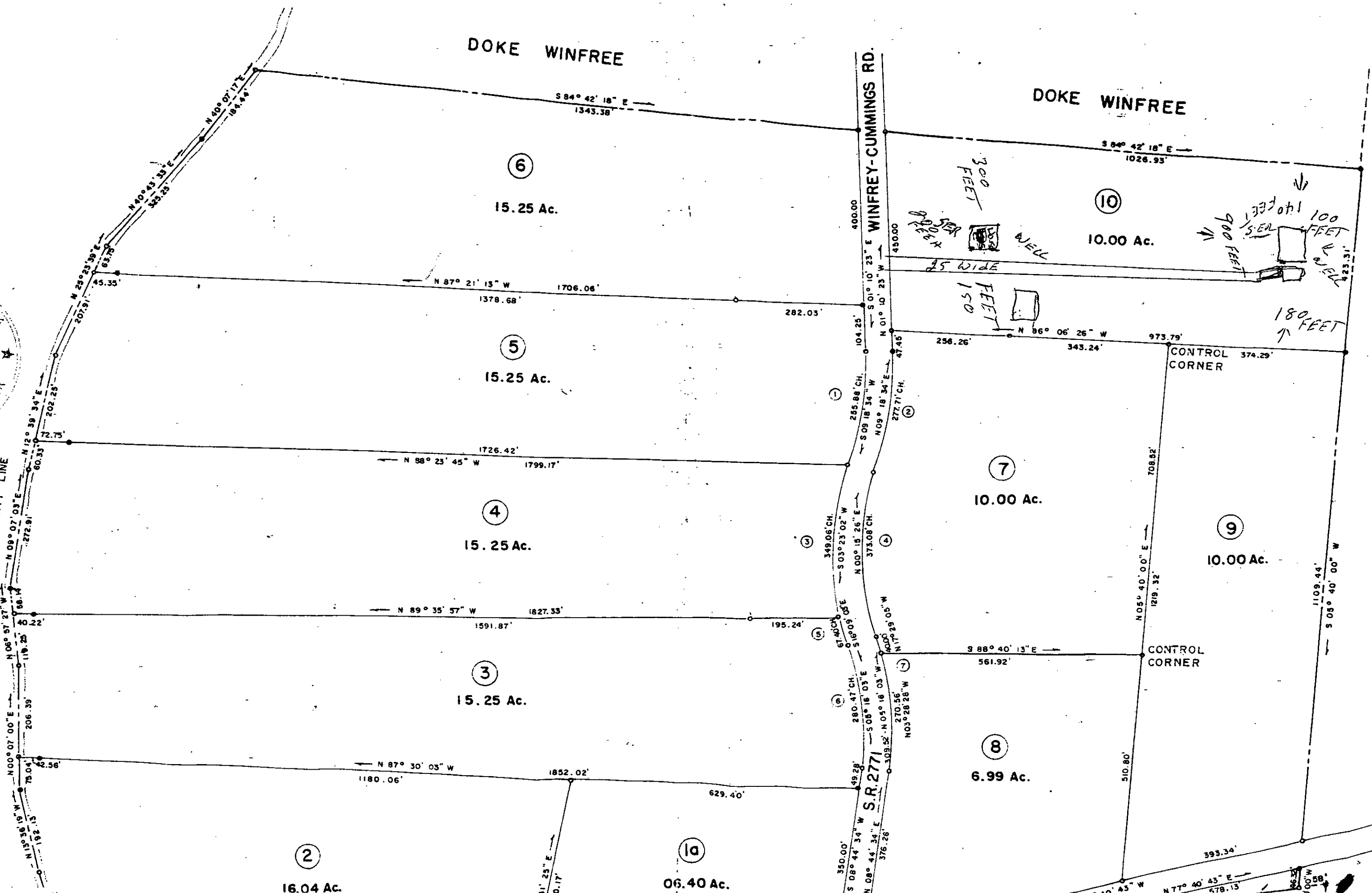


BUFFALO CREEK CENTER LINE IS THE PROPERTY LINE

DOKE WINFREE

DOKE WINFREE

L.A. MCINTYRE



2  
16.04 Ac.

3  
15.25 Ac.

4  
15.25 Ac.

5  
15.25 Ac.

6  
15.25 Ac.

8  
6.99 Ac.

7  
10.00 Ac.

9  
10.00 Ac.

10  
10.00 Ac.

1a  
06.40 Ac.

WINFREY-CUMMINGS RD.

S.R. 2771

CONTROL CORNER

CONTROL CORNER

WELL

300 FEET

150 FEET

900 FEET

180 FEET

100 FEET

25 WIDE



Guilford County, NC



Parcel Number	011811670018500008	Plat Book	55
Owner Name	HARVELL JAMES W	Plat Page	11
Mailing Address 1	5830 WINFREY CUMMINGS RD	Condo Book	
Mailing Address 2		Condo Page	
Mailing Address 3		Total Assessed Value	\$110,200
Mailing Address City	GIBSONVILLE	Total Building Value	\$56,300
Mailing Address State	NC	Total Out Building Value	\$0
Mailing Address Zip	272499730	Total Land Value	\$53,900
Property Address	5830 WINFREY-CUMMINGS RD	Total Deferred Value	\$0
Legal Desc 1	10.00 AC 10 PB 55-11	Building Count	1
Legal Desc 2		Building Number	1
Land Units	10.00+	Year Built	1975
Land Type	AC	Heated Area	1200
Deed Date	6/24/1992 12:00:00 AM	Bedrooms	3
Deed Document Type	WD	Full Bathrooms	1
Deed Book	3974	Use Code	1
Deed Page	1936	Appraisal Model Code	1

Disclaimer: While every effort is made to keep information provided over the internet