







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



## Authorization for Wastewater System Construction

Address: 7044 FRIENDSHIP CHURCH RD, GIBSONVILLE, NC 27249

Permit Number: 24-03-SCHR-00455

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:		Pump Tank Capacity:	GAL
Initial Trench Type:		Pump Dose Volume:	GAL to GAL
Gravity <input type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Number of Bedrooms: 3
Repair System Type:	2a – Conventional		
Repair Trench Type:	Conventional	<u>Site Requirements:</u>	
Gravity <input checked="" type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Setback: FT off of the
Facility Type:	Residential		Offset: FT off of the
Trench Depth:	24 IN to 36 IN		Setup: FT
Trench Length:	320 FT		Basement: N
Trench Width:	36 IN		Well Site Available: N
Trench Separation:	9 FT On-Center		Repair Area Required: N
Soil Cover:	6 IN to 18 IN		
Gravel Depth:	18 IN		

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

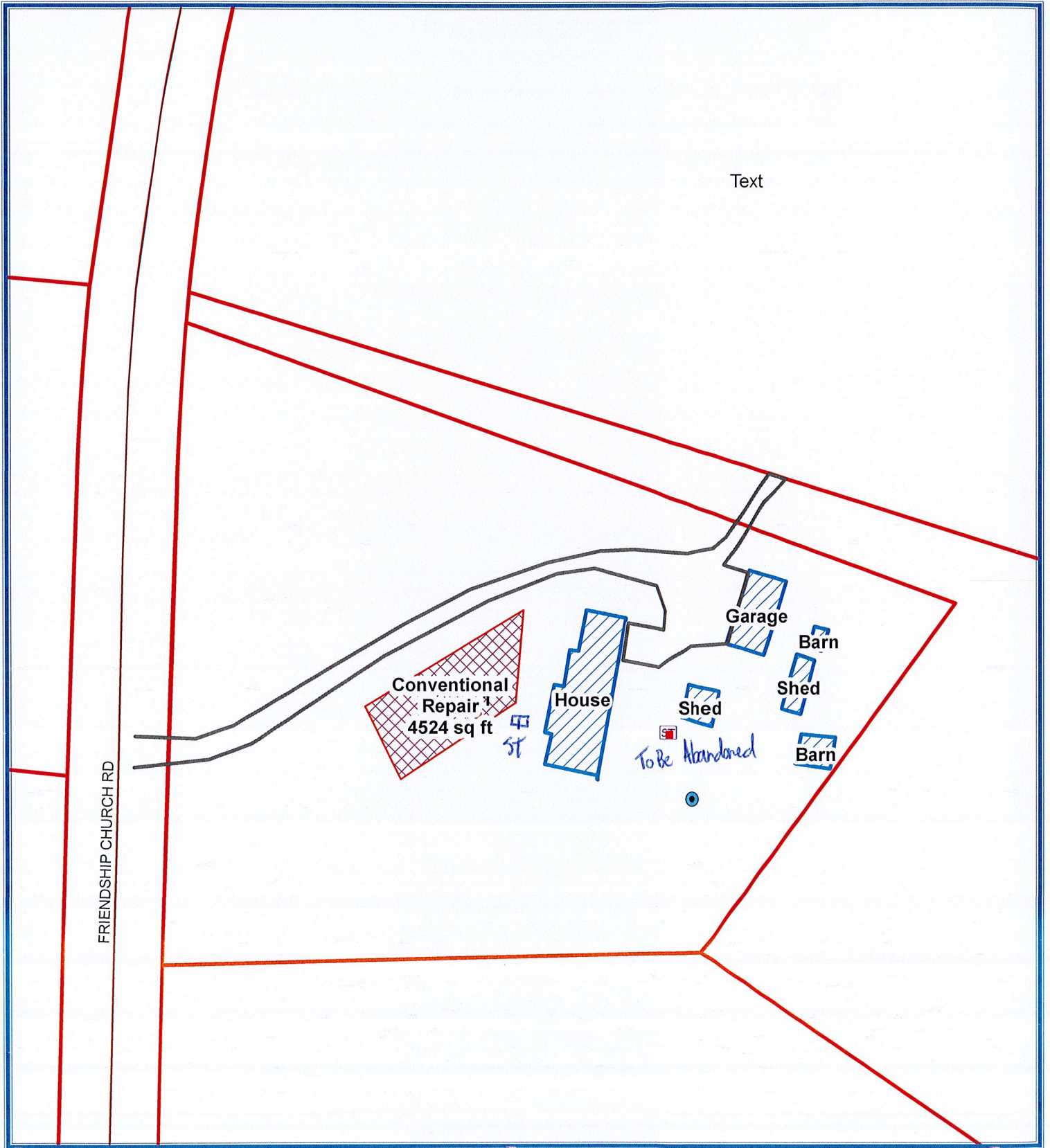
Authorization Issued: Randy Duncan, PEHS      Date Issued: 03/12/24  
 Environmental Health Specialist

Owner or Authorized Agent: \_\_\_\_\_      Date: \_\_\_\_\_  
 Owner or Authorized Agent

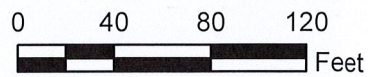
Comments: reroute all plumbing (including washing machine) into main plumbing line - plumb out front of house to new septic tank - install 320' of conventional gravel drainlines utilizing 18" gravel in ditches - maintain minimum setbacks - all surface water including gutter drains must be diverted away from septic system - pump, crush, and fill existing septic tank



# Diagram



7044 Friendship Church Rd  
 Permit #:  
 Issued by: Randy Duncan  
 Date: 3/12/2024

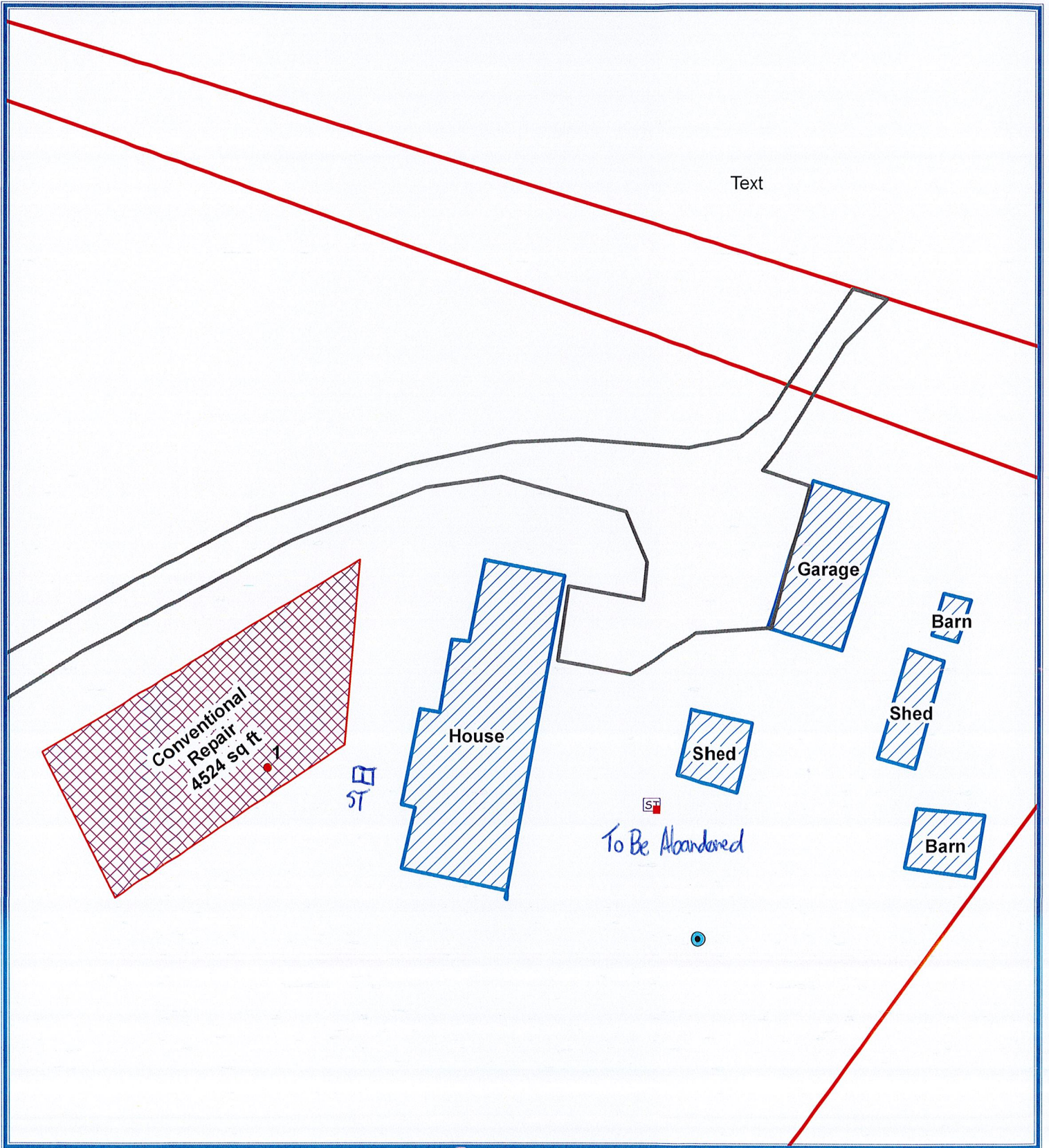


1 inch = 80 feet

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.

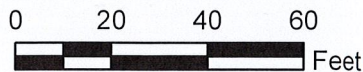


# Diagram



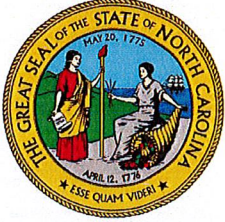
7044 Friendship Church Rd  
 Permit #:  
 Issued by: Randy Duncan

Date: 3/12/2024



1 inch = 40 feet

DISCLAIMER:  
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**BEST PROFESSIONAL JUDGMENT**  
*for*  
**LOCAL HEALTH DEPARTMENTS**  
*or*  
**PRIVATE LICENSED PROFESSIONALS**  
**IN ACCORDANCE WITH 15A NCAC 18E .1306**

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

*\*This page to be completed by LHD or private licensed professional*

**SITE LIMITATIONS** – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- |   |  |
|---|--|
| <input type="checkbox"/> Rule .0502 – Topography & Landscape Position   | <input type="checkbox"/> Rule .0506 – Saprolite                |
| <input checked="" type="checkbox"/> Rule .0503 – Soil Morphology        | <input type="checkbox"/> Rule .0507 – Restrictive Horizons     |
| <input checked="" type="checkbox"/> Rule .0504 – Soil Wetness Condition | <input type="checkbox"/> Rule .0508 – Available Space          |
| <input checked="" type="checkbox"/> Rule .0505 – Soil Depth             | <input type="checkbox"/> Other Rule(s) (please specify): _____ |

**PLEASE CHECK THE FOLLOWING WHEN COMPLETED:**

*(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)*

- Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

**REHS SIGNATURE (if applicable)**

Randy Duncan, REHS  
Signature of Authorized Agent

03/12/24  
Date

**OR**

**AOWE/PE SIGNATURE (if applicable)**

\_\_\_\_\_  
Signature of AOWE/PE

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

*\*This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*



**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 # \_\_\_\_\_ Well Permit # \_\_\_\_\_

**PROPERTY INFORMATION**

Address 7044 Friendship Ch. Rd. City McLeansville Parcel REID # \_\_\_\_\_  
 Development Name \_\_\_\_\_ Section/Phase # \_\_\_\_\_ Lot # \_\_\_\_\_ 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 3-10-1966

**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: Billy T Roberts Address: 7044 Friendship Ch. Rd., McLeansville NC 27301  
 Phone 1: 336 662-7366 Phone 2: 336 681-5266 Email: KimberlyCasey@gmail.com  
 Owner Name: Billy T. Roberts Address: 7044 Friendship Ch. Rd. McLeansville NC 27301  
 Phone 1: 336 681-5266 Phone 2: 336 662-7366 Email: KimberlyCasey@gmail.com

**DEVELOPMENT INFORMATION**

NEW  ACCESSORY  SWMH  MULTIFAMILY/DUPLEX  ADDITION (TYPE) \_\_\_\_\_  
 HOUSE  MODULAR  DWMH  RENOVATION  OTHER TYPE \_\_\_\_\_  
 Residential Specifications: Max # of Bedrooms: \_\_\_\_\_ 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 Repair  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?

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.**

Billy T Roberts

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

3/5/24  
Date

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



# OWNER REQUEST

for

## BEST PROFESSIONAL JUDGMENT

for the repair of

### WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES  
Division of Public Health

*\*This page to be completed by owner of property or owner's legal representative*

DATE: March 5, 2024

**WASTEWATER SYSTEM OWNER** – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Billy Thomas Roberts

Business/Organization/Contact: \_\_\_\_\_

Mailing Address: 7044 Friendship Church Rd.

City: McLeansville State: NC Zip Code: 27301 County: GUILFORD

Telephone Number(s): 336 662 7366

Email Address: KimberlyCasey@ymail.com

#### PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 111794

Physical Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_

#### OWNER ATTESTATION

I, X Billy T Roberts, hereby request the use of best professional judgment in accordance  
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: [Signature] Date: 3/5/24

*\*This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*



### ROUTING - REQUEST

Please

READ

HANDLE

APPROVE

and

FORWARD

RETURN

KEEP OR DISCARD

REVIEW WITH ME

Date 11/26/90

From Eric

To SUSAN

Need denied letter

For:

Billy Roberts

7044 Friendship Ch Rd

McLeansville, NC 27301



GUILFORD COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH

November 28, 1990

Billy Roberts  
7044 Friendship Church Road  
McLeansville, NC 27301

Dear Mr. Roberts,

On November 21, 1990 a soil/site evaluation was conducted on the property described as 7044 Friendship Church Road.

This evaluation was performed to determine if the property meets soil/site evaluation criteria as defined in "Guilford County Board of Health Regulations Governing Design, Construction, Installation, Cleaning, Repairing and Use of Ground Absorption Sewage Treatment and Disposal Systems in Guilford County" for the installation of a ground absorption sewage treatment and disposal system.

Based on the evaluation (see attached site evaluation form), this property is UNSUITABLE for installation of a ground absorption sewage treatment and disposal system as currently defined in the aforementioned regulations.

The evaluation may be reclassified as provisionally suitable if written documentation, including engineering, hydrogeologic, geologic, or soil studies indicate to the local health department that the proposed system can reasonably be expected to function satisfactorily as specified by the aforementioned regulations (1957 (c) Design Criteria for Design of Alternating Sewage Systems. Under Section 1957(c) of the County's rules a system that has been "engineered" might be a possibility you wish to explore. A system designed by an engineer specifically to the characteristics of your individual property could be reviewed and if in the Department's opinion such system could be expected to operate satisfactorily, could be granted an improvement permit.

301 North Eugene Street  
P.O. Box 3508  
Greensboro, N. C. 27401  
Phone: (919) 373-3771

501 E. Green Dr.  
High Point, N. C. 27260  
Phone: (919) 884-7758

November 28, 1990  
Page 2

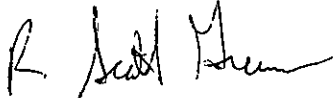
If you wish to appeal the decision regarding the soil/site evaluation, you must do so in accordance with the procedures outlined in the rules and regulations (1965 Appeal Procedure).

Copies of rules and regulations are available upon request from the Environmental Health Division, 301 N. Eugene Street, Greensboro or 501 S. Greene St., High Point, N.C.

Sincerely,



William D. Newton, RS  
Registered Sanitarian



R. Scott Greene, RS  
Registered Sanitarian

/sf

cc: Larry A. Leach  
Kenneth L. Carter, RS

Enclosure

Site / Soil Evaluation

Factors	Profiles							
	1	2	3	4	5	6	7	8
Landscape position	LS	LS						
Slope (%)	50%	50%						
HORIZON I DEPTH	0-10	0-8						
Texture Group	SL	SL						
Consistence	FR	FR						
Structure								
Minerology	1:1	1:1						
HORIZON II DEPTH	10-16	8-16						
Texture Group	SC	SC						
Consistence	FR	FR						
Structure								
Minerology	1:1	1:1						
HORIZON III DEPTH	16+	16+						
Texture Group	C	SAP						
Consistence	UP							
Structure								
Minerology	2:1							
HORIZON IV DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
SOIL WETNESS								
RESTRICT. HORIZON	16"	16"						
SAPROLITE								
CLASSIFICATION	U	U						
LONG-TERM ACCEPTANCE RATE								
SITE CLASSIFICATION:		Denied			SITE LONG-TERM ACCEPTANCE RATE:			
EVALUATED BY:		WAM, RSC						
OTHER(S) PRESENT:								
REMARKS:		11/21/90						

**Guilford County Application  
for Improvement Permit**

Department of Public Health  
Environmental Health Division

Date: \_\_\_\_\_

Applicant	Mailing Address	Phone
Property Owner	Mailing Address	Phone
Tax #	Property Address	Lot Size (Sq.ft./acorage)
Subdivision / M.H. Park	Lot # / Sec. #	New Subdivision / Lot [ ] Yes [ ] No
Floodplain [ ] Yes [ ] No	Watershed [ ] Yes [ ] No	Water Critical Area [ ] Yes [ ] No
<input type="checkbox"/> New Structure [ ] <input type="checkbox"/> Renovation [ ] <input type="checkbox"/> Addition.[ ] <input type="checkbox"/> Accessory [ ]		
<input type="checkbox"/> House <input type="checkbox"/> Singlewide Mobile Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Multifamily Home <input type="checkbox"/> Doublewide Mobile Home <input type="checkbox"/> Other _____		
Residential Specification _____ No. of bedrooms _____ No. of total rooms _____ No. of Occupants Basement _____ No. of stories _____ Proposed size _____ of structure _____		Commercial/Industrial/Other Specifications Type _____ No. of Employees/people _____ No. of fixtures _____ Basement _____ Plumbing _____ No. of stories _____ Indus.or Mfg. Waste _____ Prop. size of structure _____
Proposed water supply: New well [ ] Existing well [ ] Public [ ]		
Proposed Sewage Disposal: Septic Tank [ ]     No. of sites _____ [ ] New                                     Municipal Sewer [ ] [ ] Existing                                     Treatment & Discharge [ ] [ ] Repair                                     Other _____		
You must also apply to the Guilford Co. Planning & Development Office. Their requirements must be satisfied before any improvements are started on the property.		
Zoning: _____ Subdiv.: _____ Watershed: _____ Scenic Corridor: _____		
Directions to property: _____		
<b>IMPORTANT</b>		
A scaled plot or survey map must accompany this application. Clearly stake and flag all property lines and corners, and 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 or all permits applied for or granted shall be void if any of the information provided is false. Author- ized 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 _____		Date _____

Rec'd 10/18/90  
 11/6/90  
 7383  
 JF

Guilford County Application  
 for Improvement Permit

Department of Public Health  
 Environmental Health Division

Date: 10-18-90

Applicant <u>Billy Roberts</u>	Mailing Address	Phone <u>621-1451</u>
Property Owner <u>Aubry Roberts</u>	Mailing Address	Phone
Tax # <u>ACL-4-255-3134/16(16.3ac)</u>	Property Address <u>7044 Friendship Church Rd.</u>	Lot Size (Sq. ft./acorage) <u>19 acres</u>
Subdivision / M.H. Park	Lot # / Sec. #	New Subdivision / Lot ( ) Yes ( ) No
Floodplain ( ) Yes ( <input checked="" type="checkbox"/> ) No	Watershed ( ) Yes ( <input checked="" type="checkbox"/> ) No	Water Critical Area ( ) Yes ( <input checked="" type="checkbox"/> ) No

New Structure  Renovation ( ) Addition ( ) Accessory ( )

( ) House (  ) Singlewide Mobile Home 14 x 70  
 ( ) Modular Home ( ) Multifamily Home  
 ( ) Doublewide Mobile Home ( ) Other \_\_\_\_\_

Residential Specification Commercial/Industrial/Other Specifications

2 No. of bedrooms Type \_\_\_\_\_  
 \_\_\_\_\_ No. of total rooms No. of Employees/people \_\_\_\_\_  
 \_\_\_\_\_ No. of Occupants No. of fixtures \_\_\_\_\_  
 Basement \_\_\_\_\_ Fixtures \_\_\_\_\_ Basement \_\_\_\_\_ Plumbing \_\_\_\_\_  
 No. of stories \_\_\_\_\_ No. of stories \_\_\_\_\_  
 Proposed size of structure \_\_\_\_\_ Indus. or Mfg. Waste \_\_\_\_\_  
 \_\_\_\_\_ Prop. size of structure \_\_\_\_\_

Proposed water supply: New well ( ) Existing well  Public ( )

Proposed Sewage Disposal: Septic Tank ( ) No. of sites \_\_\_\_\_  
 ( ) New Municipal Sewer ( )  
 ( ) Existing Treatment & Discharge ( )  
 ( ) Repair Other \_\_\_\_\_

You must also apply to the Guilford Co. Planning & Development Office. Their requirements must be satisfied before any improvements are started on the property.

Zoning: A-1 Subdiv.: N/A; Pac. (greater) Watershed: NO Scenic Corridor: NO

Directions to property: Lot Elliott 10-18-90  
Hicone, TL Friendship Church Rd, 8th house, lot in back

IMPORTANT

A scaled plot or survey map must accompany this application. Clearly stake and flag all property lines and corners, and corners of all proposed structures.

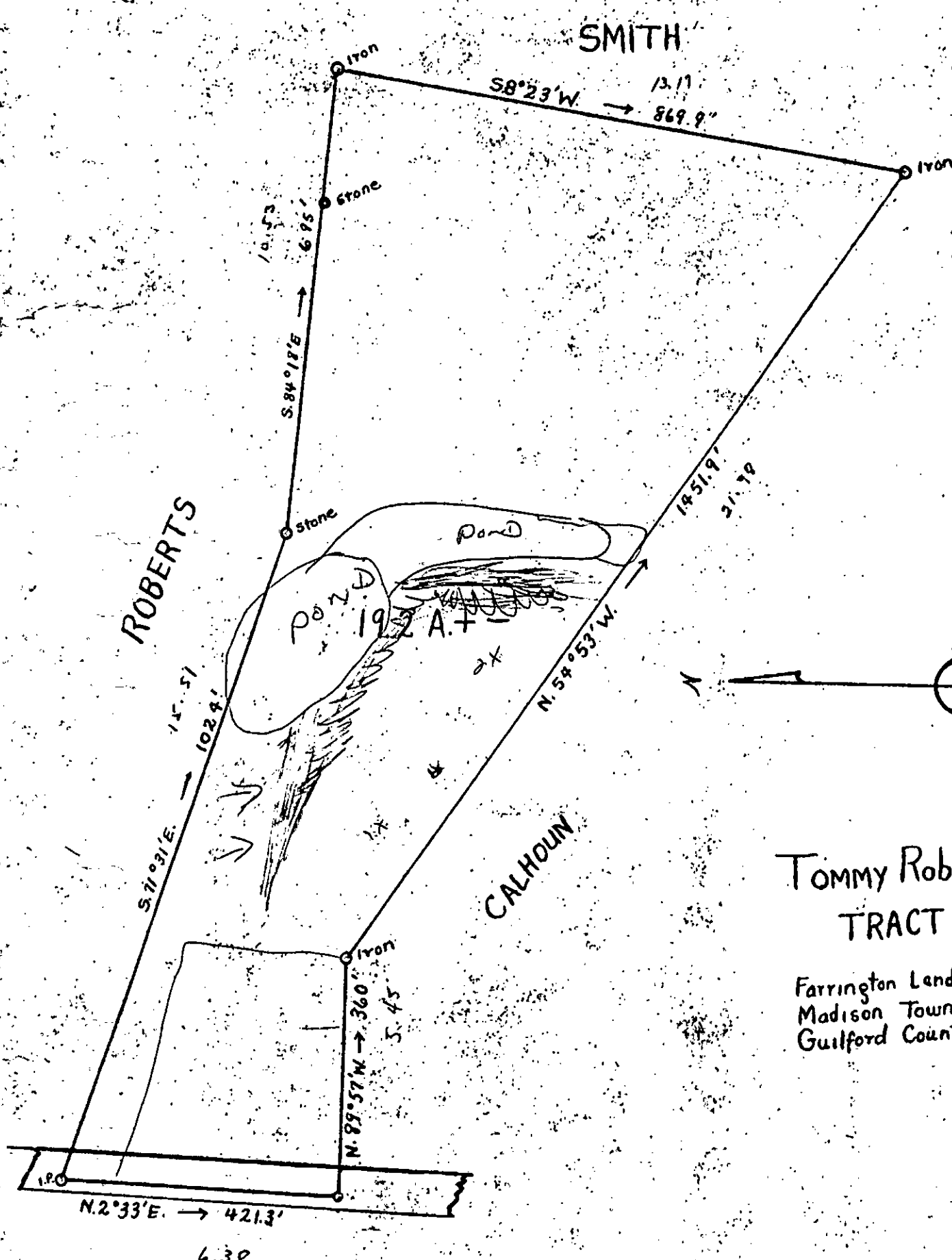
I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information provided is false. Authorized County 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 Billy Roberts Date 10/18/90

Site / Soil Evaluation

Factors	Profiles							
	1	2	3	4	5	6	7	8
Landscape position								
Slope (%)								
HORIZON I DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
HORIZON II DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
HORIZON III DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
HORIZON IV DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
SOIL WETNESS								
RESTRICT. HORIZON								
SAPROLITE								
CLASSIFICATION								
LONG-TERM ACCEPTANCE RATE								

SITE CLASSIFICATION: \_\_\_\_\_ SITE LONG-TERM ACCEPTANCE RATE: \_\_\_\_\_  
 EVALUATED BY: \_\_\_\_\_  
 OTHER(S) PRESENT: \_\_\_\_\_  
 REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



ROBERTS

SMITH

CALHOUN

Tommy Roberts  
TRACT

Farrington Land  
Madison Township  
Guilford County

Surv  
N.C  
60