



PROPERTY SERVICE CHART

7447 Middlestream Rd

ADDRESS (Print)

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

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

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

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

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

SERVICE	COMMENTS	DATE	SANITARIAN
Well disinfect <del>Abandon</del>	All three abandoned wells had 1/2 lb of Cl added prior to concrete being poured.	12/30/99	JWL
Well Abandonment	All three wells were abandoned and cut off below grade and will be covered with soil.	12/30/99	Not present JWL
well	Jones drilled well in front of property at 160' deep with 12 gal/min	12/30/99	Not present JWL
Casing	Jones set 42' SDR-21	12/30/99	Not present JWL
grout	Jones poured p-gravel in Annulus at 20' depth.	12/30/99	Not present JWL
Abandoned's	Jones finished Abandoning 2 wells (CW)	1-7-00	Not covered BGM
well / check Final / 3 abandoned wells	All 3 Abandoned wells Abandoned to top. New Well: foc match tag. Well approved (CW)	1-21-00	BGM/JWL
Septic Final	Billingsley Installed 655' x 2' Gravity.	3-1-01	BGM
Cover check.	Cover Check Approved (CW)	7-12-01	BGM
BACT.	No Bact. Sample. power Not On.	3-21-01	BGM





Public Health Division

23-08-WSHR-00104  
Parcel: 166243

### Application for Water Samples

Bacteriological     Inorganic     Petroleum     Nitrates  
 Pesticide     Lead     Nitrites

Property Address: 8542 Scoggins Rd., Oak Ridge NC 27310

\*Authorized Agent's Name: Faye Ellison Phone (H) 336-643-9144 (W) \_\_\_\_\_

Owner/Buyer's Name Mrs. B. / Faye Ellison Address 8431 Lenoirville Rd., Oak Ridge

Owner's Phone (H) 336-643-9144 (W) \_\_\_\_\_

Owner/Buyer Email: byrdfaye1962@gmail.com

Directions to property: 73 to Highway 68 - left at 68-150 int.

Comments: Lenoirville Rd. Scoggins Rd.

Type of Well:  drilled     bored     hand dug

Is Well Head Above Ground: Yes \_\_\_\_\_ No

Location of Well on Property front

Location of Septic Tank on Property front of house

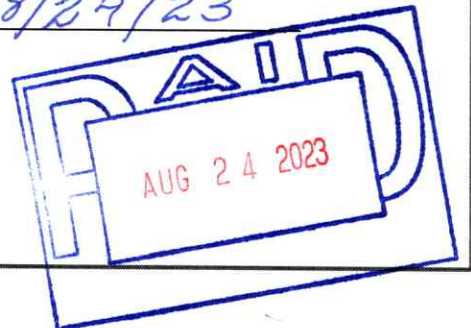
Type of Water Filtration or Treatment \_\_\_\_\_

Year Home was Built: 1968-2020    Name of Original Owner: Same

I hereby grant representative(s) of the Division of Environmental Health the authority to enter onto my property.

Signature: Faye B. Ellison    Date: 8/24/23

\* Fill out this line if the application is going to be used to buy or sell real estate.





OPERATION PERMIT

7447 MIDDLESTREAM RD

IMPROVEMENT PERMIT #9807190

BUILDING PERMIT #0110318

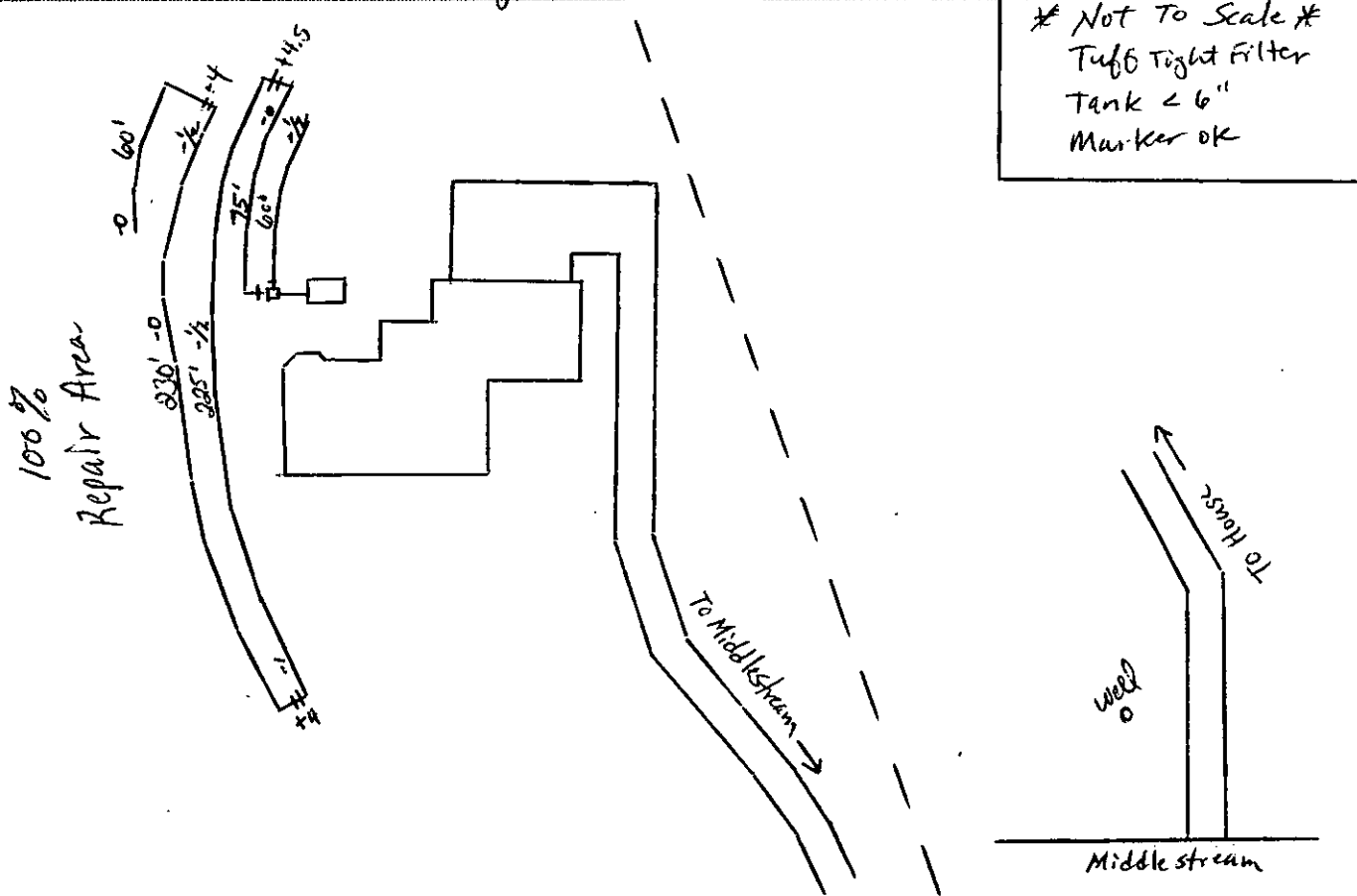
SYSTEM TYPE: CONVENTIONAL-SHALLOW PLACEMENT SEPTIC CONTRACTOR  
 WASTEWATER FLOW: GPD BILLINGSLEY SEPTIC TANK CO  
 TRENCH LENGTH 655 FT WIDTH 24 IN TANK SIZE 900 GALS  
 SEPTIC TANK: BILLINGSLEY-1000, STB-769 PUMP;  
 PUMP TANK: 8/22/00 ALARM:  
 MONITORING REQUIREMENTS: REVIEW | INSPECTION/MAINTENANCE | REPORTING  
 N/A N/A N/A

REMARKS/CONDITIONS:

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 AND GUTTERS AWAY FROM SYSTEM.

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 IMPROVEMENT PERMIT.

APPROVED BY SPECIALIST: Benjamin G. Morell, P.E. DATE ISSUED: 03/01/01  
 DIAGRAM



LEGEND  
 X WELL    \_\_\_\_\_ NITRIFICATION LINE    - - - - SOLID LINE    \ \ STEP DOWN



AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ADDRESS: 7447 MIDDLESTREAM RD

PERMIT #9807190

TYPE OF SYSTEM: CONVENTIONAL-SHALLOW PLACEMENT

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 480 OFF	<u>FRONT</u> CL
BASEMENT:	<u>Y</u> /N	OFFSET 52 OFF	LEFT <u>RIGHT</u>
		SETUP	OFF REAR

ALTERNATIVE SYSTEM DESIGN N.A.

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

ENV. HEALTH RELEASE

Randy Bell, R.S. 9-29-98  
 ENV. HEALTH SPECIALIST      DATE

REVISED AUTHORIZATION

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



IMPROVEMENT PERMIT

NEW RESIDENTIAL SEPTIC SYSTEM  
REF: 7447 MIDDLESTREAM RD

PERMIT NO. 9807190

THE IMPROVEMENT PERMIT SHALL BE VALID ~~WITHOUT EXPIRATION~~ / 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: CONVENTIONAL-SHALLOW PLACEMENT  
WASTEWATER FLOW: 000360 GPD  
FACILITY TYPE: 0003 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

SITE REQUIREMENTS:

TRENCH LENGTH 655 FT.  
TRENCH DEPTH 18 IN. TO 18 IN.  
TRENCH WIDTH 24 IN.  
GRAVEL DEPTH 12 IN.  
TRENCH SEPARATION .9 FT. ON CENTER  
SOIL COVER 6 IN. TO 6 IN.  
TANK SIZE 900 GALS.

SETBACK 480 OFF FRONT CL  
OFFSET 52 OFF LEFT RIGHT  
SETUP OFF REAR  
BASEMENT Y/N

OTHER

PLUMB OUT & SET SEPTIC TANK TO LEFT REAR OF RESIDENCE, INSTALL TRENCHES WITHIN AREA NOTED, BOTTOM OF TRENCHES SHALL FOLLOW CONTOUR OF GROUND

**NOTICE**

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

Randy Bell R.S. 09/29/98  
ENV. HEALTH SPECIALIST 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.

Jan S. Johnson 8-23-99  
OWNER/AUTHORIZED AGENT DATE

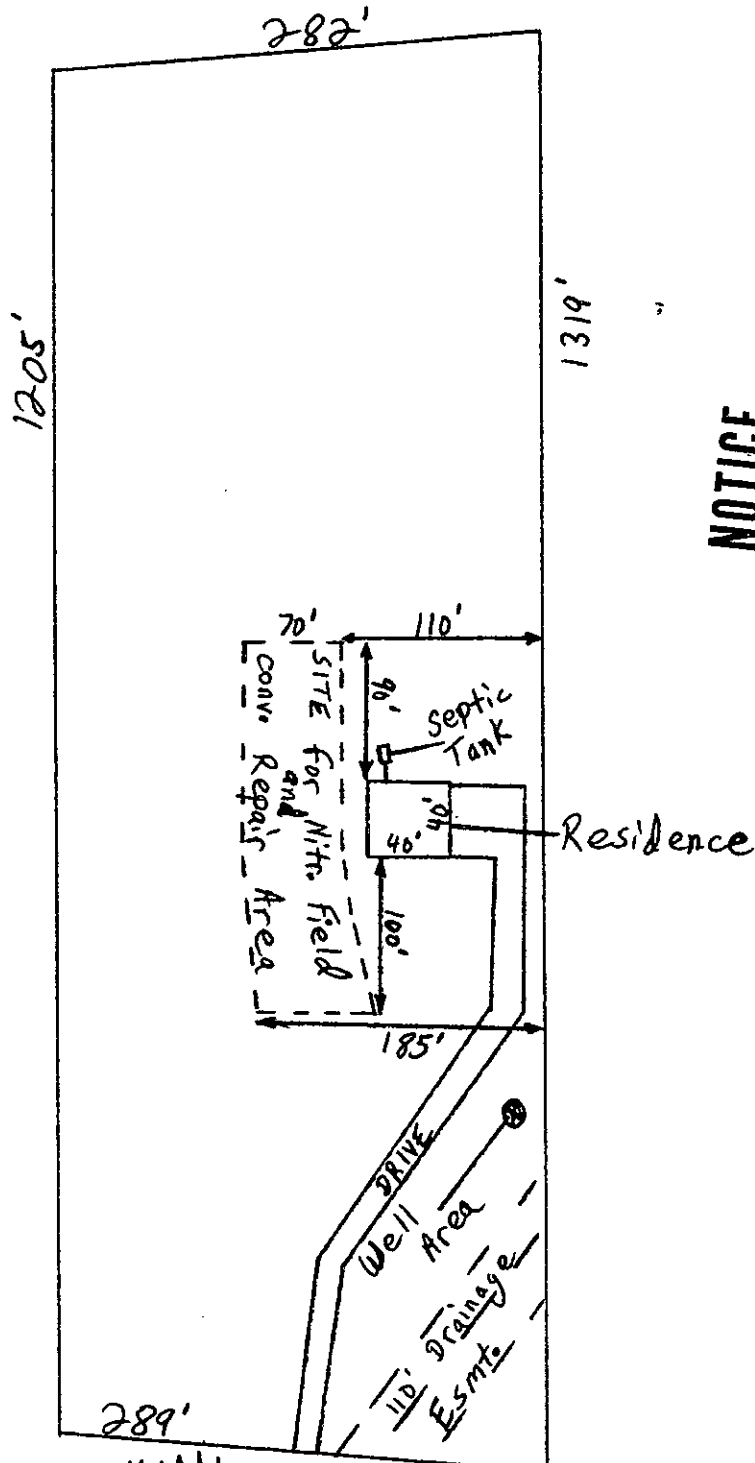
THIS IS NOT AN AUTHORIZATION TO CONSTRUCT A WASTEWATER SYSTEM. THE AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BY THE APPROPRIATE LOCAL HEALTH DEPARTMENT OFFICIALS.



IMPROVEMENT PERMIT

7447 MIDDLESTREAM RD

PAGE 2 OF 2  
PERMIT NO. 9807190



**NOTICE**

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Health Purposes Only. This  
Does Not Constitute Building  
Or Zoning Approval.

Middlestream Rd.  
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'





PERMIT TO CONSTRUCT A WELL

NUMBER 9807191

DATE ISSUED 09/29/98

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

COMMENTS/SPECIFICATIONS

LOCATE THE WELL AT LEAST A MINIMUM 100' FROM ANY SEPTIC TANK SYSTEM AND AT LEAST A MINIMUM 50' FROM THE RESIDENCE FOUNDATION, ALSO AT LEAST A MINIMUM 50' FROM ANY SURFACE WATERS

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:

OWNER/AUTHORIZED AGENT

DATE

NEW WELL AND WELL REPAIR PERMITS EXPIRE ONE YEAR FROM DATE OF ISSUE  
WELL ABANDONMENT PERMITS SHALL BE VALID WITHOUT EXPIRATION

SIGNED:

*Randy Bally R.S.*

ENVIRONMENTAL HEALTH SPECIALIST

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

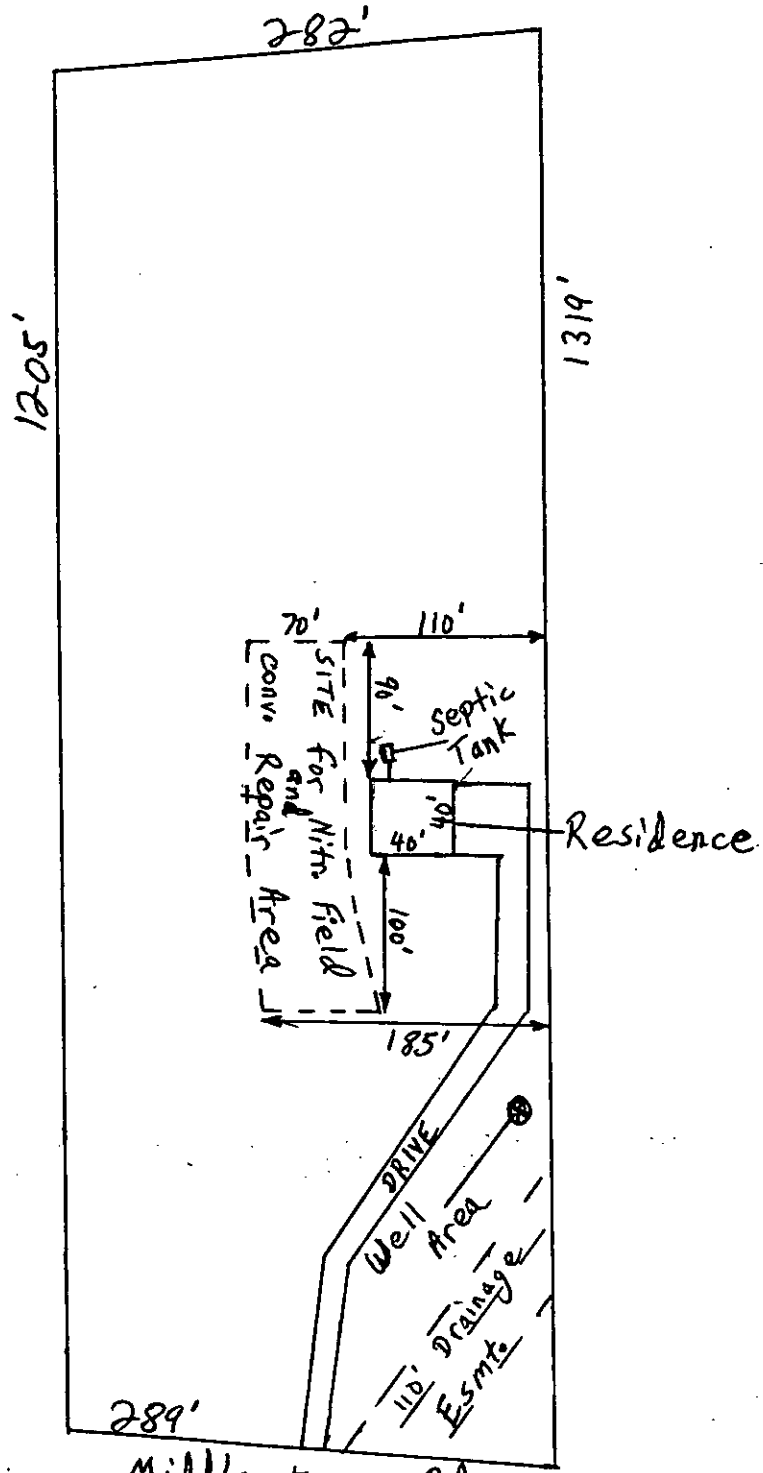
*See Attached Diagram*



IMPROVEMENT PERMIT

7447 MIDDLESTREAM RD

PAGE 2 OF 2  
PERMIT NO. 9807190



Middlestream Rd.  
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'

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health  
P.O. Box 3508, Greensboro, NC 27401

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: 7447 Middlestream Rd  
Well Owner: Jean Johnson Well Permit Number: 9807191  
Casing Type: SDR-21 Casing Depth: 42  
Water Bearing Zones: \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft.  
Total Depth of Well: 160 ft. Static Water Level: 10 ft.  
Well Yield: 12 gal/min Date Completed: 12-29-99  
Grout Type: portland Method of Placing Grout: poured

Pump Installation Contractor: Same Reg. No.: 248  
Pump Depth/Pumping Water Level: 90 ft.  
Brand of Pump Installed: Red Jacket Pump Size and Type: 1/2 hp Sub

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

Method of Abandonment (if applicable): filled 3 well to top with concrete

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: Russell Jones Date: 1-12-2000



# GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT



Building Permit: 110318 Improvement (Septic) Permit: 9807190 Improvement (Well) Permit: 9807191

### APPLICANT INFORMATION

Applicant: Lee Johnson Address: \_\_\_\_\_ Phone: 393-0031  
 Owner: Almer Lee Johnson Address: 7443 middlestream rd Brown Summit NC 27214 Phone: 656-3540

### PROPERTY INFORMATION OF 04-05-0263-0260-00-002

Street Address: 7447 middlestream rd Twp: 04-05-0274 Tax Map: 0253-00-008 8.11ACS  
 Development Name: \_\_\_\_\_ Section/Phase: \_\_\_\_\_ Lot: 2 Deed Book: \_\_\_\_\_ Plat Book: \_\_\_\_\_

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

### DEVELOPMENT INFORMATION

NEW  RENOVATION  ADDITION  ACCESSORY  
 HOUSE  MODULAR  DBMH  SWMH  MULTIFAMILY/DUPLEX  
 OTHER TYPE: \_\_\_\_\_  
 NON-RESIDENTIAL TYPE: \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_ OTHER \_\_\_\_\_  
 Residential: \_\_\_\_\_ # 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: [Signature] DATE: 7-31-98

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

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	L	L	L	L	L	L	L			
SLOPE (%)	.1940	13	13	13	10	11	13	13			
HORIZON 1 DEPTH		0-10	0-10	0-5	0-18	0-14	0-14	0-14			
Texture Group	.1941(A)(1)	c	cl	cl	sil	cl	sil	sicl			
Consistence	.1941	fi	fc	fc	vfr	fr	fr	fr			
Structure	.1941(A)(2)	abk	sbk	sbk	mass	sbk	gr	gr			
Mineralogy	.1941(A)(3)	SE	SE	SE	SE	SE	SE	SE			
HORIZON 2 DEPTH		10-26	10-30	5-19	18"	14-22	14-34	14-20			
Texture Group	.1941(A)(1)	cksap	c	c	c	c	c	c			
Consistence	.1941	fi	fi	fi	vfi	fi	fi	fi			
Structure	.1941(A)(2)	abk	abk	abk	mass	abk	abk	abk			
Mineralogy	.1941(A)(3)	SE	SE	SE	fx	SE	SE	SE			
HORIZON 3 DEPTH		26"	30-40	19-34		22-34	34"	22-32			
Texture Group	.1941(A)(1)	sap	cksap	cksap		cksap	kit	cksap			
Consistence	.1941		fi	fi		fi	a	fi			
Structure	.1941(A)(2)					abk	Rock	abk			
Mineralogy	.1941(A)(3)		SE	SE		SE		SE			
HORIZON 4 DEPTH				31"		34"		32"			
Texture Group	.1941(A)(1)			sap		sap		sap			
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
SOIL WETNESS	.1942				18"						
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956		40"								
CLASSIFICATION	.1948	P.S.	D.S.	P.S.	P.S.	P.S.	P.S.	P.S.			
LONG TERM ACCEPTANCE RATE	.1955	U.S.T		S.T.	fill	S.T.	S.T.	0.5T			
		.25	.3	.275	.12	.275	.275	.25			
AVAILABLE SPACE (1945):		5									
OTHER FACTORS (1946):		5									
OTHER FACTORS (1946):											
SITE CLASSIFICATION (1948):		P.S.									
SYSTEM TYPE								2' trench conv. shallow			
EVALUATED BY:		RAB/BGM 9-16-98 OTHERS PRESENT: NA									
COMMENTS:		too rocky to evaluate w/ an auger, can not get a boring deeper than 12"									

Lot # \_\_\_\_\_

RAB/BGM 9-24-98 2



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

JANUARY 24, 2000

ALMER L. JOHNSON  
7443 MIDDLESTREAM RD  
BROWN SUMMIT, NC 27214

REF: 7447 MIDDLESTREAM RD

DEAR ALMER L. JOHNSON :

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



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: ABANDON RESIDENTIAL WELL

NUMBER: 0001992

DATE PRINTED 01/04/00

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS	PHONE: H	W
JONES WELL AND PUMP	TAX #:	- - -
P O BOX 130	LOT SIZE: 0.000	ACRES
BROWN SUMMITT, NC 27214		
SUBDIV/M HOME PARK NAME	LOT #	SEC # NEW SUB/LOT REC PRIOR 83?

PROPOSED

WATER SUPPLY:	WATER USAGE INCREASE: N	POWER ON:
LOC:		
SEWAGE DISPOSAL:		
LOC:		
NO BDRMS:	NO RES:	BASEMENT: PLUMBING: FIXTURES:

EXISTING:

WATER SUPPLY: PRIVATE	TYPE WELL: D	WELL HEAD ABOVE GROUND:
LOC:		
SEWAGE DISPOSAL:		YR INSTALLED:
LOC:		
NO BDRMS:	NO RES:	BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

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.

\_\_\_\_\_  
OWNER/AUTHORIZED AGENT SIGNATURE DATE

\_\_\_\_\_  
COUNTY REPRESENTATIVE DATE



PERMIT **ABANDON A WELL**

NUMBER 0001992

DATE ISSUED 01/04/00

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

COMMENTS/SPECIFICATIONS

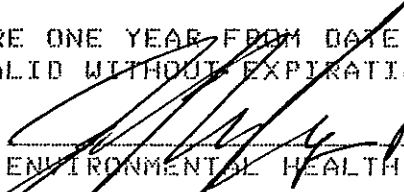
DRILLED WELL TO BE ABANDONED IN ACCORD WITH GUILFORD COUNTY RULES AND REGULATIONS REGARDING WELL CONSTRUCTION. HEALTH DEPT. TO BE ON SITE FOR THE PROCEDURE. SUBMIT RECORD OF CONSTRUCTION.

IF WELL SITE IS WITHIN 1500' OF AN ESTABLISHED SOURCE OF GROUNDWATER CONTAMINATION, SPECIFIC REQUIREMENTS MUST BE INCLUDED ON THIS PERMIT

ABOVE INFORMATION CERTIFIED BY:

OWNER/AUTHORIZED AGENT	DATE

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

SIGNED:  P.S. 1/4/00  
 ENVIRONMENTAL HEALTH SPECIALIST

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





APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

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NUMBER: 0001993

DATE PRINTED 01/04/00

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS	PHONE: H	W
JONES WELL AND PUMP	TAX #:	- - -
P O BOX 130	LOT SIZE: 0.000	ACRES
BROWN SUMMITT, NC 27215		
SUBDIV/M HOME PARK NAME	LOT #	SEC # NEW SUB/LOT REC PRIOR 83?

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: N POWER ON: N  
LOC:  
SEWAGE DISPOSAL:  
LOC:  
NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

EXISTING:

WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND:  
LOC:  
SEWAGE DISPOSAL: YR INSTALLED:  
LOC:  
NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

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.

\_\_\_\_\_  
OWNER/AUTHORIZED AGENT SIGNATURE DATE

\_\_\_\_\_  
COUNTY REPRESENTATIVE DATE



PERMIT TO ABANDON A WELL

NUMBER 0001993

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COMMENTS/SPECIFICATIONS

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SIGNED: *[Signature]* RS. 1/4/00  
 ENVIRONMENTAL HEALTH SPECIALIST

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BROWN SUMMITT, NC 27214		
SUBDIV/M HOME PARK NAME	LOT #	SEC # NEW SUB/LOT REC PRIOR 83?

PROPOSED:

WATER SUPPLY: PRIVATE    WATER USAGE INCREASE: N    POWER ON: N  
LOC:  
SEWAGE DISPOSAL:  
LOC:  
NO BDRMS:    NO RES:    BASEMENT:    PLUMBING:    FIXTURES:

EXISTING:

WATER SUPPLY: PRIVATE    TYPE WELL: D    WELL HEAD ABOVE GROUND:  
LOC:  
SEWAGE DISPOSAL:    YR INSTALLED:  
LOC:  
NO BDRMS:    NO RES:    BASEMENT:    PLUMBING:    FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

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.

OWNER/AUTHORIZED AGENT SIGNATURE    DATE

COUNTY REPRESENTATIVE    DATE



PERMIT ABANDON A WELL

NUMBER 0001991

DATE ISSUED 01/04/00

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

COMMENTS/SPECIFICATIONS

DRILLED WELL TO BE ABANDONED IN ACCORD WITH GUILFORD COUNTY RULES AND REGULATIONS REGARDING WELL CONSTRUCTION. HEALTH DEPT. TO BE ON SITE FOR THE PROCEDURE. SUBMIT RECORD OF CONSTRUCTION

IF WELL SITE IS WITHIN 1500' OF AN ESTABLISHED SOURCE OF GROUNDWATER CONTAMINATION, SPECIFIC REQUIREMENTS MUST BE INCLUDED ON THIS PERMIT

ABOVE INFORMATION CERTIFIED BY:

OWNER/AUTHORIZED AGENT DATE

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

SIGNED: [Signature] ENVIRONMENTAL HEALTH SPECIALIST

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



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9807190

DATE PRINTED 08/17/98

PROPERTY ADDRESS: 7447 MIDDLESTREAM RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS  
ALMER L. JOHNSON  
7443 MIDDLESTREAM RD  
BROWN SUMMIT, NC 27214  
SUBDIV/M HOME PARK NAME

PHONE: H 336 656-3540 W

TAX #: 04 05-0274-0 0253-00 008

LOT SIZE: 8.110 ACRES

LOT # SEC # NEW SUB/LOT REC PRIOR '83  
2

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 MUST BE CLEARLY 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



# GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 110318 Improvement (Septic) Permit: \_\_\_\_\_ Improvement (Well) Permit: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant: Larry W. & Joan S. Johnson Address: 4205 Pineneedle Dr. Phone: 336-621-4383  
Owner: Same Address: Greenboro, NC 27405 Phone: \_\_\_\_\_

### PROPERTY INFORMATION

Street Address: 7447 Middlestream Rd Twp: \_\_\_\_\_ Tax Map: \_\_\_\_\_  
Brown Summit, NC 27214 Section/Phase: \_\_\_\_\_ Lot: \_\_\_\_\_ Deed Book: \_\_\_\_\_ Plat Book: \_\_\_\_\_

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: \_\_\_\_\_ Conditional Use (describe): \_\_\_\_\_ Overlay (Circle) \_\_\_\_\_ Watershed: \_\_\_\_\_ WCA: \_\_\_\_\_  
MH SR HD AR FH \_\_\_\_\_  
Building Setbacks (Zoning): Street: \_\_\_\_\_ Side Street: \_\_\_\_\_ Side Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_

COMMENTS:

### DEVELOPMENT INFORMATION

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

NON-RESIDENTIAL TYPE: \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_ OTHER \_\_\_\_\_

Residential \_\_\_\_\_ # 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 \_\_\_\_\_

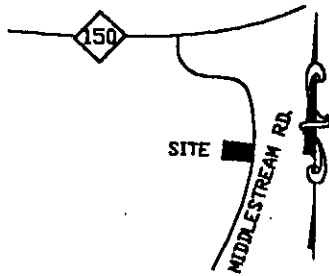
Sewage Disposal:  
\_\_\_\_\_ Conventional \_\_\_\_\_ Chamber System \_\_\_\_\_ Privy \_\_\_\_\_ Low Pressure Pipe  
\_\_\_\_\_ PPBPS \_\_\_\_\_ Chemical Toilet \_\_\_\_\_ Drip Irrigation \_\_\_\_\_ Polystyrene Aggregate  
\_\_\_\_\_ Pre-treatment \_\_\_\_\_ Incinerating Toilet \_\_\_\_\_ Lg. Diameter 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: Joan Smith Johnson DATE: 8-16-99



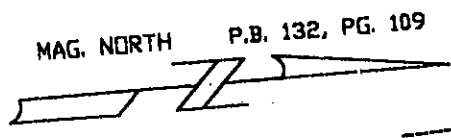
VICINITY MAP - NO SCALE

THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD.

This is to certify that this plat was drawn  
 from A FIELD SURVEY  
 all of which was done under my supervision.  
*William L. Knight, Jr.*  
 William L. Knight, Jr. L-2738



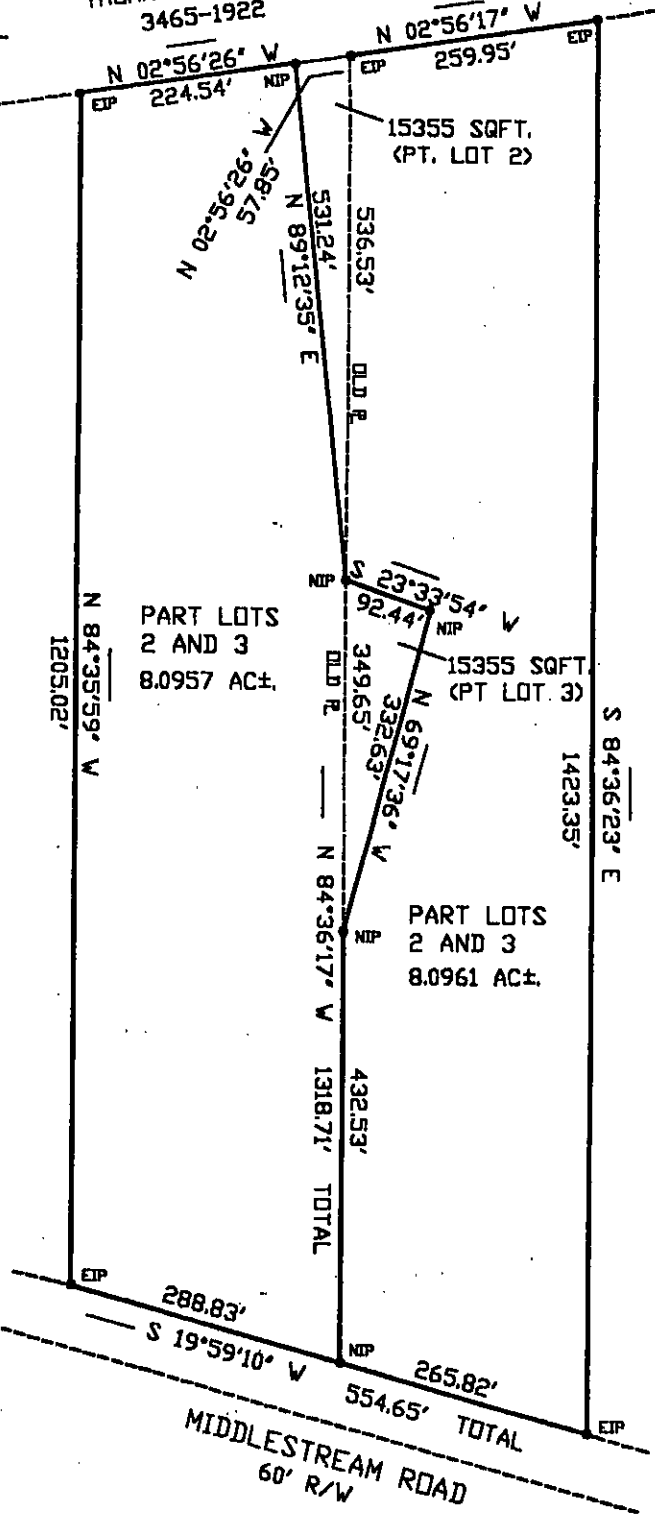
- LEGEND**
- - POINT
  - - HOLLOW IRON
  - - SOLID IRON
  - ⊙ - EXISTING STONE
  - CC - CONTROL CORNER
  - NIP - NEW IRON PIPE
  - EIP - EXISTING IRON PIPE
  - CP - COMPUTED POINT
  - ▲ - NCGS CONTROL MONUMENT



P.B. 132, PG. 109

THOMAS AARON JONES  
 3465-1922

①



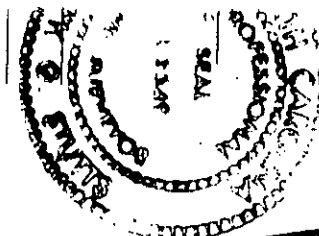
LOT # 2 & 3 BLOCK \_\_\_\_\_  
 SECT. \_\_\_\_\_ MAP \_\_\_\_\_  
 SUBDIVISION NAME  
 ALMER M. JOHNSON ESTATE  
 P.B. 132 PAGE 109  
 D.B. \_\_\_\_\_ PAGE \_\_\_\_\_  
 GUILFORD COUNTY  
 MADISON TOWNSHIP

SURVEY FOR:  
**LARRY JOHNSON**  
 MIDDLESTREAM ROAD  
 BROWN SUMMIT, GUILFORD COUNTY, NORTH CAROLINA

**WILLIAM L. KNIGHT, JR., P.L.S.**  
 603 N. GREENE ST., GREENSBORO, N.C. 27401  
 PH# (336) 370-9838  
 Scale 1" = 200'



DRAWN BY: NB  
 DATE: 07-12-02  
 REVISED:  
 JOB NO. K-02-228



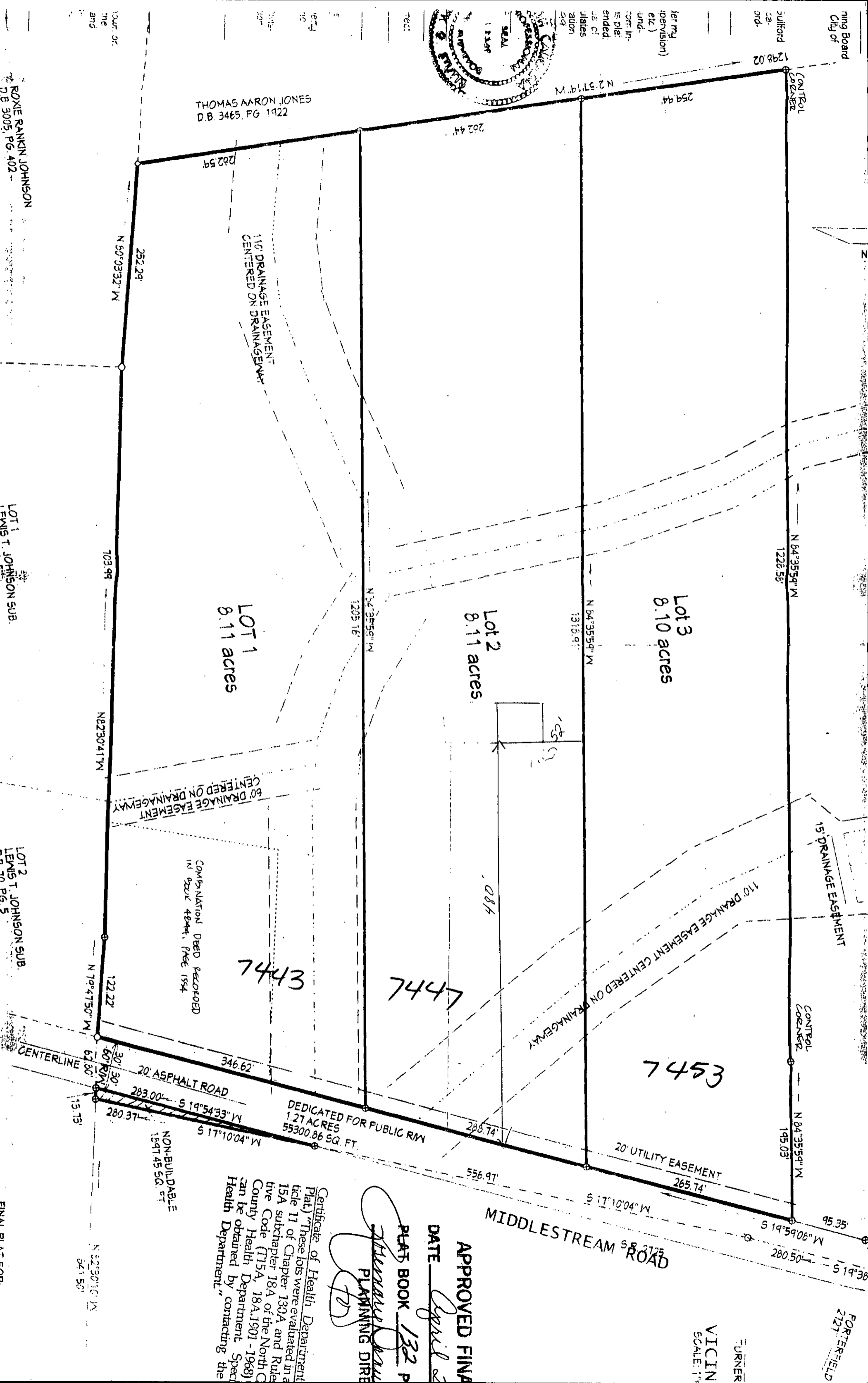
THOMAS AARON JONES  
D.B. 3465, PG. 1922

ROXIE RANKIN JOHNSON  
D.B. 3005, PG. 402

LOT 1  
LEWIS T. JOHNSON SUB.  
P.B. 10, PG. 5

LOT 2  
LEWIS T. JOHNSON SUB.  
P.B. 10, PG. 5

FINAL PLAT FOR:



Certificate of Health Department  
Plat) These lots were evaluated in a  
title 11 of Chapter 130A and Rule  
15A subchapter 18A of the North  
five Code (175A, 18A.1901-1968)  
County Health Department. Spec  
can be obtained by contacting the  
Health Department."

APPROVED FINAL  
DATE April 22  
PLAT BOOK 132 P  
PLANNING DIR

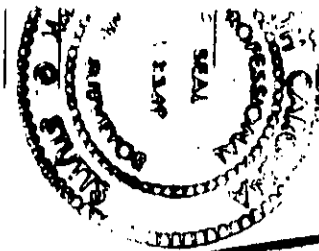
VICIN  
SCALE: 1"

PORTERFIELD  
2727



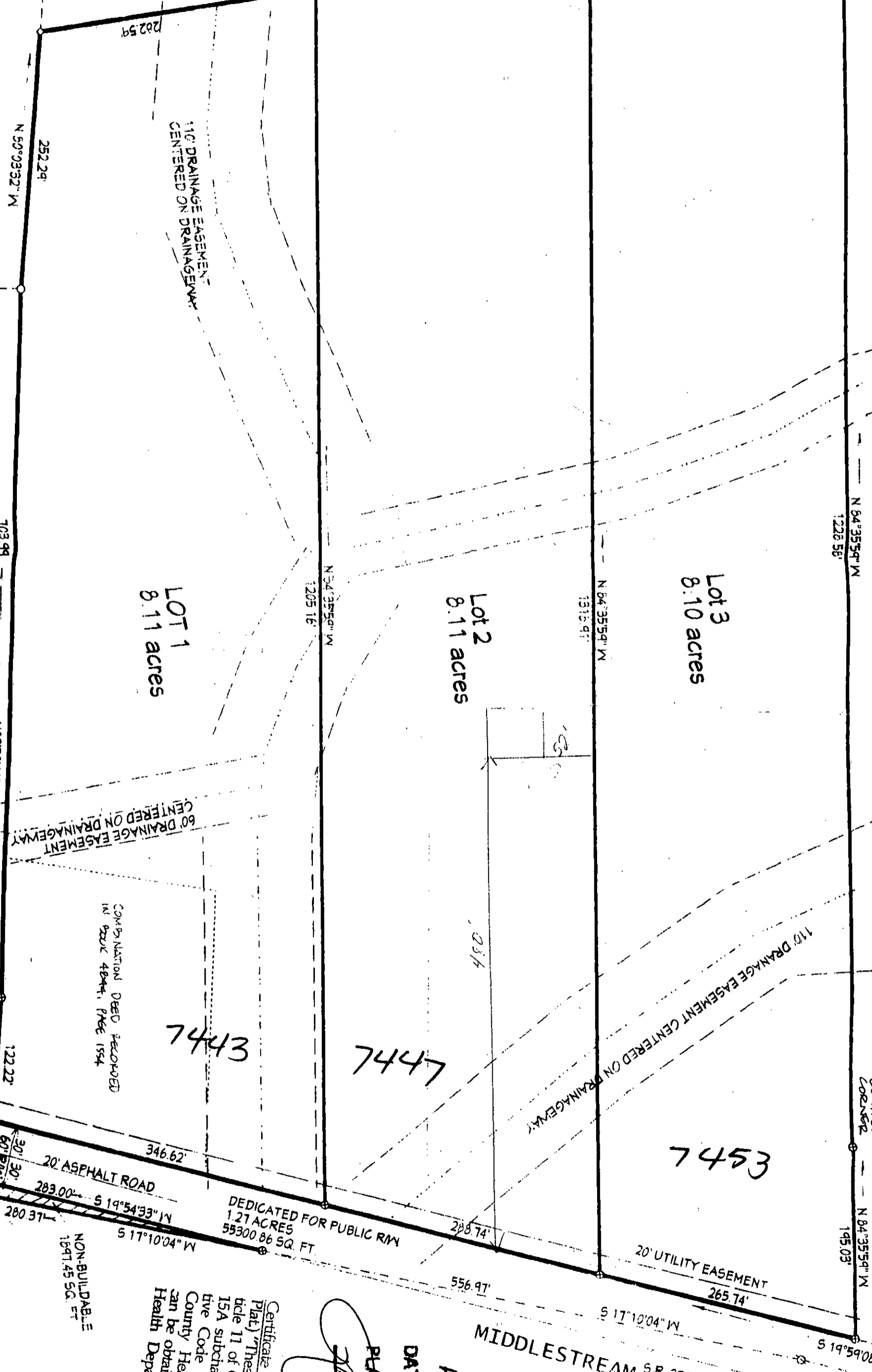
ing Board  
City of

1298 02  
Sulford  
rd-



THOMAS AARON JONES  
D.B. 3465, PG 1422

SUE BANKIN JOHNSON



LOT 1  
8.11 acres

LOT 2  
8.11 acres

LOT 3  
8.10 acres

7443

7447

7453

20' ASPHALT ROAD

MIDDLESTREAM ROAD

Certificate of Health Department  
(Plat) These lots were evaluated in  
title 11 of Chapter 130A and Rule  
15A subchapter 18A of the North  
Carolina Code (Title 11A, 18A.1901-1968)  
can be obtained by contacting the  
Health Department.

APPROVED FINAL  
DATE April 2, 1982  
PLANNING DIRECTOR

NON-BUILDABLE  
1847.45 SQ. FT.

PORTERFIELD  
2727

VICIN  
SCALE



THOMAS ARON JONES  
D.B. 3465, P.C. 1977

- GENERAL NOTES:
- 1- NO GEODETIC MON. FOUND WITHIN 2000'
  - 2- TAX MAP, 5-274-253-8 & 5-253-260-2
  - 3- DEED REF: 1129 @ 103 & 1806 @ 168
  - 4- TOTAL AREA 40.48 +/- ACRES
  - 5- TOTAL NO. LOTS: 4
  - 6- ZONING: AG
  - 7- WIDTH-DEPTH WAIVER GRANTED BY THE CULLFORD COUNTY TECHNICAL REVIEW COMMITTEE 7/21/98

ROSE HANNA JOHNSON  
D.B. 3005, P.C. 407

LOT 1  
THOMAS ARON JONES SUB  
P.B. NO. PC 5

LOT 2  
THOMAS ARON JONES SUB  
P.B. NO. PC 5

1551  
1511  
1501



475

157

Lot 3  
8.10 acres

Lot 2  
8.11 acres

Lot 1  
8.11 acres

Existing System

ROCKY TO EVALUATE W/ AN ANGER

DEDICATED FOR PUBLIC R/W  
1.27 ACRES  
55300.86 SQ. FT.

NON-BUILDABLE  
1891.45 SQ. FT.

10-17gpr  
160 42 30.00