

(H) Quaxenbush - 699-6060
 (L) Robin - 699-9909

PROPERTY SERVICE CHART

5105 Willow Bend Rd

S/T Permit: 44528 Date: 8/27/94

ADDRESS (Print) Name:

Well Permit: Date:

ubd: Sec: Lot: Name:

SERVICE	COMMENTS	DATE	SANITARIAN
O + M	Report, NOV Issued/Sent/Computer Update	6-27-05	JRJ
2nd	Non-Compliance NDO sent	2-7-06	JRJ
Operator	Received, Reviewed, Computer-Updated	2-22-06	JRJ
Report	E.H. Insp Due in June 06		
O + M	1 1/2" sludge 1st PT - 2" 2nd PT - A/N/A - sand filters heads adjust. to 2" - sand OK - upper laterals no head - lower 23" - 2nd valve not located	12-11-07	rs/KJP
2nd notice	- mailed certified	5-30-08	rs
O + M	ST ⇒ 9" N/A PT #1 ⇒ 2" NO WATER FOR D/O PT #2 ⇒ 5" SET HEADS @ 6" + 36"	6-1-09	TDS/KJS
REPORT SEND		6-5-09	KJS
O + M	SF alarm OK - field alarm N/A - ST ⇒ 7" sludge - PT = 1" - needs more sand in lower bed - all turn-ups found - only seems to flood water in 2 upper zones - need new meter/turn-up boxes + operator	11-7-12	KJP / rs
O + M	Alarms OK ; ST ⇒ 7-8" sludge ; PT ⇒ trace ; flushed lines on sand filter ; set SF heads @ 3" ; raked SF surface ; flushed lines on drain field ; no good flush due to valve not functioning properly could not get good head set due to valve not functioning	10-31-14	KJS
M	Need to replace K-Rain Valve w/ new sewage rated valve or w/ ball valves + gate valves ... this visit w/ Billy Young on site ... need operator		Report 10-4-14

PROPERTY SERVICE CHART

ADDRESS (Print) _____ S/T Permit: _____ Date: _____
 Name: _____
 Well Permit: _____ Date: _____
 Name: _____
 Subd: _____ Sec. _____ Lot _____ Name: _____

SERVICE	COMMENTS	DATE	SANITARIAN
Picked up Copy of LPP Design	J. Ward now has maint. contract on system. Mrs. Ward picked up plans & advised to bring in an signed agreement- ASAP	7-9-99	SM Wood
Phone	Talked w/ J Ward - said He had take maintenance and sent contracts and reports Not located this date	10-19-00	JH
M&M Insp	Somewhat aggressive dog interfering with inspection - Much of the system not Accessible - Need to meet with Operator - Left card	5-24-01	JRF
Met Follow up	Met w/ J. Ward to prearrange maintenance on system	5-29-01	JH
Report	Generated sent	6-3-01	JH
Ops Report	Received	6-27-01	JH
M&M Insp	PIABK ST/PT OK Sand filters OK Drain Field OK - Need Operator Reports	6-25-03	JRF
Operator Report	Received and Review ^{Operator Inspection 9-27-03} Next Report Due ^{3/24/04}	10-2-03	JRF
Follow up M&M Insp	System OK - Compliant	10-3-03	JH
O & M Insp. w/UP	ST OK 7-8" Sludge PT #1 1-2" Sludge PT #2 4" Sludge Pumps OK - Alarms could not hear. Lateral Heads a little High - Lines on left in good shape - Lines on right need more flushing - K Ring Valve OK (switching) Operator Reports Delinquent - 2 laterals on upper RISH 6-27-04 Not Accessible	6-27-04	JH
O & M Report	NK Letter Sent	7-12-04	JH
O & M Insp	5.12-14" Sludge - 1st PT 2nd Sludge - Sand filters OK 2nd PT 1" Sludge Drainfield need maintenance no current Reports	10-22-05	JRF
Follow-up	Met w/ Owner - Discussed Options (including meeting with Lee Howe NO sewer options) with Owner	10/27/92 6-23-05	JRF

PROPERTY SERVICE CHART

ADDRESS (PRINT) _____ S/T Permit: _____ Date: _____
 Name: _____
 Well Permit: _____ Date: _____
 Name: _____
 Subd: _____ Sec. _____ Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
Soil Eval	NOT FLAGGED	10-10-91	RSS WDP
Soil Eval	unsuitable	10-15-91	WDP RAB
phone	w/ Brand Barrow informed her lot unsuitable & informed her she could appeal this decision	10-15-91	RAB
Soil Eval	UNsuitable w/ Dr. Van Jenkins	11-6-91	RS6
	Visited site with Dr. Ruben. Soil borings conducted on site. Dr. Ruben suggested that a septic with sand filter, LPP system and split system could be utilized on this site. Will require fill dirt placed over the septic	12-4-91	K.C. RSG
	Call Mr. Atkins when ready 674-0931		
addr	approved for 24x24 storage bldg @ 7' off septic layout	4/2/94	ZAC
casing/grout	27' pvc 50R-21 set w/ Built-Rite's over reamed 20' grouted w/ portland cement (25 bags). Hole blew out while over reaming due to fill material in area, took more cement than usual	5/17/94	CC
	Well Head OK	5-26-94	JR
	5 th System installed need Pump, Alarm, w/ Rain Maintenance Agreement Rec'd	5-27-94	JR
	Pump Alarm, Heads	5-31-94	JR
	Release & Operations Permit	6-1-94	JR

OPERATION PERMIT

Number 001662

Name Atkins, Barry

Date Issued 6-1-94

Location 5105 Willow Bend Rd

Health Dept Permit No. 001662

Building Permit No. 64528

Installation

Contractor Built-Rite

Type 5 A Pretreatment
Sand Filter & LPP Fill

Trench Length 720

Width in Tank Size gal Pump tank gal

Conditions of the Operation Permit:

- (1) Resident of Owner Must Maintain Valid Maintenance Agreement with a Certified Operator.
- (2) Sand Filter is designed for and must be maintained as a surface sand filter to maintain aerobic conditions.
- (3) Contractor must complete Pump Alarm and K-Rain Valve tests as soon as electricity is connected and before occupancy.

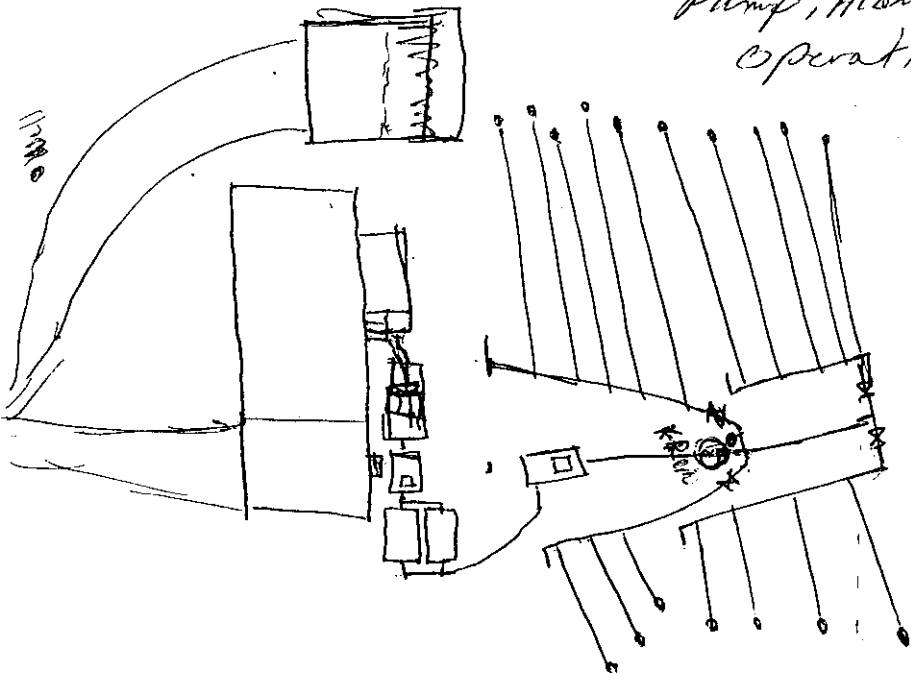
Series 101 Alarms OKed by J. Brasor

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. This system must be inspected at a review frequency of once every 10 months as specified in Rule 1961, Table V (a). *Violation of Design Criteria or Conditions of Operation Permit will instigate Permit Revocation.

Approved by: Sand Filter, 5-24-94
Upper Manifold - Lower Manifold 5-22-94
Maintenance Agreement 5-27-94 ALB

DIAGRAM

Pump, Alarm, Heads 5-31-94
operations permit issued & released 4-1-94





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

**Record of Subsurface Wastewater
Disposal System Inspection**

Owner Ron Quakenbush System Classification Va
 Address 5105 Willowbend Rd Operations Permit # 0001662
 Inspection Date 10/31/2014 Date OP Issued 1/26/2010

Tanks	Tanks fitted with access risers or otherwise marked as rules prescribe?	Y	_____
	Septic tank compartments accessible to check effluent quality, tees, filters, etc.	Y	_____
	Septic tank sludge accumulation <u>8"</u>		
	Pump tank accessible to check pump(s) float controls, etc.	Y	_____
	Pump tank sludge accumulation <u>trace</u>		
	Do tanks/risers show indication of infiltration?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Pumps/siphons in place and working as permitted?	Y	_____
Siphons	Do pumps/siphons deliver appropriate volume/head pressure to manifold or drainfield?	NE	<u>could not evaluate due to valve</u>
	Float controls, alarms, etc. in place and working as permitted?	Y	_____
Sand Filter	Are distribution devices working properly?	Y	_____
Peat Filter	Is filter media free of vegetation or other obstructions?	Y	_____
ATU	Is there evidence of effluent ponding on filter media past or present?	N	_____
	Are cover, walls, inlet/outlet plumbing, aeration equipment and other components in good operating condition?	Y	_____
	Does unit appear to be functioning in accordance with permit and/or manufacturers design specifications?	Y	_____
Pressure	Manifold vault(s), valves, piping in good condition	NA	_____
Manifold	Is there leakage or blockage of manifold or discharge lines?	NA	_____

Pressure Head Evaluation:

Manifold	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drainfields	Is effluent surfacing?	N	_____
	Is proper trench cover maintained?	Y	_____
	Is drainfield area protected from vehicular traffic, etc.	Y	_____
	Is drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Is repair area available? N Has area been protected?	NA	_____

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

**Record of Subsurface Wastewater
Disposal System Inspection**

Low Pressure Pipe Are turnups, cleanouts, valves, etc. accessible and in good repair? N k-rain needs to be replaced
 Do lateral trenches appear to be free of excess solids? N laterals need to be flushed

Pressure Head Evaluation:

Trench #	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

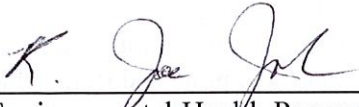
Admin. Reports, Etc. Is certified operator maintenance agreement on file? N Operator name No operator at this time
 Are operator inspection reports being submitted to the local health department as required by 15A NCAC 18A .1961 Table V(b) N Report due
 Next Report Due ASAP

Comments/Recommendations: Sand filter in good condition.

Requirements: K-Rain valve which controls flow to system is malfunctioning and must be replaced. Failure to replace/repair valve may lead to malfunction of drainfield and costly repairs. Please contact a licensed septic contractor to complete this work. Also, a contract with a certified subsurface wastewater system operator must be submitted along with appropriate reports.

K. Joe Johnson, REHS
 Environmental Health Division
 201 S. Eugene St.
 Greensboro, NC 27402

336-641-3628 Greensboro
 jjohnso0@co.guilford.nc.us


 Environmental Health Program Specialist



Operation Permit For Type Va Wastewater System

Address: 5105 Willow Bend Rd

Permit Number: 0001662

System Type: Va

Wastewater Flow: 360 GPD

Monitoring Requirements:

Certified Operator Inspection Frequency: a. 2/year (0-1500 GPD)

Certified Operator Reporting Frequency: 6 months

The Permittee and any subsequent Owner(s) shall maintain a contract with a Certified Operator for this Wastewater System. The Contract shall include the specific requirements for maintenance and operation, responsibilities of the Owner and system Operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system.

Contracted Certified Operator: Nathan Ward

Approval: Kermy Joe Johnson REHS Date Of Re-Issue: Tuesday, January 26, 2010
Environmental Health Program Specialist

As specified in Rule 15A NCAAC 18A.1937(j), the Operation Permit for a system classified as Type V shall expire 60 months after the Operation Permit is issued. At that time, the system owner will be notified of the pending Operation Permit expiration and an application for Operation Permit renewal must be completed. The permit renewal application verifies and updates the original permit information and must include a copy of the current effective contract with the certified operator.

This Operation Permit will expire on: Monday, January 26, 2015



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

Record of Subsurface Wastewater
Disposal System Inspection

Owner Ronald Quakenbush System Classification Va
 Address 5105 Willowbend Rd Operations Permit # 0001662
 Inspection Date 11/7/2012 Date OP Issued 1/26/2010

Tanks	Tanks fitted with access risers or otherwise marked as rules prescribe?	Y	_____
	Septic tank compartments accessible to check effluent quality, tees, filters, etc.	Y	_____
	Septic tank sludge accumulation <u>7"</u>		
	Pump tank accessible to check pump(s) float controls, etc.	Y	_____
	Pump tank sludge accumulation <u>1"</u>		
	Do tanks/risers show indication of infiltration?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Pumps/siphons in place and working as permitted?	Y	_____
Siphons	Do pumps/siphons deliver appropriate volume/head pressure to manifold or drainfield?	N	<u>Fields not properly pressurizing</u>
	Float controls, alarms, etc. in place and working as permitted?	N	<u>Alarm for field pump not audible</u>
Sand Filter	Are distribution devices working properly?	Y	_____
Peat Filter	Is filter media free of vegetation or other obstructions?	Y	_____
ATU	Is there evidence of effluent ponding on filter media past or present?	N	_____
	Are cover, walls, inlet/outlet plumbing, aeration equipment and other components in good operating condition?	Y	_____
	Does unit appear to be functioning in accordance with permit and/or manufacturers design specifications?	Y	<u>Recommend adding & leveling sand</u>
Pressure Manifold	Manifold vault(s), valves, piping in good condition	NA	_____
	Is there leakage or blockage of manifold or discharge lines?	NA	_____

Pressure Head Evaluation:

Manifold	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drainfields	Is effluent surfacing?	N	_____
	Is proper trench cover maintained?	Y	_____
	Is drainfield area protected from vehicular traffic, etc.	Y	_____
	Is drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Is repair area available? N Has area been protected?	NA	_____

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

**Record of Subsurface Wastewater
Disposal System Inspection**

Low Pressure Pipe Are turnups, cleanouts, valves, etc. accessible and in good repair? Y need new valve boxes / covers
 Do lateral trenches appear to be free of excess solids? Y hard to access (see note below)

Pressure Head Evaluation:

Trench #	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Admin. Reports, Etc. Is certified operator maintenance agreement on file? N Operator name None
 Are operator inspection reports being submitted to the local health department as required by 15A NCAC 18A .1961 Table V(b) N
 Next Report Due Immediately

Comments/Recommendations: * Recommend replacing broken and missing valve boxes and covers for turn-ups / cleanouts.

Requirements: K-Rain indexing valve must be replaced or repaired so that fields will be dosed correctly. Must hire certified operator (see enclosed list) to monitor system and submit reports to health dept. Add sand to filter (must be proper grade) to level filter bed and prevent ponding / enhance distribution.

K. Joe Johnson, REHS
 Environmental Health Division
 201 S. Eugene St.
 Greensboro, NC 27402

336-641-3628 Greensboro
 jjohnso0@co.guilford.nc.us

K. Joe Johnson REHS
 Environmental Health Program Specialist



Inspection of LPP Systems

Address 5105 Willow Brook Rd. Owner Ren Quakenbush
 City Greensboro, N.C 27406 County Guilford

Date 11-09-09

	No	Yes	No	Yes
1. Effluent appears clear, free of excess solids	___	<input checked="" type="checkbox"/>	___	___
2. Pumps operating and cycling properly	___	<input checked="" type="checkbox"/>	___	___
3. High-water alarm operating properly	___	<input checked="" type="checkbox"/>	___	___
4. Floats / pipe / valves / disconnects in good order	___	<input checked="" type="checkbox"/>	___	___
5. Wiring & enclosures in good condition	___	<input checked="" type="checkbox"/>	___	___
6. Evidence of effluent surfacing	<input checked="" type="checkbox"/>	___	___	___
7. Ponding in subsurface trenches	<input checked="" type="checkbox"/>	___	___	___
8. Surface water being effectively diverted away	___	<input checked="" type="checkbox"/>	___	___
9. Diversion ditches and French drain	___	<input checked="" type="checkbox"/>	___	___
10. Line cover / vegetation adequately maintained	___	<input checked="" type="checkbox"/>	___	___
11. Protected from traffic and destructive uses	___	<input checked="" type="checkbox"/>	___	___
12. Repair areas properly maintained	___	<input checked="" type="checkbox"/>	___	___
13. Turn ups / cleanouts / valves intact & accessible	___	<input checked="" type="checkbox"/>	___	___
14. Laterals free of excess solids, cleaned out as needed	___	<input checked="" type="checkbox"/>	___	___
15. Pressure head is properly adjusted	___	<input checked="" type="checkbox"/>	___	___
16. Draw down performance - gallons per minute	___	___	___	___

Overall condition and Operation _____

Operator Nathan Ward
 Jimmie, Nick or Nathan Ward
 5308 Randleman Road
 Greensboro, NC 27406

336 674-6060

Inspection of LPP Systems

Address 5105 WILLOWBEND RD Owner RON QUAKENBUSH

City GREENSBORO, NC 27406 County GUILFORD

Date 3-18-09

	No	Yes	No	Yes
1. Effluent appears clear, free of excess solids	_____	<input checked="" type="checkbox"/>	_____	_____
2. Pumps operating and cycling properly	_____	<input checked="" type="checkbox"/>	_____	_____
3. High-water alarm operating properly	_____	<input checked="" type="checkbox"/>	_____	_____
4. Floats / pipe / valves / disconnects in good order	_____	<input checked="" type="checkbox"/>	_____	_____
5. Wiring & enclosures in good condition	_____	<input checked="" type="checkbox"/>	_____	_____
6. Evidence of effluent surfacing	<input checked="" type="checkbox"/>	_____	_____	_____
7. Ponding in subsurface trenches	<input checked="" type="checkbox"/>	_____	_____	_____
8. Surface water being effectively diverted away	_____	<input checked="" type="checkbox"/>	_____	_____
9. Diversion ditches and French drain	_____	<input checked="" type="checkbox"/>	_____	_____
10. Line cover / vegetation adequately maintained	_____	<input checked="" type="checkbox"/>	_____	_____
11. Protected from traffic and destructive uses	_____	<input checked="" type="checkbox"/>	_____	_____
12. Repair areas properly maintained	_____	<input checked="" type="checkbox"/>	_____	_____
13. Turn ups / cleanouts / valves intact & accessible	_____	<input checked="" type="checkbox"/>	_____	_____
14. Laterals free of excess solids, cleaned out as needed	_____	<input checked="" type="checkbox"/>	_____	_____
15. Pressure head is properly adjusted	_____	<input checked="" type="checkbox"/>	_____	_____
16. Draw down performance - gallons per minute	_____	_____	_____	_____

Overall condition and Operation K-valve clogged, Was not alternating. Removed and cleaned. Fixed valve.

Operator Jimmie Ward
Jimmie, Nick or Nathan Ward
5308 Randleman Road
Greensboro, NC 27406

336 674-6060



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

**Record of Subsurface Wastewater
Disposal System Inspection**

Owner RONALD QUAKENBUSH System Classification Va
 Address 5105 WILLOW BEND RD Operations Permit # 001662
 Inspection Date 6/1/2009 Date of Issue 5/27/1994

Tanks	Tanks fitted with access risers or otherwise marked as rules prescribe?	Y	_____
	Septic tank compartments accessible to check effluent quality, tees, filters, etc.	Y	_____
	Septic tank sludge accumulation <u>9"</u>		
	Pump tank accessible to check pump(s) float controls, etc.	Y	_____
	Pump tank sludge accumulation <u>2"&5"</u>		
	Do tanks/risers show indication of infiltration?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps Siphons	Pumps/siphons in place and working as permitted?	Y	_____
	Do pumps/siphons deliver appropriate volume/head pressure to manifold or drainfield?	N	<u>could not achieve design head</u>
	Float controls, alarms, etc. in place and working as permitted?	Y	_____
Sand Filter	Are distribution devices working properly?	Y	_____
Peat Filter	Is filter media free of vegetation or other obstructions?	Y	_____
ATU	Is there evidence of effluent ponding on filter media past or present?	N	_____
	Are cover, walls, inlet/outlet plumbing, aeration equipment and other components in good operating condition?	Y	_____
	Does unit appear to be functioning in accordance with permit and/or manufacturers design specifications?	Y	_____
Pressure Manifold	Manifold vault(s), valves, piping in good condition	NA	_____
	Is there leakage or blockage of manifold or discharge lines?	NA	_____

Pressure Head Evaluation:

Manifold	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drainfields	Is effluent surfacing?	N	_____
	Is proper trench cover maintained?	Y	_____
	Is drainfield area protected from vehicular traffic, etc.	Y	_____
	Is drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Is repair area available? N Has area been protected?	Y	_____



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

Record of Subsurface Wastewater
Disposal System Inspection

Owner Ronald Quakenbush System Classification Va
 Address 5105 Willow Bend Rd Operations Permit # 001662
 Inspection Date 12/11/07 Date of Issue 5/27/94

Tanks	Tanks fitted with access risers or otherwise marked as rules prescribe?	Y	_____
	Septic tank compartments accessible to check effluent quality, tees, filters, etc.	Y	_____
	Septic tank sludge accumulation		
	Pump tank accessible to check pump(s) float controls, etc.	Y	<u>2" sludge in 2nd pump tank</u>
	Pump tank sludge accumulation <u>1.5"</u>		
	Do tanks/risers show indication of infiltration?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Pumps/siphons in place and working as permitted?	Y	_____
Siphons	Do pumps/siphons deliver appropriate volume/head pressure to manifold or drainfield?	NE	_____
	Float controls, alarms, etc. in place and working as permitted?	Y	<u>alarm not audible</u>
Sand Filter	Are distribution devices working properly?	Y	_____
Peat Filter	Is filter media free of vegetation or other obstructions?	Y	_____
ATU	Is there evidence of effluent ponding on filter media past or present?	N	_____
	Are cover, walls, inlet/outlet plumbing, aeration equipment and other components in good operating condition?	Y	_____
	Does unit appear to be functioning in accordance with permit and/or manufacturers design specifications?	Y	_____
Pressure Manifold	Manifold vault(s), valves, piping in good condition	NA	_____
	Is there leakage or blockage of manifold or discharge lines?	NA	_____

Pressure Head Evaluation:

Manifold	Design	Actual	Adjusted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drainfields	Is effluent surfacing?	N	_____
	Is proper trench cover maintained?	Y	_____
	Is drainfield area protected from vehicular traffic, etc.	Y	_____
	Is drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

Inspection of LPP Systems

Address 5105 Willowbend Rd Owner Ren Quakenbush

City Greensboro NC 27406 County Guilford

Date 6/14/93

No Yes No Yes

- 1. Effluent appears clear, free of excess solids Yes
- 2. Pumps operating and cycling properly Yes
- 3. High-water alarm operating properly Yes
- 4. Floats / pipe / valves / disconnects in good order Yes
- 5. Wiring & enclosures in good condition Yes
- 6. Evidence of effluent surfacing No
- 7. Ponding in subsurface trenches No
- 8. Surface water being effectively diverted away Yes
- 9. Diversion ditches and French drain Yes
- 10. Line cover / vegetation adequately maintained Yes
- 11. Protected from traffic and destructive uses Yes
- 12. Repair areas properly maintained Yes
- 13. Turn ups / cleanouts / valves intact & accessible Yes
- 14. Laterals free of excess solids, cleaned out as needed Yes
- 15. Pressure head is properly adjusted Yes
- 16. Draw down performance - gallons per minute

Overall condition and Operation _____

Operator Jimmie Ward
Jimmie, Nick or Nathan Ward
5308 Randleman Road
Greensboro, NC 27406

336 674-6060



SECOND VIOLATION NOTICE

Friday, May 30, 2008

Ronald C Quakenbush
5105 Willow Bend Rd
Greensboro, NC 27406-9673

Re: delinquent maintenance reports

Dear Mr. Quakenbush,

On Thursday, December 13, 2007, you were notified that a routine review of your Type Va on-site subsurface sewage treatment and disposal system found the system was **"NONCOMPLIANT"**.

We respectfully request your immediate attention to this matter. Failure to comply will result in the assessment of civil penalties effective on Thursday, June 19, 2008. Pursuant to Public Health Law Chapter 130A, Article 1, Part 2, (130A-22), these penalties will be assessed in amounts of up to \$50 per day, with each day constituting a separate violation until compliance is obtained.

In addition, we may institute appropriate legal action, which may include civil and/or criminal court proceedings in the General Court of Justice. Please take the appropriate steps to remedy these violations as soon as possible and direct any questions you may have to Tim Stone.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Stone".

Tim Stone
Environmental Health Program Specialist

/b

cc: Assistant Guilford County Attorney



SECOND VIOLATION NOTICE

Friday, May 30, 2008

Ronald C Quakenbush
5105 Willow Bend Rd
Greensboro, NC 27406-9673

Re: delinquent maintenance reports

Dear Mr. Quakenbush,

On Thursday, December 13, 2007, you were notified that a routine review of your Type Vaon-site subsurface sewage treatment and disposal system found the system was **“NONCOMPLIANT”**.

We respectfully request your immediate attention to this matter. Failure to comply will result in the assessment of civil penalties effective on Thursday, June 19, 2008. Pursuant to Public Health Law Chapter 130A, Article 1, Part 2, (130A-22), these penalties will be assessed in amounts of up to \$50 per day, with each day constituting a separate violation until compliance is obtained.

In addition, we may institute appropriate legal action, which may include civil and/or criminal court proceedings in the General Court of Justice. Please take the appropriate steps to remedy these violations as soon as possible and direct any questions you may have to Tim Stone.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Stone".

Tim Stone
Environmental Health Program Specialist

/b

cc: Assistant Guilford County Attorney



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

NOTICE OF VIOLATION

Thursday, December 13, 2007

Ronald C Quakenbush
5105 Willow Bend Rd
Greensboro, NC 27406-9673

Re: delinquent maintenance reports

Dear Mr. Quakenbush,

On Tuesday, December 11, 2007, a routine inspection for your Type Va on-site subsurface sewage treatment and disposal system was conducted in accordance with the North Carolina “Laws and Rules for Sewage Treatment and Disposal Systems” 15A NCAC 18A.1961. This inspection revealed the system to be **“NONCOMPLIANT”** for the following reasons:

Our records indicate that the last maintenance report received from your operator was 2/21/06. Your operator is required to inspect and submit reports every 6 months for a type Va system.

Please take appropriate action to correct these noncompliant items by Monday, January 15, 2007. The services of a professional septic contractor, certified subsurface wastewater system operator, tank pumper, electrician or plumber may be required.

You may contact me at (336) 641-6792 to schedule a follow-up inspection or with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Stone".

Tim Stone, RS
Environmental Health Program Specialist

/b

cc: Assistant Guilford County Attorney

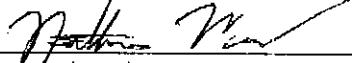
Inspection of LPP Systems

Address 5105 Willowbend Rd Owner Ron Quakenbush
 City Greensboro, NC 27406 County Guilford

Date 2/21/06
 No Yes No Yes

- 1. Effluent appears clear, free of excess solids No Yes No Yes
- 2. Pumps operating and cycling properly No Yes No Yes
- 3. High-water alarm operating properly No Yes No Yes
- 4. Floats / pipe / valves / disconnects in good order No Yes No Yes
- 5. Wiring & enclosures in good condition No Yes No Yes
- 6. Evidence of effluent surfacing No Yes No Yes
- 7. Ponding in subsurface trenches No Yes No Yes
- 8. Surface water being effectively diverted away No Yes No Yes
- 9. Diversion ditches and French drain No Yes No Yes
- 10. Line cover / vegetation adequately maintained No Yes No Yes
- 11. Protected from traffic and destructive uses No Yes No Yes
- 12. Repair areas properly maintained No Yes No Yes
- 13. Turn ups / cleanouts / valves intact & accessible No Yes No Yes
- 14. Laterals free of excess solids, cleaned out as needed No Yes No Yes
- 15. Pressure head is properly adjusted No Yes No Yes
- 16. Draw down performance - gallons per minute No Yes No Yes

Overall condition and Operation _____

Operator 
 Jimmie, Nick or Nathan Ward
 5308 Randleman Road
 Greensboro, NC 27406

336 674-6060



201 South Eugene Street
Greensboro, NC 27401

SECOND VIOLATION NOTICE

February 7, 2006

Address: 5105 Willowbend Rd
Greensboro, NC 27406

Re: Noncompliant Type 5a onsite wastewater treatment system

Dear Ronald C. Quakenbush,

On June 27, 2005, you were notified that a routine inspection of your Type 5a on-site subsurface sewage treatment and disposal system found the system was **"NONCOMPLIANT"**.

We respectfully request your immediate attention to this matter. Failure to comply will result in assessment of civil penalties effective on March 15, 2006. Pursuant to Public Health Law Chapter 130A, Article 1, Part 2, (130A-22) these penalties will be assessed in amounts of up to \$50 per day, with each day constituting a separate violation until compliance is obtained.

In addition, we may institute appropriate legal action, which may include civil and/or criminal court proceedings in the General Court of Justice. Please take the appropriate steps to remedy these violations as soon as possible and direct any questions you may have to 641-4773.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry R. Smith".

Larry R. Smith, RS
Environmental Health Program Specialist

/b

cc: Assistant Guilford County Attorney



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

Subsurface Wastewater Disposal System Monitoring Report Form

Name & Location of System: Ronald C. Quakenbush
5105 Wilkerson Rd Greensboro, NC 27406-963
 Date of Inspection: 5-29-01 County: Guilford
 Permit Number: 001662 System Classification: 4A

Areas Evaluated During Inspection

	Satisfactory	Marginal	Unsatisfactory	Not Evaluated	N/A
Collection System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manhole and collection basins accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manhole and collection basins clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipework clear of debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tankage (Grease Trap, Septic and Pump Tanks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risers Accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of infiltration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structurally Sound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tees in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pump Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps present and operating properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump 1 Design GPM	NA		Actual GPM		
Pump 2 Design GPM	39.16		Actual GPM	31.0	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Water Alarm Operating Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipework in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control floats Operating properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Free and Clear of solids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sand Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface appears free of vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ponding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, Boxes, and pipes in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Free and clear of solids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain Fields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No effluent surfacing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface water diverted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line cover maintained properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected from traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution devices working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair area reserved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Manifold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault Valves and pipework in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leakage or blockage of discharged lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure head adjustment	Design	Actual	Adjusted		
Manifold no 1 design	20.0				
Manifold no 2 design	19.16				

Low Pressure Pipe System

- Turnups, cleanouts, Valves
- Laterals free of excess solids
- Laterals Flushed
- Zone Valves operating properly
- Pressure Head

	Satisfactory	Marginal	Unsatisfactory	Not Evaluated	N/A
	Design	Actual	Adjusted		
Line 1					
Line 2	2.1	1.6	2.1		
Line 3					
Line 4					
Line 5					
Line 6					
Line 7	2.0	3.0	2.0		
Line 8					
Line 9					
Line 10					
Line 11					
Line 12					
Line 13					
Line 14					

Comments:

Lines Flushed and Reset Heads
 Sand Filter Looks good
 Algae Growth in 2nd Pump Tank
 System Compliant - No Ditch

Recommendations:

Requirements

Keep up Maintenance on Regular Prescribed Interval
 as Required

Compliant NonCompliant

Signature: *[Handwritten Signature]*

Date: 5-30-01

July 12, 2004

Re: 5105 Willowbend Rd

Dear Mr. Quakenbush:

On 6/29/04 a routine inspection of your Type 5a on-site subsurface sewage treatment and disposal system was conducted in accordance with the North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A.1961. This inspection revealed the system to be "**NONCOMPLIANT**" for the following reasons:

No record of Current maintenance reports submitted to Health Dept.

Lines need flushing and heads adjusted

Correction of these problems are required by law. A copy of the record of inspection is attached for your review.

Please take the appropriate actions to properly correct the noncompliant items noted above within 30 days of the date of this notice. (The services of a professional septic contractor, certified subsurface wastewater system operator, tank pumper, electrician or plumber may be required).

Please contact me at 641-4773 to schedule a follow-up inspection or with any questions.

Sincerely,

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

Larry R. Smith, R.S.
Environmental Health Program Specialist

Inspection of LPP Systems

Address 5105 Willowbend Rd Owner RON Quakenbush
 City Greensboro NC County Guilford

Date 9/27/03
 No Yes No Yes

- 1. Effluent appears clear, free of excess solids ✓
- 2. Pumps operating and cycling properly ✓
- 3. High-water alarm operating properly ✓
- 4. Floats / pipe / valves / disconnects in good order ✓
- 5. Wiring & enclosures in good condition ✓
- 6. Evidence of effluent surfacing ✓
- 7. Ponding in subsurface trenches ✓
- 8. Surface water being effectively diverted away ✓
- 9. Diversion ditches and French drain ✓
- 10. Line cover / vegetation adequately maintained ✓
- 11. Protected from traffic and destructive uses ✓
- 12. Repair areas properly maintained ✓
- 13. Turn ups / cleanouts / valves intact & accessible ✓
- 14. Laterals free of excess solids, cleaned out as needed ✓
- 15. Pressure head is properly adjusted ✓
- 16. Draw down performance - gallons per minute

Overall condition and Operation Sand filter working properly

Operator Jimmie Ward
 Jimmie Ward
 5308 Randleman Road
 Greensboro, NC 27406
 336 674-6060

Inspection of LPP Systems

Address 5105 Willowbent Rd Owner Ron Quarterbush
 City Greene County Greene

Date May 2002
 No Yes No Yes

- 1. Effluent appears clear, free of excess solids _____ ✓ _____
- 2. Pumps operating and cycling properly _____ ✓ _____
- 3. High-water alarm operating properly _____ ✓ _____
- 4. Floats / pipe / valves / disconnects in good order _____ ✓ _____
- 5. Wiring & enclosures in good condition _____ ✓ _____
- 6. Evidence of effluent surfacing ✓ _____
- 7. Ponding in subsurface trenches _____ ✓ _____
- 8. Surface water being effectively diverted away _____ ✓ _____
- 9. Diversion ditches and French drain _____ ✓ _____
- 10. Line cover / vegetation adequately maintained _____ ✓ _____
- 11. Protected from traffic and destructive uses _____ ✓ _____
- 12. Repair areas properly maintained _____ ✓ _____
- 13. Turn ups / cleanouts / valves intact & accessible _____ ✓ _____
- 14. Laterals free of excess solids, cleaned out as needed _____ ✓ _____
- 15. Pressure head is properly adjusted _____ ✓ _____
- 16. Draw down performance - gallons per minute _____

Overall condition and Operation _____

Operator Jimmie L Ward
 Jimmie Ward
 5308 Randleman Road
 Greensboro, NC 27406
 336 674-6060

Inspection of LPP Systems

Address 5105 Willow Bend Rd Owner Ron + Robin Quakenbush
City Greensboro NC 27406 County Guilford

Date 9-19-00

	No	Yes	No	Yes
1. Effluent appears clear, free of excess solids	___	✓	___	___
2. Pumps operating and cycling properly	___	✓	___	___
3. High-water alarm operating properly	___	✓	___	___
4. Floats / pipe / valves / disconnects in good order	___	✓	___	___
5. Wiring & enclosures in good condition	___	✓	___	___
6. Evidence of effluent surfacing	✓	___	___	___
7. Ponding in subsurface trenches	✓	___	___	___
8. Surface water being effectively diverted away	___	✓	___	___
9. Diversion ditches and French drain	___	✓	___	___
10. Line cover / vegetation adequately maintained	___	✓	___	___
11. Protected from traffic and destructive uses	___	✓	___	___
12. Repair areas properly maintained	___	✓	___	___
13. Turn ups / cleanouts / valves intact & accessible	___	✓	___	___
14. Laterals free of excess solids, cleaned out as needed	___	✓	___	___
15. Pressure head is properly adjusted	___	✓	___	___
16. Draw down performance - gallons per minute	___	___	___	___

Overall condition and Operation Breakers were off

Operator Jimmie L Ward
Jimmie Ward
5308 Randleman Road
Greensboro, NC 27406
336 674-6060

ON-SITE SEWAGE DISPOSAL MONTHLY REPORT

Facility 5105 Willow Bend Tax Map _____

10-9-95 2-2-95
 current date date of previous no. days in
 reading period

Well

Water Meters Main water meter _____ = _____
 Meter #1 _____ = _____
 Meter #2 _____ = _____
 Meter #3 _____ = _____
 Meter #4 _____ = _____

Septic System Pump #1 hours _____ = _____
 events _____ = _____
 Pump #2 hours _____ = _____
 events _____ = _____
 Pump #3 hours _____ = _____
 events _____ = _____
 Pump #4 hours _____ = _____
 events _____ = _____

	Y	N	Comments
Pumps Operating?	_____	_____	_____
Alarms Operating?	_____	_____	_____

Drainfields vegetation maintained _____
 no effluent surfacing, leaking pipes _____

Tanks/Lift Stations pumps operating _____
 alarm operating _____
 tanks pumped out this period _____ spaces _____

Other comments Took part of cover off myself. Top of sand
check okay.

This report is to be submitted on the 1st of each month to: _____ e County Health Dept.
 306C _____ e Road
 Hill _____, N. C. 272
 Attn: _____

Any other problems must be reported immediately to the Health Department.

This report submitted by Roger Queen II

ON-SITE SEWAGE DISPOSAL MONTHLY REPORT

Facility 5105 Willow Bend Tax Map _____

Quackenbush, Ronald 2-2-95
 current date date of previous reading no. days in period

Well
Water Meters Main water meter _____ = _____
 Meter #1 _____ = _____
 Meter #2 _____ = _____
 Meter #3 _____ = _____
 Meter #4 _____ = _____

Septic System
 Pump #1 hours _____ = _____
 events _____ = _____
 Pump #2 hours _____ = _____
 events _____ = _____
 Pump #3 hours _____ = _____
 events _____ = _____
 Pump #4 hours _____ = _____
 events _____ = _____

	Y	N	Comments
Pumps Operating?	_____	_____	_____
Alarms Operating?	_____	_____	_____

Drainfields vegetation maintained _____
 no effluent surfacing, leaking pipes _____ _____

Tanks/Lift Stations pumps operating _____
 alarm operating _____
 tanks pumped out this period _____ _____ spaces _____

Other comments Cover had been put over sand filter to take care of smell. Ray Poole helped to flush set head.

This report is to be submitted on the 1st of each month to: _____ County Health Dept.
 306C _____ Road
 Hill _____, N. C. 272
 Attn: _____

Any other problems must be reported immediately to the Health Department.

This report submitted by: Bryce Queen #

STATE OF NORTH CAROLINA
COUNTY OF Guilford

INSPECTION AND MAINTENANCE
SAMPLE AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 25 day of May,
1994, by and between _____ (hereinafter the
"Owner") and Roger Queen II (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type I system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type I system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at _____

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type _____ System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

- (1) [from operation permit]
- (2)
- (3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type I System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of \$ 300 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 12 percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.

This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.

The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.

The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

V system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Ronald Carl [Signature]

To the Contractor: [Signature]

To the Local Health Department: _____

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

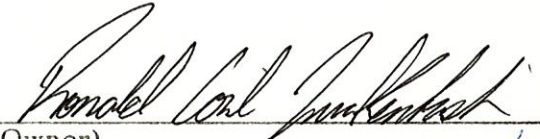
10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.



(Owner) *Quakenbush*

Attest:





(Contractor)

Attest:

(hr:mecontract.gm)

PERMIT TO CONSTRUCT OR REPAIR A WELL

№ 3483

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

Permit Date: January 8, 1992

Property Address: 5105 Willow bend Rn

Property Owner: Barry Adkins

Construct New Well: Repair Existing Well:

New House: Existing House: Mobile Home: Business/Farm: Other:

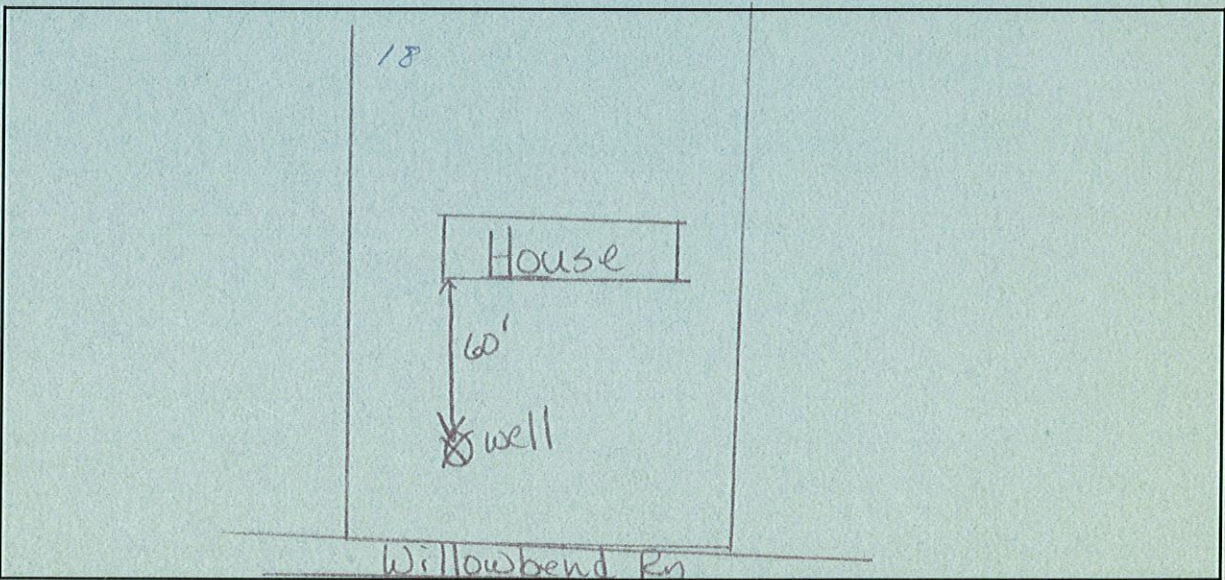
NOTICE: Upon completion of the installation of the well pump in the well, (including chlorination of the well), the building contractor should notify the Guilford County Health Department as to when electrical service will be connected to the well pump. This will enable the Health Department to take a water sample from the well and complete its final inspection in one visit. Samples may only be collected on Monday through Thursday.

Above information certified by/Permit released to: _____

Comments/Additional Specifications: Well must be located & installed according to well rules & regulations

This permit expires one year from date of issue. Signed: Kenneth H. Carter, P.E.
Sanitarian

Location diagram of well site to include lot size and shape, location of buildings, septic tank system, streams, privies, sanitary sewer lines, etc.



Permit available on construction/repair site at time of inspection:

Casing inspection: _____ Sanitarian Grout inspection: _____ Sanitarian

Paid Amount: 88⁰⁰ Date: 1/8/92 Receipt # 10418 Rec'd by: E. Nicholson

Well Head Check 5-26-94 JLD OK

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: Built Rite Reg. No.: 987

Address of Well Location: 5109 Willowbend Kn

Well Owner: BARRY Adkins Well Permit Number: 3483

Casing Type: PVC Casing Depth: 27

Water Bearing Zones: 80 ft. 95 ft. _____ ft. _____ ft.

Total Depth of Well: 100 ft. Static Water Level: 20 ft.

Well Yield: 8 gal/min Date Completed: 5-18-94

Grout Type: portland Method of Placing Grout: pump

Pump Installation Contractor: Built Rite Pump Reg. No.: 1291

Pump Depth/Pumping Water Level: 80 ft. 71250

Brand of Pump Installed: Centron Pump Size and Type: 1/2

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: Ray Rode Date: 5-18-94

Well Head Check 5-26-94 JLD OK

J
5-34-94

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: Built Rite Reg. No.: 987

Address of Well Location: 5105 Willowbend Kn

Well Owner: BARRY Adkins Well Permit Number: 3483

Casing Type: PVC Casing Depth: 27

Water Bearing Zones: 80 ft. 95 ft. _____ ft. _____ ft.

Total Depth of Well: 100 ft. Static Water Level: 20 ft.

Well Yield: 8 gal/min Date Completed: 5-18-94

Grout Type: portland Method of Placing Grout: pump

Pump Installation Contractor: Built Rite pump Reg. No.: 1291

Pump Depth/Pumping Water Level: 80 ft. T1250

Brand of Pump Installed: Aeromax Pump Size and Type: 1/2

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: Ray Dool Date: 5-18-94

674-0431
356.50 5000
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
P.O. Box 3508, Greensboro, NC 27401

Don & fax
Roy will hand deliver
6-8-94

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: Built Rite Reg. No.: 987
Address of Well Location: 5105 Willowbend Rd
Well Owner: Barry Adkins Well Permit Number: 3483
Casing Type: PVC Casing Depth: 27
Water Bearing Zones: 80 ft. 95 ft. _____ ft. _____ ft.
Total Depth of Well: 100 ft. Static Water Level: 20 ft.
Well Yield: 8 gal/min Date Completed: 5-18-94
Grout Type: portland Method of Placing Grout: pump

Pump Installation Contractor: Built Rite pump Reg. No.: 1291
Pump Depth/Pumping Water Level: 80 ft.
Brand of Pump Installed: Orion Pump Size and Type: 1/2

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: Roy Poole Date: 5-18-94

IMPROVEMENT PERMIT
Guilford County Department of Public Health
Septic Tank System

No 001662

Grid _____

Address: 5105 Willowbend Pk Name Barry Adkins

Location: (Lot 87, Willowbend S/D) Alamance Ch Pk TIR.

Blakeshire Pk TIR Willowbend Pk: lot on right at end
of road

Lot Size: 47,145 ft² House Size: 1654 Number of Bedrooms: 3

Basement: _____ Yes No Fixture: _____ Yes No Number: N/A

Garbage Disposal Yes _____ No _____ Number of Baths 2 Total Fixtures: 10

New well Existing Well _____ Public _____

New Repair _____ Addition _____ Mobile Home _____ Accessory Use _____

Above information certified by: _____

Following is the minimum specification for sewage disposal system on above captioned property. Subject to final approval by the Health Director and compliance with local zoning and building regulations.

System: Conventional _____ LPP T&J _____ Other _____

Size of Tank: 1000 gal Pump System Yes No _____ System Size twin fields of 360' of LPP lining

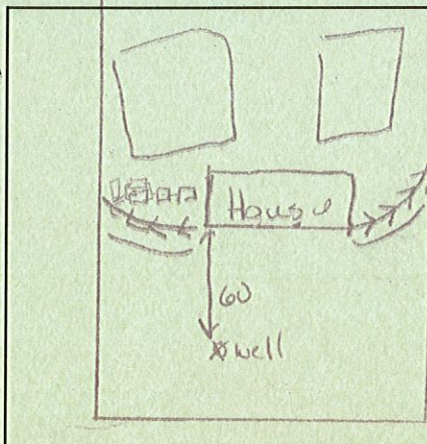
Setback Off Road Center: 130 Set Up Off Rear: _____ Offset 35 right

Remarks: must submit an approve design and layout of septic. Must install low flush toilets (1.5 gallons) water meter (shower head 2.5 gallons/min) must put 6 inches of class I fill extended into the pits with 4 inches of class II or III fill to cap the system. Must use a 1/2" flow splitter to feed each sand filter. Must have french drain & devers road ditch installed above the system.

Permit: Granted Denied _____ Signed: Kenneth L. Carter, P.S.

this permit expires five years from 1-8-92, and is subject to revocation if site plans or the intended use changes.

Drawing



The sand filter design shall be as follow: 2 half of septic tanks (approximately 5' x 10') with
 (a) in each tank 3' schedule 40 pipe
 (b) 6 inches of gravel on bottom
 (c) 18" inches of filter sand
 (1) uniformly coefficient of 3 or better
 (2) just content of 3 or less
 (3) Particle size of 1mm
 (4) 1 1/2" PVC piping

Fees Due \$ 169⁰⁰ Fees Paid \$ 169⁰⁰ Date: 1/8/92 Receipt # 10418 Rec'd by J. M. Nicholson

Review of Alternative System Design for 5105 Willowbend Rd.

1. The design requires an engineers as per
21938(d)
(2)
(4)
2. Permit requires twin 360' Fields; design
shows 356' and 341'
3. Permit calls for 6" ~~Class I~~ ^{Group} Fill with 4" Class
II or III Cap; Design Shows 2" Class I Fill
with 6" Group II or III Cap
4. Sand filter design is too small. 104.65 sq ft
required $(360 \text{ gpd} / 3.44 \text{ gpd/sq ft}) = 104.65116 \text{ sq ft}$
Permit required at least 100 sq ft
Design showed 70.144 sq ft.
5. Sand filter Dose too high. State of Practice
is $\frac{1}{2}$ " ~~1"~~ per dose but never over 1" per
dose.
 $70.144 \text{ sq ft} \div 12' / 4' = 5.84533 \text{ cu ft} \times 7.5$
 $= 43.84 \text{ Gal/dose maximum (1" Dose)}$
 $= 21.92 \text{ Gal/dose minimum (}\frac{1}{2}\text{' Dose)}$
Design shows 100 Gal/dose
6. Drainage Diversion Plan not included
7. Poor layout of Field #2



Soil & Environmental Consultants, Inc.

244 West Millbrook Road ■ Raleigh, North Carolina 27609 ■ (919) 846-5900 ■ Fax (919) 846-9467

May 25, 1994

Guilford County Health Department
 Attn: Mr. Larry Smith
 PO Box 3508
 Greensboro, NC 27401

Post-It™ brand fax transmittal memo 7671		# of pages	1
To	Larry Smith	From	J. L. Beeson
Co.	Env. Health	Co.	S&EC
Dept.		Phone #	919 846 5900
Fax #	333 6988	Fax #	919 846 9467

This letter details a construction change sequence at the site of a single family dwelling being built by Mr. Barry Atkins located on Willow Bend Drive. The system in question was designed by Jerry T. Dalton, P.E. The contractor has requested that he be allowed to install the cap of the system prior to installing the lines of the system. Originally the plans had specified that the lines were to be installed prior to the installation of the cap. This was originally designed solely due to the numerous requests of many installers and had no relevance to the quality of the end product. It is the opinion of the design engineer and that of the soil scientist that the placement of the cap prior to the installation of the lines would not impact the performance of the system. I have acted on this matter only after talking to the design engineer, the installer, and the Health Department; all agree that there would be no problem with this construction change sequence. If you have any questions please feel free to call (919.846-5900).

Sincerely,

James L. Beeson
 James L. Beeson

Site / Soil Evaluation

Factors	Profiles							
	1	2	3	4	5	6	7	8
Landscape position	L	L	L	L	L	L	L	
Slope (%)	10	10	9	8	8	8	8	
HORIZON I DEPTH	0-8	0-10	0-13	0-12	0-8	0-12	0-14	
Texture Group	J	SL	S&L	SL	J	SL	SL	
Consistence	fr	fr	fr	fr	fr	fr	fr	
Structure	—							
Minerology	1:1	1:1	1:1	1:1	1:1	1:1	1:1	
HORIZON II DEPTH	8-27	10-21	13-20	12-17	8-14	12+	14-21	
Texture Group	cl	SL-C	c	SL	cl	SL	SL	
Consistence	fr	fr	fr	fr	fr	fr	fr	
Structure								
Minerology	1:1	1:1	m	1:1	1:1	1:1	1:1	
HORIZON III DEPTH	27-44	21+	21+	17-32	14-20			
Texture Group	sc	C+SAP	SAP	c	c			
Consistence	fr	fr		fr	fr			
Structure								
Minerology	1:1	m		1:1	m			
HORIZON IV DEPTH				32+				
Texture Group				C+SAP				
Consistence				fr				
Structure								
Minerology				m		14"	21"	
SOIL WETNESS						10/12 ^{7/1}	10/12 ^{7/1}	
RESTRICT. HORIZON				Shallow Trench				
SAPROLITE								
CLASSIFICATION	B.S.	V	V	PS	U	V	V	
LONG-TERM ACCEPTANCE RATE	.2	—	—	.2	—	—	—	

SITE CLASSIFICATION: Unsuitable SITE LONG-TERM ACCEPTANCE RATE: —
 EVALUATED BY: RAB / WDN 10-14-91
 OTHER(S) PRESENT: —

REMARKS: Right property line not marked.
UNSUITABLE DUE TO SOIL DEPTH, MIXED MINERALOGY, DRAINAGE TOPOGRAPHY



GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Building Permit # 81008 Septic Permit # 9404565 Well Permit # N/A

(Filled Out By Applicant)

Applicant	Address	City/State/Zip	Phone
<u>Barry V. Atkins</u>	<u>4168 Nc 62 East</u>	<u>Greensboro, NC 27406</u>	<u>(910) 674-0987</u>
Property Owner	Address	City/State/Zip	Phone
<u>Same</u>	<u>5105 Willow Bend</u>	<u>Greensboro, NC 27406</u>	<u>Same</u>
Directions to Property <u>Alamance Church Rd 7 miles left Blackshire right Willow Bend</u>			

(Filled Out By Staff and/or Applicant)
PERMIT INFORMATION

New Renovation Addition Accessory Attached or Detached

House Modular Home Mobile Home - Single Wide Double Wide Duplex MHP

Multifamily Other (or moving house)

Type of Renovation/Addition/Accessory _____ Proposed Size of Structure 24x24

Residential Specifications Specifications in Common Commercial/Industrial/Other (must have site or floor plan)

of Bedrooms _____ Basement _____ Retail Church Restaurant Industrial

Total # of Rooms _____ # of Fixtures _____ Other _____ # of Seats _____

of Occupants _____ # of Stories _____ # of Employees/People _____ Plumbing _____

With Kitchen Without Kitchen Industrial or Mfg. Waste _____

Water Supply: New Well Existing Well Public Water Community Well

Sewage Disposal: New Septic Tank Existing Septic Tank Septic Tank Repair

Public Sewer Package Treatment Plant Other System located # of Sites

(Filled Out By Staff)
PROPERTY LOCATION AND ZONING

5105 Willow Bend Rd clay 04-0241-0-0296-0-007 1Ac ±
 Address of Property Township Tax Map # Lot Size

Willow Bend 87 93-115

Development Name Section Lot # Plat Book & Page Deed Book & Page

Lot Classification Platted LOR First Lot Out > 5 Acres (from 5-17-65 to 2-1-74) > 10 Acres (from 2-1-74 to present) Government Action

RS-40 Setbacks: Street Front 40 Street Side _____ Side 15 Rear 30 Variance Approved

Zone (CU or SP?) Overlays: Burlington Watershed _____ Tier _____ FH SR MH HD AR

Comments: Build storage 15' from side

PLANNING OFFICIAL: Leshie P. Eyer DATE: 4-21-94

IMPORTANT

A scaled plat or survey map 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 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 regulations.

OWNER/APPLICANT SIGNATURE _____ DATE _____



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

APRIL 21, 1994

BARRY V. ATKINS
468 NC 62 EAST
GREENSBORO, NC 27406

REF: 5105 WILLOW BEND RD
APPROVED FOR 24'X24' STORAGE BLDG

DEAR

ON 04-21-94, A REPRESENTATIVE FROM THIS OFFICE VISITED YOUR PROPERTY FOR THE PURPOSE OF INSPECTING A PROPOSED IMPROVEMENT, AS REFERENCED ABOVE. THE INSPECTION VERIFIES THAT THE LOCATION OF THE IMPROVEMENT MEETS THE MINIMUM GUIDELINES SET FORTH IN THE RULES AND REGULATIONS.

THIS INFORMATION HAS BEEN FORWARDED TO THE GUILFORD COUNTY PLANNING AND DEVELOPMENT OFFICE WHERE A BUILDING PERMIT MAY BE ISSUED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT THIS OFFICE AT 373-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 10:00 A.M.

SINCERELY,

Jay L. Edwards, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



Soil & Environmental Consultants, Inc.

3818 Bland Road ■ Raleigh, North Carolina 27609 ■ (919) 790-9117 ■ Fax (919) 790-1728

October 9, 1993

Mr. Barry Atkins
468-B NC 62 East
Greensboro, NC 27406

This report reveals the findings of a site/soil evaluation performed at 5105 Willow Bend Road in Guilford County. The evaluation characterized the site's ability to accept and treat domestic waste-water from a sub-surface waste disposal system. The evaluation was conducted in accordance with "Laws And Rules for Sewage Treatment and Disposal Systems". The evaluation was conducted by James L. Beeson who is certified by the North Carolina Registry of Certified Professional in Soils.

The soils on this lot were most like the Enon soil series in that it contained clays with expansive mineralogy. This mineralogy along with the convergence of surface water has given rise to evidence of a seasonally high water table at a depth ranging from 10" to 18". There does exist approximately 3000 square feet of soils to the rear of the lot that has been permitted by the Health Department for a Low Pressure Pipe system in fill material with Sand Filter pretreatment. This type of system has been proposed on soils that range from a usable depth of 10" to 24". It is my opinion that if this area must be utilized that this system would best serve this type of soil. This system may cost as high as \$10,000. to design and install and in my experience would nor should be permitted by todays standards. The projected level of performance for this system is impossible to predict but should be a concern to the home owner to make sure that the system is maintained as well as recommended by the designer and Health Department. If you have any questions please feel free to call.

Sincerely,

A handwritten signature in black ink that reads "James L. Beeson" followed by a stylized monogram of the initials "JLB" in parentheses.

James L. Beeson,
NC Certified Professional
Soil Scientist #101



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: RES ADDITION/REMODEL SEPTIC INSP NUMBER: 9404565
DATE PRINTED 04/21/94

PROPERTY ADDRESS: 5105 WILLOW BEND RD

DIRECTIONS:

ALAMANCE CH. RD. TR BLAKESHIRE. TL WILLOW BEND. PROP. ON RT.

PROPERTY OWNER/ADDRESS PHONE: H 919 674-0931 W
BARRY V. ATKINS TAX #: 06 04-0241-0 0296-00 007
468 NC 62 EAST LOT SIZE: 0.000 ACRES

GREENSBORO, NC 27406
SUBDIV/M HOME PARK NAME LOT # SEC # NEW SUB/LOT REC PRIOR '83
WILLOW BEND 087

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:

LOC:
SEWAGE DISPOSAL:

LOC:
NO BDRMS: 3 NO RES: 3 BASEMENT: PLUMBING: FIXTURES:
TYPE ADDN, SZ&LOC: 24X24 STORAGE BLDG
BUILDING CONTRACTOR:

EXISTING:

WATER SUPPLY: PRIVATE TYPE WELL: WELL HEAD ABOVE GROUND:

LOC: FORNT
SEWAGE DISPOSAL: YR INSTALLED:

LOC: REAR
NO BDRMS: 3 NO RES: 3 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.

Barry Atkins
OWNER/AUTHORIZED AGENT SIGNATURE DATE

COUNTY REPRESENTATIVE DATE

Sept. 30, 1991

To Guilford County Environmental Health Dept.:

We the undersigned give permission for Guilford County Inspectors to access our lot in Willow Bend. The lot number is 87.

Jerald Wayne Duke Jerald Wayne Duke

CATHY LEVAN DUKE - Cathy Levan Duke

ROBERT G POLLARD - Robert G Pollard

FRANCENIA H POLLARD - Francenia H Pollard

Sept. 28, 1991

To Guilford County Environmental Health Dept.

This is to document that I, Tom Mills have made an offer on Lot 87 located at Willow Bend Subdivision, with the plans to have a home constructed by Theodore Construction Co.

I hereby assign George Michael Theodore as my agent and builder to handle this matter. This includes getting all necessary permits from Guilford Co. (septic and building)

Tom Mills

A handwritten signature in cursive script that reads "Tom Mills". The signature is written in black ink and is positioned above a horizontal dotted line.

GUILFORD COUNTY

REC-301,900

Handwritten signature/initials



Real Estate
Excise Tax

Excise Tax 9.50

Recording Time, Book and Page

Tax Lot No.

Parcel Identifier No.

Verified by

County on the day of

, 19

by

Mail after recording to

This instrument was prepared by H. M. Ollen, Jr. without title examination

Brief description for the Index



NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 29th day of May, 19 90, by and between

GRANTOR

GRANTEE

CAA ASSOCIATES, a North Carolina
General Partnership

ROBERT GLEN POLLARD and wife,
FRANCENIO HAMILTON POLLARD

and

JERALD WAYNE DUKE and wife,
CATHY LEVAN DUKE

5201 Huntingwood Drive
Pleasant Garden, NC 27313

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Clay Township,

Guilford County, North Carolina and more particularly described as follows:

BEING all of Lot 87, Section 4, Willow Bend Subdivision, as per plat thereof recorded in Plat Book 93, Page 115, in the Office of the Register of Deeds of Guilford County, North Carolina.

North Carolina - Guilford County

The certificate (s) of

Deborah L. Scudder

453088

05 30 90

1 DEEDS 453088 5 00

RECORDED

KAY F. PATRICK REGISTER OF DEEDS 2 00

REGISTER OF DEEDS

GUILFORD COUNTY, NC 1 PROBATE FEE 1 00

A Notary (Notaries) Public is (are) certified to be correct. This instrument and this certificate are duly registered at the date and time shown herein.

KAY F. PATRICK REGISTER OF DEEDS

Kay F. Patrick
Assistant/Deputy Register of Deeds

BOOK 3810 1 EXCISE TAX STAMP 9 50

PAGE 1044926 TO 1077

05/30/1990 10:44:37

5-306 MW-3
000091770101

46-10-88
Permit # 09600
9/30/91
21

Guilford County Application for Improvement Permit

Department of Public Health
Environmental Health Division

Date: 9/30/91

Applicant <u>Tom Mills</u>	Mailing Address <u>5400 BEAVER CREEK CT</u>	Phone <u>674-8827</u>
Property Owner	Mailing Address <u>City 27406</u>	Phone
Tax #	Property Address <u>5105 Willow Bend Rd.</u>	Lot Size (Sq.ft./acrage)
Subdivision / M.H. Park <u>Willow Bend</u>	Lot # / Sec. # <u>(87) / 4</u>	New Subdivision / Lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Floodplain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Watershed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Critical Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
New Structure <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory <input type="checkbox"/>		
<input checked="" 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 Commercial/Industrial/Other Specifications		
Type _____		
No. of bedrooms <u>3</u> No. of Employees/people _____		
No. of total rooms <u>6</u> No. of fixtures _____		
No. of Occupants <u>2</u> Basement Plumbing _____		
Basement _____ No. of stories _____		
Proposed size of structure <u>1700 sq ft</u> Indus. or Mfg. Waste _____		
Prop. size of structure _____		
Proposed water supply: New well <input checked="" type="checkbox"/> Existing well <input type="checkbox"/> Public <input type="checkbox"/>		
Proposed Sewage Disposal: Septic Tank <input checked="" type="checkbox"/> No. of sites <u>1</u>		
<input checked="" type="checkbox"/> New Municipal Sewer <input type="checkbox"/>		
<input type="checkbox"/> Existing Treatment & Discharge <input type="checkbox"/>		
<input type="checkbox"/> 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: <u>A-1</u> Subdiv.: <u>Willow Bend</u> Watershed: <u>Burlington</u> Scenic Corridor: <u>N.A.</u>		
Directions to property: _____ <i>OK to do a soil evaluation. Last evaluation done in 1988. DWM 9-30-91</i>		
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: <u>Tom Mills</u>		Date: <u>9/30/91</u>

SOIL/SITE EVALUATION

Owner _____ Location Willow Bend

Approximate dimensions of area	Area 1	Area 2	Area 3			
1. Sanitarian / Date <u>2/11/89</u>	<u>487</u>					
2. Slope and Topography (Include reading if taken) <10% 10-15% >15%	S PS U	S PS U	S PS U			
3. Soil Texture and Class Sand, Clay, Loam	S PS U	S PS U	S PS U			
4. Soil Drainage Depth to Water Table >48" 36"-48" <36"	S PS U	S PS U	S PS U			
5. Soil Depth Depth to Saprolite >48" (Parent Material) 36"-48" <36"	S PS U	S PS U	S PS U			
6. Percolation Evaluation/ Loading Rate	PE	LR	PE	LR	PE	LR
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10	
7. Available Repair Space 100 %	S PS U	S PS U	S PS U			
8. Overall Site Classification	S PS U	S PS U	S PS U			

Soil Class	Soil Texture Class	Application Rate (gpd/ft ²)
I	Sand	1.2 - 0.8
II	Sand to loam	0.8 - 0.6
III	Fine loam	0.6 - 0.4
IV	Clay	0.4 - 0.2
V	Clay	0.2 - 0.1

Comments:

① 0-15" SL
15-24" SCL
24+ 40 CLAYE DRAINAGE mott

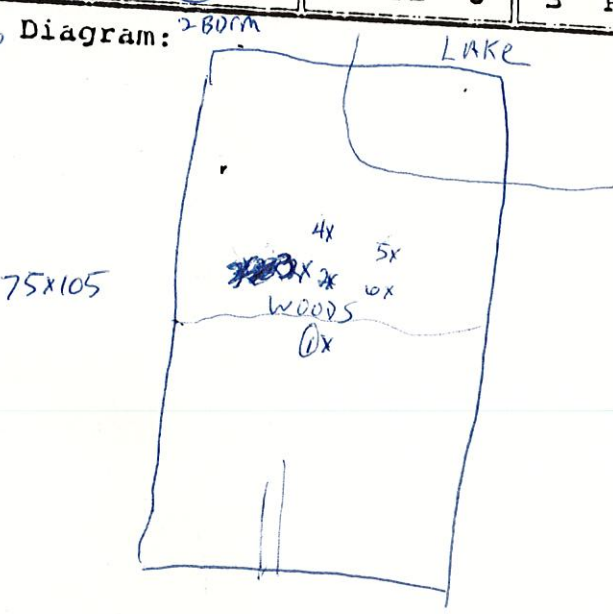
② 0-10" SL
10-22" CL
22-30" CLAY
30-36" B/C mott @ 34"

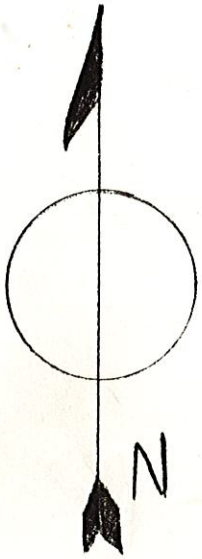
③ 0-11" SL
11-22" CL
22-30" CLAY
30-36" B/C mott @ 34"

④ 0-7" SL
7-30" SCL & Concrete
30" SAPPE mott

⑤ 0-6" SL
6-40" SCL
4" SAPD

⑥ 0-6" SCL
6-30" SCL & SAPD





N 87° 47' 27" E 155.0'

55' UTILITY EASEMENT

X2 SEPTIC TANK

X1

REPAIR AREA
19000 sq. ft.

Small
Gullie

3 BEDROOM
2 1/2 BATH
EX
12 FIXTURES

UTILITY EASEMENT

N 05° 42' 17" 306.98'

S 29° 14' 38" W 320.93'

EXISTING HOUSE

EXIST HOUSE

hx

X5

30'

30'

35' O.S.

FROM RIGHT LINE

1654 sq. ft.
72 sq. ft. COVERED PORCH
160 sq. ft. DECK
70 sq. ft. WALK

X7

130' SETBACK FROM CE OF ROAD

WELL
60' FROM HOUSE

LOT 87

LOT 86

1/4" = 10' - 0"

N 87° 11' 39" W 149.97' CH

WILLOW BEND ROAD

60' R/W

20' R/W

LOT 88



GUILFORD COUNTY

MEMORANDUM

TO: Ken Carter, R.S.
Environmental Health Manager

FROM: Van S. Jenkins, CPSS
Soil Scientist

DATE: October 31, 1991

SUBJECT: SOIL EVALUATION FOR SEPTIC TANK SYSTEMS
LOT NUMBER 87, WILLOW BEND SUBDIVISION
5105 WILLOW BEND ROAD

Scott Greene and I made an on-site investigation to determine soil suitability for septic tank systems on the subject lot on October 31, 1991. Following is a report of the lot.

The predominant soils on the lot are Enon and Mecklenburg. The predominant landform is a side slope and the lot slopes from front to back in the 6 to 10% slope range. There is a 30 feet drainage easement through the lot beginning at the front center and ends in the left rear; also, a 55 feet drainage, maintenance and utility easement is on the rear of the lot. The presence of the easements precludes the placement of a septic tank system in those areas.

The soils typically have B horizons with clay texture and expansive clay mineralogy beginning at depths ranging from 14 to 27 inches from the surface. Saprolite occurred at 30 inches from the surface at one sample site and weathered bedrock at 32 inches in another location. I hereby rate the soils as unsuitable for septic tank systems because of unsuitable clay mineralogy and insufficient soil depth.

✓pc: Scott Greene,
Environmental Health Supervisor

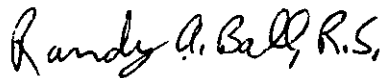
0191.BVS

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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, NC.

Sincerely,



Randy A. Ball, R.S.
Environmental Health Specialist



W. Donnie Newton, R.S.
Environmental Health Specialist

In
cc: File



GUILFORD COUNTY
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

October 15, 1991

George M. Theodore
4503 Oakmoor Drive
Greensboro, NC 27406

Dear Mr. Theodore:

A soil/site evaluation was conducted on the property described as 5105 Willow Bend Road.

This evaluation was performed to determine if the property meets soil/site evaluation criteria as defined in "Laws and Rules for Sanitary Collection, Treatment, and Disposal 15A NCAC 18A .1900" 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