



**Guilford County
Environmental Health Division
Water Quality Section
400 W. Market Street
Greensboro, NC 27401
336.641.7613**



Operation Permit

Address: 7202 PRENTISS RD, GREENSBORO, NC 27409

Permit Number: 24-03-SCHR-00447

Contractor: DRIGGERS SEPTIC TANK

Design Flow: 360 GPD

Initial System Type: 3g – Other Non-Conv Gravity System

Comments:

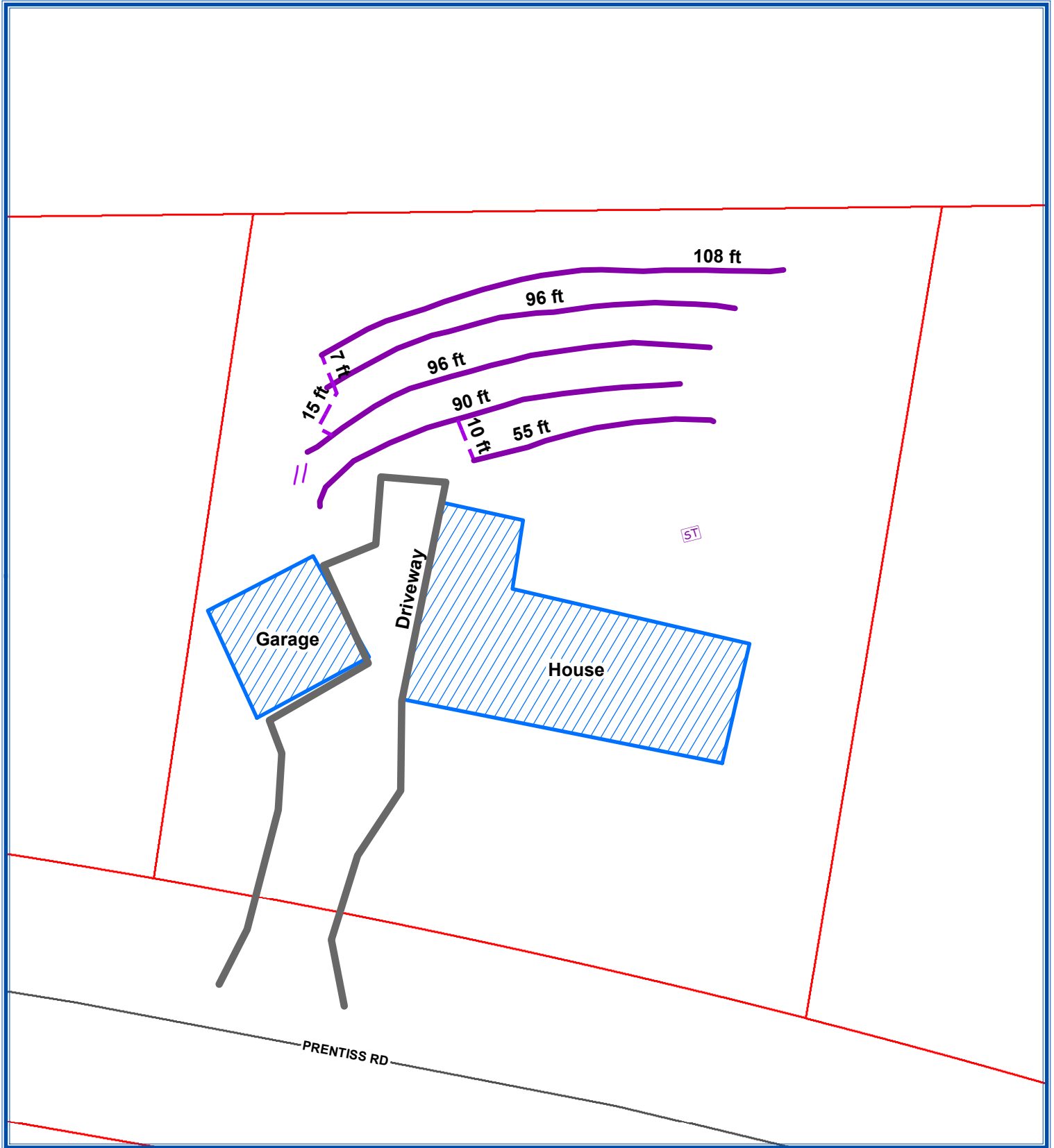
Charles Driggers cut and packed line one to create a 5'+ of separation to cement pad and installed 10' of 3" sch40 PVC to feed line 2. Supply lines were also added to reconnect the dry lines to hopefully utilize the entire drainfield.

| | | | |
|------------------------------|---------------------------------|-------|----------------|
| Drainfield Approval: | _____ | Date: | _____ |
| | Environmental Health Specialist | | |
| Tank Approval: | _____ | Date: | _____ |
| | Environmental Health Specialist | | |
| Supply Line Approval: | <u>KCM</u> | Date: | <u>3/14/24</u> |
| | Environmental Health Specialist | | |
| Pump/Alarm Approval: | _____ | Date: | _____ |
| | Environmental Health Specialist | | |
| Operational Permit Approval: | <u>Kenneth C Melder RCHS</u> | Date: | <u>3/18/24</u> |
| | Environmental Health Specialist | | |

This System is in compliance with Article 11 of G.S. Chapter 130A .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.



Diagram



Address: 7202 Prentiss Rd
Permit #: 24-03-SCHR-00447
Issuer's Initials: KCM
Date: 3/18/2024



1 inch = 30 feet

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

CONDITIONS:

Initial system and designated repair areas must be protected from traffic, construction, destruction, cultivation, landscaping, erosion, or any other circumstances that may alter site conditions and may cause problems with the initial system or the future system as permitted.

Surface and/or subsurface drainage diversion around the system must be maintained as permitted.

Heavy vegetative growth over drainfields and the root system of many shallow-rooted trees are detrimental to the proper operation of subsurface sewage systems and must be controlled periodically.

All subsurface sewage disposal systems must be maintained and operated in a manner that prevents surface discharge or any other potential public health concerns. All public health concerns created by the operation of this system must be addressed immediately (within 48 hours). Required permits to correct the public health concern must be obtained from the Environmental Health Water Quality Unit and corrections to the system are to be completed within 30 days of the date of that permit.

Establish cover over drainlines.

Access to tanks, tank components (pumps, float controls, valves, etc.), drainfields, or other system components must be maintained to allow periodic follow up inspections as required and/or to evaluate system concerns.

To avoid damage to the system, the septic tanks should be pumped out every 3-5 years.



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



Authorization for Wastewater System Construction

Address: 7202 PRENTISS RD, GREENSBORO, NC 27409

Permit Number: 24-03-SCHR-00447

This Construction Authorization shall be valid for five years from the issue date of the Improvement Permit. The area designated for a Subsurface Sewage Treatment and Disposal System shall not be graded and appropriate measures shall be taken to prevent vehicular traffic, erosion, or any other disturbance to the site. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this Authorization.

| | | | |
|----------------------------------|------------------------------------|------------------------------------|-------------------------|
| Design Flow: | 360 GPD | Septic Tank Capacity: | GAL |
| Initial System Type: | 3g – Other Non-Conv Gravity System | Pump Tank Capacity: | GAL |
| Initial Trench Type: | | Pump Dose Volume: | GAL to GAL |
| Gravity <input type="checkbox"/> | Pump <input type="checkbox"/> | Saprolite <input type="checkbox"/> | Number of Bedrooms: 3 |
| Repair System Type: | | | |
| Repair Trench Type: | | <u>Site Requirements:</u> | |
| Gravity <input type="checkbox"/> | Pump <input type="checkbox"/> | Saprolite <input type="checkbox"/> | Setback: FT off of the |
| Facility Type: | Residential | | Offset: FT off of the |
| Trench Depth: | IN to IN | | Setup: FT |
| Trench Length: | FT | | Basement: N |
| Trench Width: | IN | | Well Site Available: N |
| Trench Separation: | FT On-Center | | Repair Area Required: N |
| Soil Cover: | IN to IN | | |
| Gravel Depth: | IN | | |

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

Authorization Issued: Randy Duncan, REHS Date Issued: 03/01/24
 Environmental Health Specialist

Owner or Authorized Agent: Cheryl Duggan Date: 3-14-24
 Owner or Authorized Agent

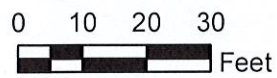
Comments: locate existing 1st line of system - cut and pack drainline to maintain 5' off of cement pad - install stepdown to 2nd drainline - locate stepdown between 2nd and 3rd drainline and repair



Diagram



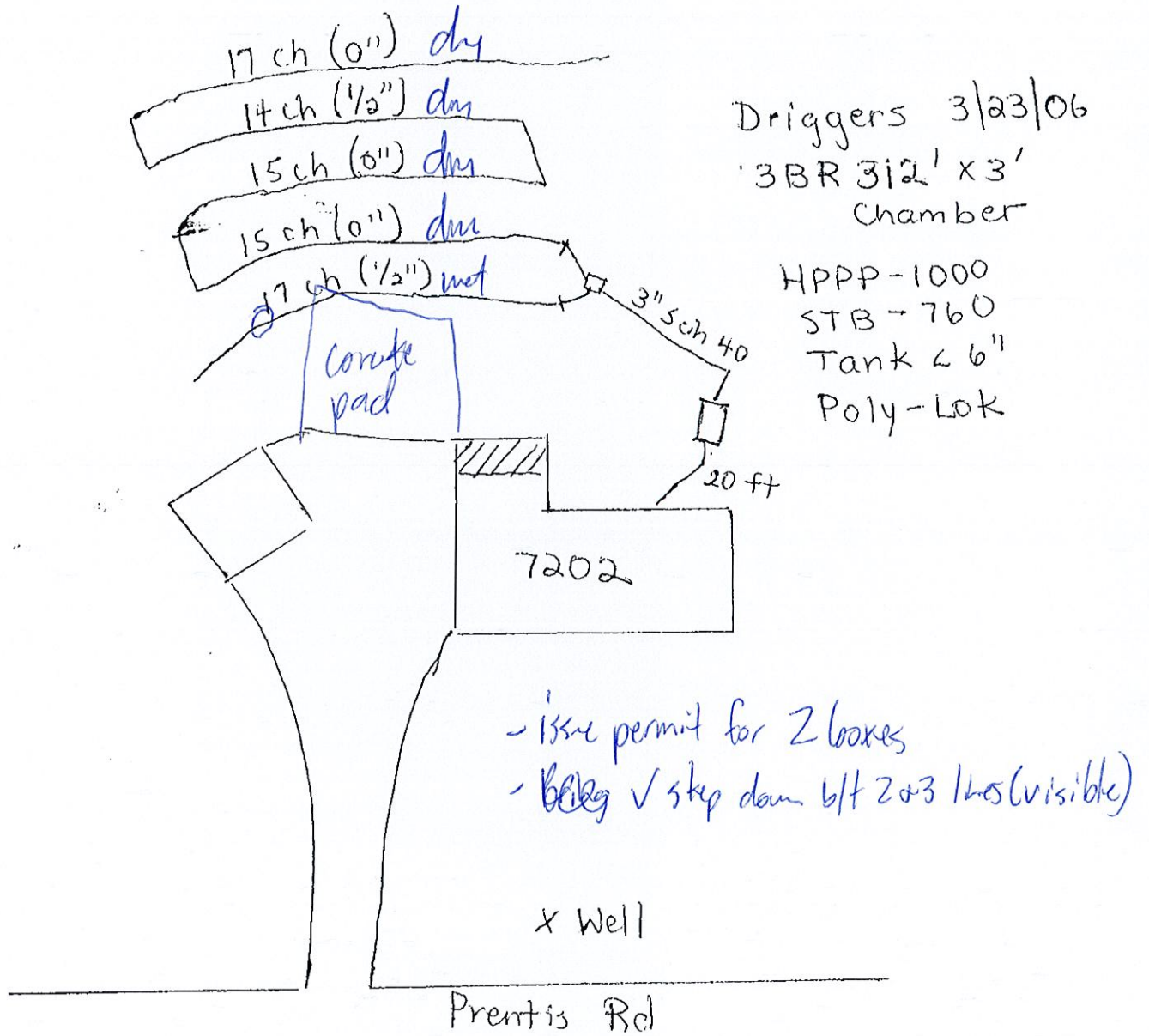
7202 Prentiss Rd
 Permit #:
 Issued by: Randy Duncan
 Date: 3/1/2024



1 inch = 30 feet

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Diagram



Legend: (Well symbol)

(Nitrification Line symbol)

(Solid Line symbol)

(Stepdown symbol)



OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

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

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

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

DATE: Feb 25, 2024

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

Print Property Owner(s): Deborah L Hill
 Business/Organization/Contact: _____
 Mailing Address: 7202 Prentiss Road
 City: Greensboro State: NC Zip Code: 27409 County: Guilford
 Telephone Number(s): 336-580-0160
 Email Address: hilldeborah5@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____
 Physical Address (if different than mailing address): same
 City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

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

Owner's Signature: Deborah Hill Date: 2/26/24

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



**Guilford County Application
For Improvement Permit
and/or Authorization to Construct**

- Scaled site plan submitted – (Valid 60 Months)
- Unscaled site plan submitted – (Valid 60 months)
- Survey plat to scale* submitted – (Valid without expiration)
- * scale of 1" = no more than 60'

Building Permit # _____ Septic Permit # _____ Well Permit # _____

PROPERTY INFORMATION

Address 7202 Prentiss Road City Greensboro Parcel REID # _____
 Development Name _____ Section/Phase # _____ Lot # _____ Plat Book # _____ Page # _____
 Lot of Record First Lot Out Plat Required >5 acres (5-17-65 to 2-1-74) >10 acres (2-1-74 to present)
 Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: _____ Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: _____
 Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION

Applicant Name: Deborah L Hill Address: 7202 Prentiss road
336-580-0160 Phone 2: _____ Email: hilldeborah5@gmail.com
 Owner Name: _____ Address: _____
 Phone 1: _____ Phone 2: _____ Email: _____

DEVELOPMENT INFORMATION

NEW ACCESSORY SWMH MULTIFAMILY/DUPLEX ADDITION (TYPE) _____
 HOUSE MODULAR DWMH RENOVAION OTHER TYPE _____
Residential Specifications: Max # of Bedrooms: _____ MAX. # of Occupants: _____ Total # of Rooms: _____ Size of Structure (sq ft): _____
 Basement: Yes No Basement Fixtures: Yes No
Non-Residential Type: Commercial Industrial Other _____
Wastewater Strength: Domestic High Strength Industrial Process
 MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
 Description of Facility: _____
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: New Well Existing Well Community Well Public Water Spring
 Are there any existing wells, springs, or waterlines on this property? Yes No

Sewage Disposal: Please Indicate Desired System Type (see back)
 Conventional Accepted Modified Alternative Other **Repair** Any/All

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- YES NO **Does the site contain any jurisdictional wetlands?**
- YES NO **Does the site contain any existing wastewater systems?**
- YES NO **Is any wastewater going to be generated on the site other than domestic sewage?**
- YES NO **Is the site subject to approval by any other public agency?**
- YES NO **Are there any easements or right of ways on this property?**

I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID.

Deborah L Hill

2/26/24

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

Date

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



Guilford County Application For Improvement Permit and/or Authorization to Construct

- Scaled site plan submitted – (Valid 60 Months)
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 Lot of Record First Lot Out Plat Required >5 acres (5-17-65 to 2-1-74) >10 acres (2-1-74 to present)
 Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: _____ Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: _____
 Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION

Applicant Name: Debbie Hill Address: 7202 Prentiss Road Greensboro NC 27409
 Phone 1: 336-580-0160 Phone 2: _____ Email: hilldeborah5@gmail.com
 Owner Name: _____ Address: _____
 Phone 1: _____ Phone 2: _____ Email: _____

DEVELOPMENT INFORMATION

NEW ACCESSORY SWMH MULTIFAMILY/DUPLEX ADDITION (TYPE) _____
 HOUSE MODULAR DWMH RENOVATION OTHER TYPE _____
Residential Specifications: Max # of Bedrooms: 3 MAX. # of Occupants: 4 Total # of Rooms: 9 Size of Structure (sq ft): _____
 Basement: Yes No Basement Fixtures: Yes No
Non-Residential Type: Commercial Industrial Other _____
Wastewater Strength: Domestic High Strength Industrial Process
 MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
 Description of Facility: _____
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: New Well Existing Well Community Well Public Water Spring
 Are there any existing wells, springs, or waterlines on this property? Yes No

Sewage Disposal: Please Indicate Desired System Type (see back)
 Conventional Accepted Modified Alternative Other Repair Any/All

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Does the site contain any existing wastewater systems? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Is the site subject to approval by any other public agency? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Are there any easements or right of ways on this property? |

I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID.

Deborah L Hill

2/21/24

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

Date

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



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



Operation Permit

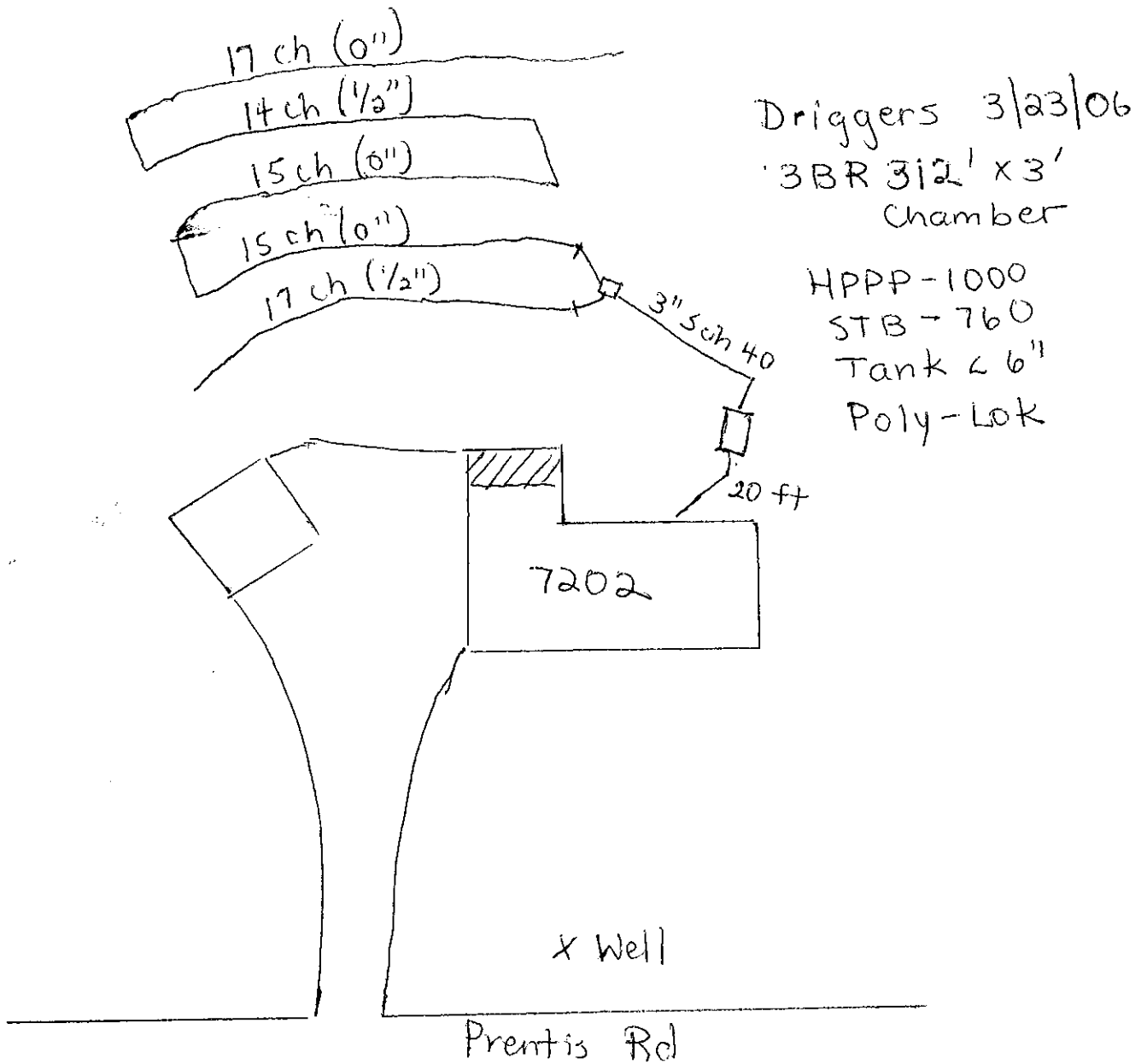
Address: 7202 PRENTISS RD, NC Permit Number: H0509338ENVH
System Type: Product Name: Chamber
Wastewater Flow: GPD Contractor:
Trench Length: ft Filter Type:
Septic Tank Size: 1000 gal Septic Tank Type: hppp-1000 stb-760

Comments:

- 3/23/06-Driggers-3 bedroom-1000 gal. + 312 ft. x 3 ft. (chamber). Existing septic tank pumped and crushed

This System is in compliance with Article 11 of G.S. Chapter 130A, Section .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.

Diagram





AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PAGE 1 OF 2

REPAIR RESIDENTIAL SEPTIC SYSTEM
REF: 7202 PRENTISS RD

PERMIT NO. 0509338

THIS CONSTRUCTION AUTHORIZATION SHALL BE VALID FOR FIVE (5) YEARS FROM THE ISSUE DATE OF THE IMPROVEMENT PERMIT.

THE AREA DESIGNATED FOR SUBSURFACE SEWAGE TREATMENT & DISPOSAL SYSTEM SHALL NOT BE GRADED AND APPROPRIATE MEASURES SHALL BE TAKEN TO PREVENT VEHICULAR TRAFFIC, EROSION, OR ANY OTHER DISTURBANCE TO THE SITE.

DISTURBANCE OF THIS AREA, CHANGE OF SITE PLAN, OR CHANGE OF INTENDED USE COULD RESULT IN THE SUSPENSION OR REVOCATION OF THIS AUTHORIZATION

SYSTEM TYPE: CONVENTIONAL SEPTIC SYSTEM
WASTEWATER FLOW: 000360 GPD
FACILITY TYPE: 0003 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

SITE REQUIREMENTS:

TRENCH LENGTH 400 FT.
TRENCH DEPTH 22 IN. TO 26 IN.
TRENCH WIDTH 36 IN.
GRAVEL DEPTH 12 IN.
TRENCH SEPARATION 9 FT. ON CENTER
SOIL COVER 10 IN. TO 14 IN.
TANK SIZE 1000 GALS.

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

WELL SITE AVAILABLE N/A
REPAIR AREA MAINTAINED N/A

OTHER

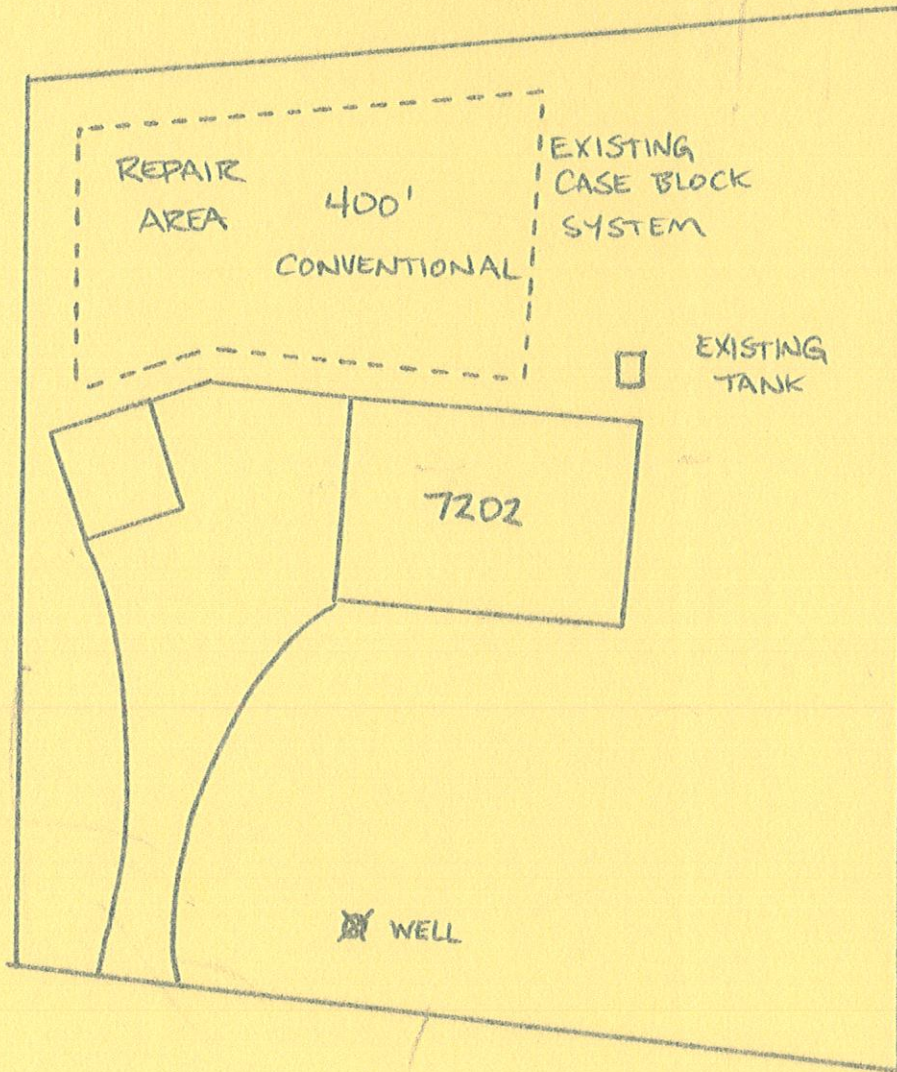
- *PUMP, CRUSH, AND FILL THE EXISTING SEPTIC TANK IF NOT A 2 COMPARTMENT
- *INSTALL A NEW 1000 GALLON MINIMUM SEPTIC TANK
- *PROPERTY OWNER IS RESPONSIBLE FOR LOCATING PROPERTY LINES
- *DO NOT INSTALL REPAIR IN EXISTING SYSTEM AREA

Brent N. Totz, RS 09/28/05
ENV. HEALTH SPECIALIST DATE

OWNER/AUTHORIZED AGENT DATE

REVISED AUTHORIZATION

ENV. HEALTH SPECIALIST DATE



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'