

## PROPERTY SERVICE CHART

## ADDRESS

REID #

[illegible]



**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: 24-11-SCHR-00644

Contractor: DRIGGERS SEPTIC TANK

Design Flow: 360 GPD

**Comments:**

Charles Driggers installed 52' of 3" sch40 PVC supply line out of the existing septic tank into right side end cap of line 3 bypassing slugged out lines 1 & 2, and from line 3 plumbed into the right side end caps of lines 4 & 5. Septic diagram for lines 3-5 have been reduced to more accurately reflect system in the ground.

Drainfield Approval:

-----  
Environmental Health Specialist

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

Tank Approval:

-----  
Environmental Health Specialist

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

Supply Line Approval:

*KCM*  
Environmental Health Specialist

Date: 12/17/24

Pump/Alarm Approval:

-----  
Environmental Health Specialist

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

Operational Permit  
Approval:

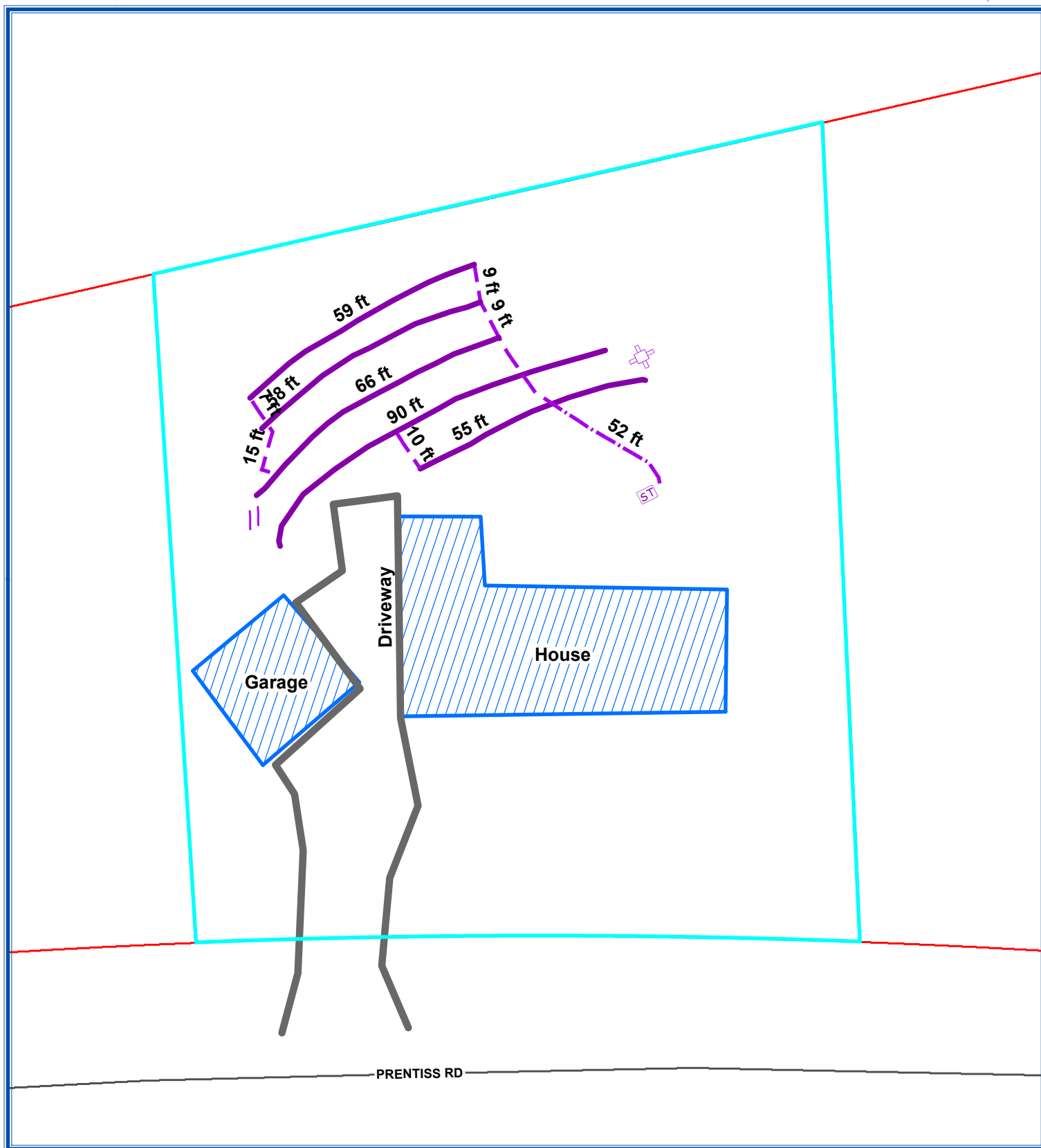
*Kenneth C. Melder REHS*  
Environmental Health Specialist

Date: 12/18/24

**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 #: 24-11-SCHR-00644  
Issuer's Initials: KCM  
Date: 12/18/2024

0 10 20 30  
Feet

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: 24-11-SCHR-00644

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:

Pump Tank Capacity: GAL

Initial Trench Type:

Pump Dose Volume: GAL to GAL

Gravity ☐ Pump ☐ Saproliite ☐

Number of Bedrooms: 3

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

Repair Trench Type: Chamber

Site Requirements:

Gravity ☒ Pump ☐ Saproliite ☐

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: Robert N. Lowe, REHS

Date Issued: 11/14/2024

Environmental Health Specialist

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

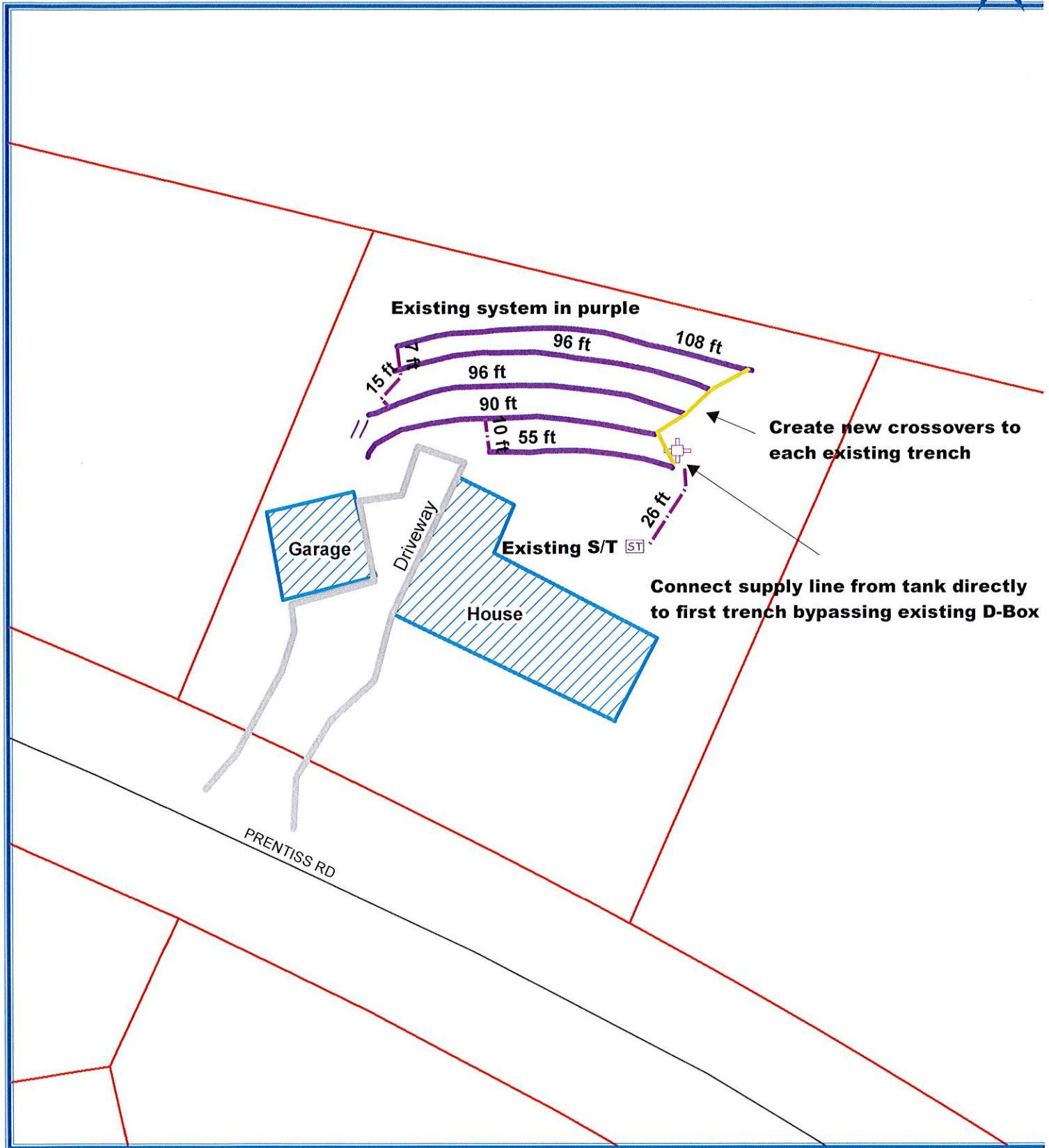
Date: \_\_\_\_\_

Owner or Authorized Agent

Comments: Permit issued Pursuant to 15A NCAC 18E. This CA is to bypass the blockage/damage at the end of the first line or at the existing D-Box of the existing septic system. Bypass the existing D-Box by connecting the existing supply line directly to the first trench and creating new crossovers to each existing trench as noted on the drawing. Establish 6" minimum of approved cover over the entire drainfield. Maintain 50'+ setback from any well. Maintain all minimum required setbacks. Property owner is responsible for marking property lines for septic contractor.



# Diagram



Address: 7202 Prentiss Rd  
Permit #: 24-11-SCHR-00644  
Issuer's Initials: RNL  
Date: 11/14/2024

0 10 20 30  
Feet  
1 inch = 40 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. Page 2 of 3

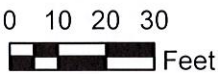




# Diagram



Address: 7202 Prentiss Rd  
Permit #: 24-11-SCHR-00644  
Issuer's Initials: RNL  
Date: 11/14/2024



1 inch = 40 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. Page 3 of 3





# 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 # 24-11-SCHR-00644 Well Permit # \_\_\_\_\_

## PROPERTY INFORMATION

Address 7202 Prentiss rd City Greensboro Parcel REID # 151505  
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: 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	<b>Does the site contain any jurisdictional wetlands?</b>
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Does the site contain any existing wastewater systems?</b>
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<b>Is any wastewater going to be generated on the site other than domestic sewage?</b>
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<b>Is the site subject to approval by any other public agency?</b>
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<b>Are there any easements or right of ways on this property?</b>

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

11/12/24

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

Date

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





**Guilford County**  
**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:**

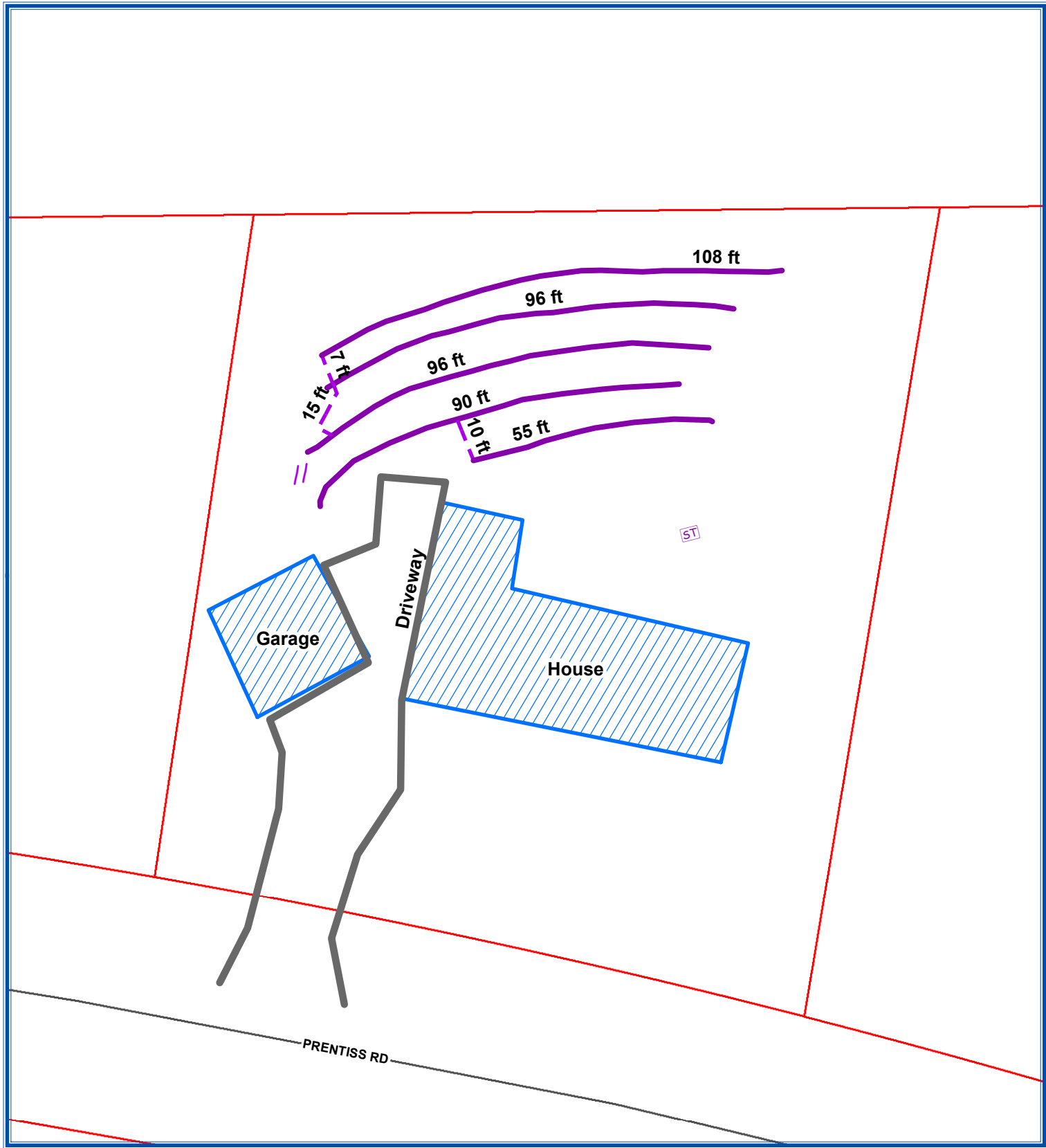
Charles Driggers cut and packed line one to create a 5'+ of separation to cement pad and installed 10' of 3" sch40 PVC to feed line 2. Supply lines were also added to reconnect the dry lines to hopefully utilize the entire drainfield.

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

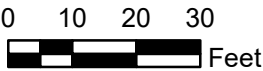
**This System is in compliance with Article 11 of G.S. Chapter 130A .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.**



# 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 ☐

Pump ☐

Saprolite ☐

Number of Bedrooms: 3

Repair System Type:

Repair Trench Type:

Site Requirements:

Gravity ☐

Pump ☐

Saprolite ☐

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, R.E.H.S.  
Environmental Health Specialist

Date Issued:

03/01/24

Owner or Authorized Agent:

Charles D. Dugan  
Owner or Authorized Agent

Date:

3-14-24

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

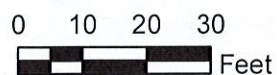




# Diagram



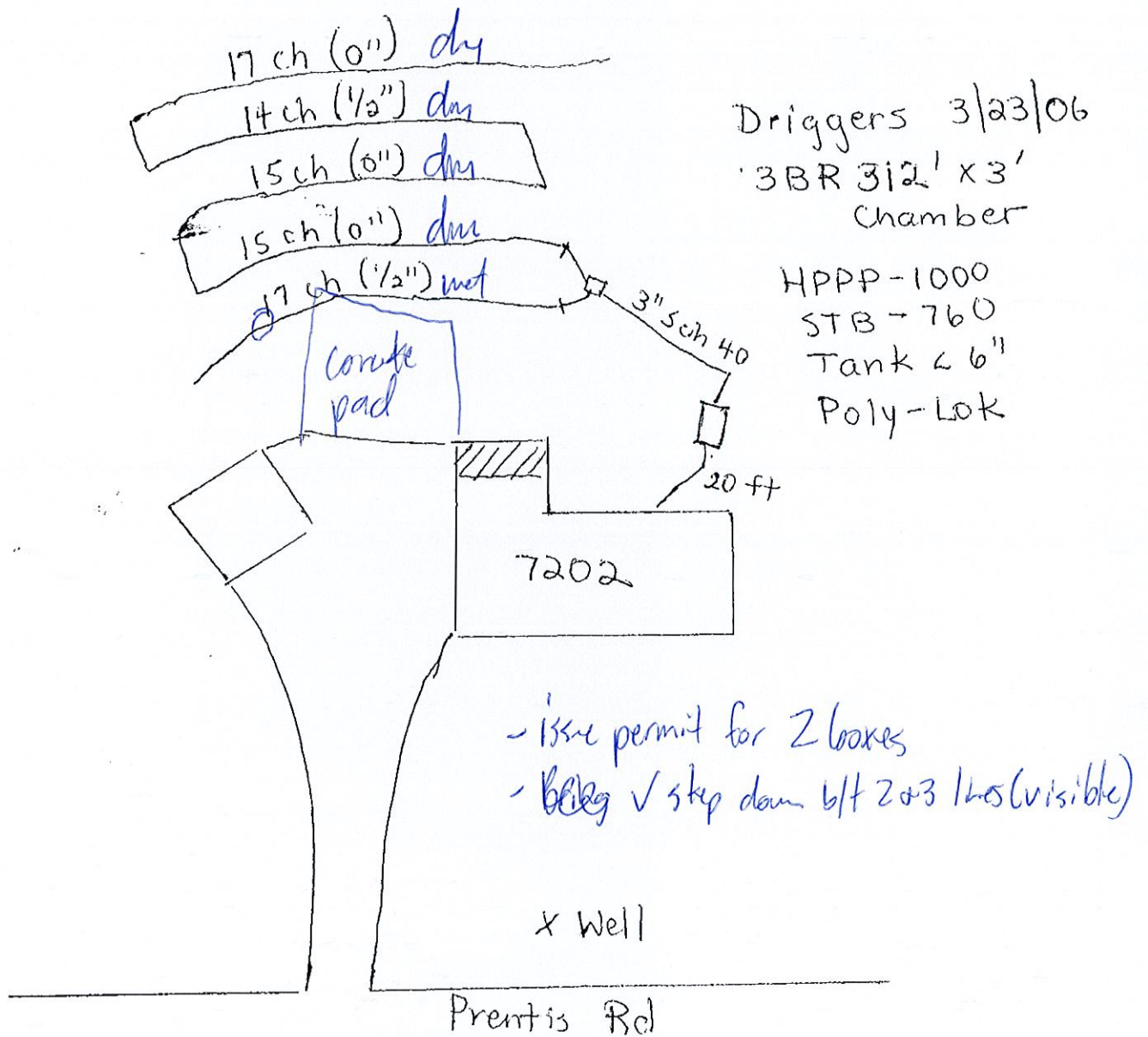
7202 Prentiss Rd  
Permit #:  
Issued by: Randy Duncan  
Date: 3/1/2024



1 inch = 30 feet

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

# Diagram



Legend: (W) Well

\_\_\_\_ Nitrification Line

\_\_\_\_ Solid Line

\\ Stepdown

Permit: H0509338ENVH

GUIL\_BLDG\_0500440

Page 2 of 3



**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, X 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 ☒ RENOVATION ☐ OTHER TYPE \_\_\_\_\_  
**Residential Specifications:** Max # of Bedrooms: \_\_\_\_\_ MAX. # of Occupants: 3 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.

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

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)
- ☐ 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 rd 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: 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:

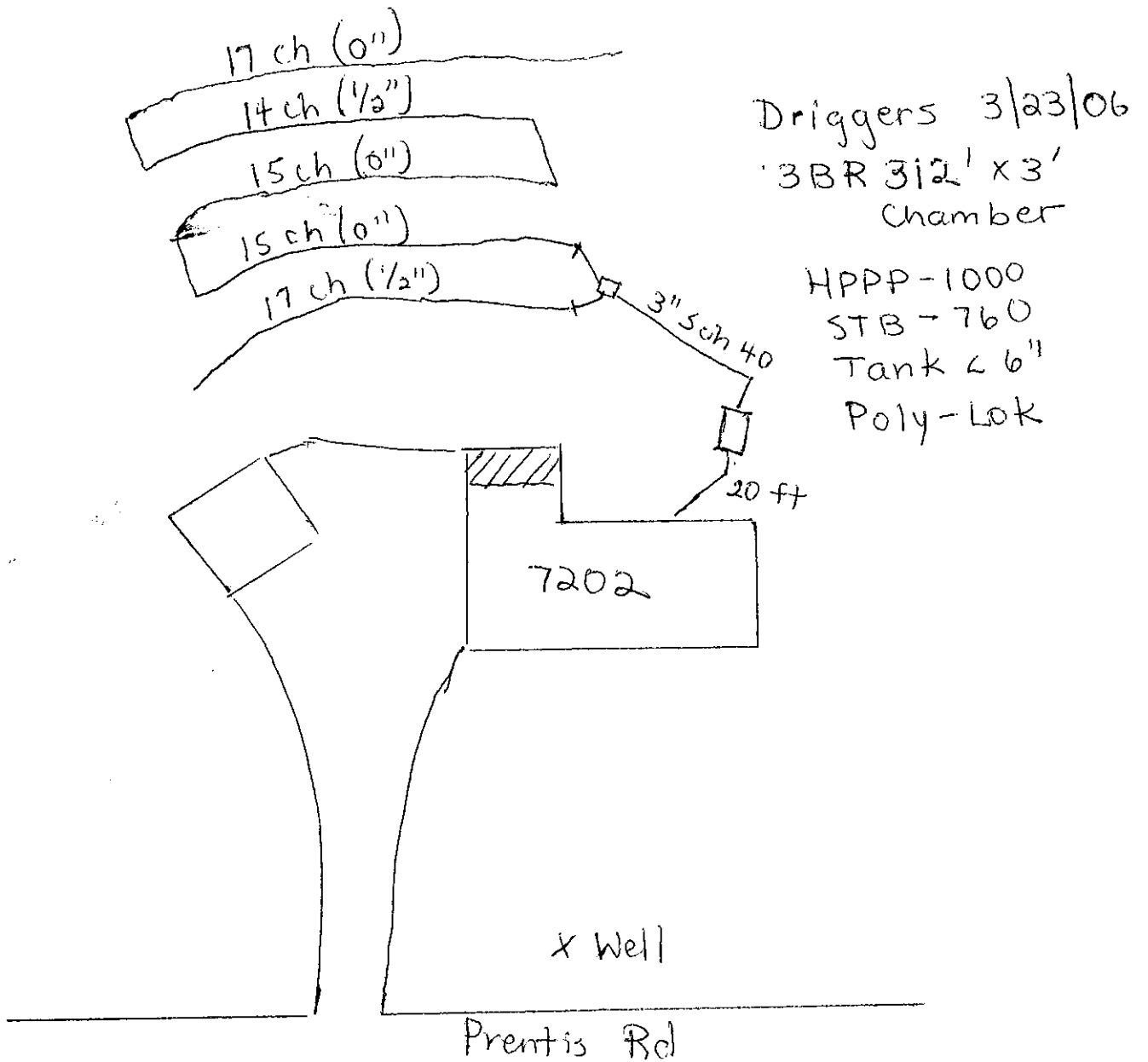
Septic Tank Size: 1000 gal Septic Tank Type: hppp-1000 stb-760

### 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



Legend: (W) Well

\_\_\_\_ Nitrification Line

\_\_\_\_ Solid Line

\\Stepdown

Permit: H0509338ENVH

GUIL\_BLDG\_0500440

Page 2 of 3





## 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 &amp; 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:

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.

## SITE REQUIREMENTS:

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

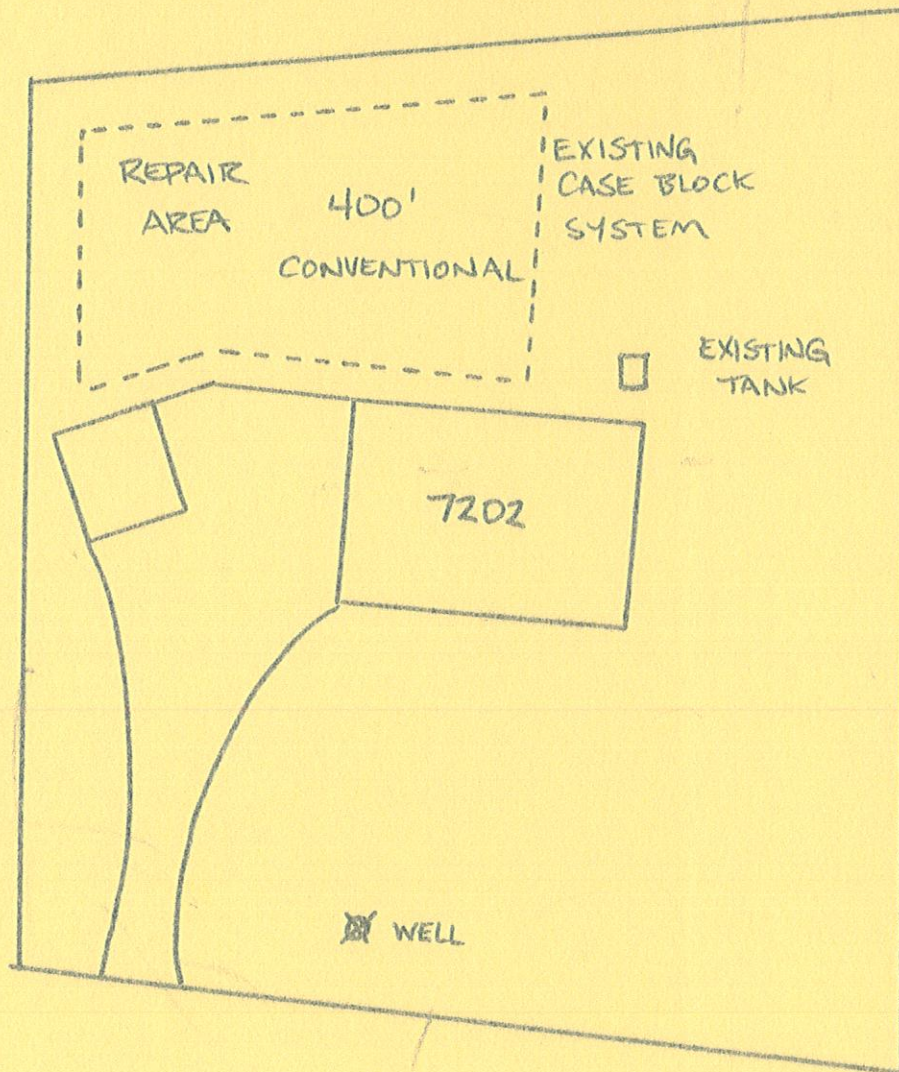
*Brent M. Totz, ES* 09/28/05  
\_\_\_\_\_  
ENV. HEALTH SPECIALIST DATE

\_\_\_\_\_  
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'