

PROPERTY SERVICE CHART

2702 Cotton Dr. S/T Permit: _____ Date: _____
 ADDRESS (Print) Name: _____
 Well Permit: _____ Date: _____
 Subd: _____ Sec. _____ Lot _____ Name: _____

SERVICE	COMMENTS	DATE	SANITARIAN
	Could not find original folder		
Septic installed	Overdig - ch'd tanks only (CW)	9/15/95	(JAN)
Well Final	RoC matches; wellhead OK (CW)	9/22/95	JAN
P&A	Pump & Alarm function	9/26/95	JAN
3iTE VISIT	System Review (5yr)	8-10-2000	JGD
3iTE VISIT	Follow-up System Review (compliant)	9-12-00	RSD
M & M	INSPECTION COMPLETED, MET OWNER 0" SL. IN P.T. PUMP FLOAT TETHERED (24"-36") - HOMEOWNER WILL CALL ME ALARM NOT AUDIBLE, D BOX AT OFFSITE BROKEN IN	12-19-05	BNT
SITE VISIT	PUMP FLOAT TETHER FIXED ELEC. BOX COVER FIXED, AA D. BOX STILL BROKEN	1-16-06	BNT
SITE VISIT	D. BOX LID REPLACED COMPLIANT REPORT ISSUED	2-4-06	BNT
O&M	Root Intrusion Wires need caulked GPS Well & Pump Tank Alarm Audible 1-2" sludge in PT	11/17/08	JAN / RSG
	Report sent @	11/20/08	RSG
O&M	1" sludge in pt, root inf. b/t riser & pt, need to caulk inside conduit, alarm ok in garage, off ok	3/17/16	RPO
Report sent	Mailed 3B report. Access & Arceba updated	3/28/16	RPO
O&M	3" sludge in pt, alarm in garage ok, root inf. b/t pt & riser pump exposed @ end of dosing cycle	8/02/24	RPO/PED



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

Record of Septic System Inspection
Single Effluent Pump or Siphon

Owner William Monroe

Operations Permit # 0082250

Address 2702 Colton Dr

Date of Issue 6/20/95

Inspection Date 8/2/24

Table with 4 columns: Category, Question, Yes/No, and Remarks. Rows include Facility, Tankage, Pumps, and Drainfield sections.

COMMENTS/SUGGESTIONS Recommend pumping out septic tank and pump tank contents every 3-5 years - Pump float needs tethering higher on float tree to keep pump submerged under effluent at all times - Root infiltration between pump tank and riser

Randy Duncan, REHS 336-641-7833 OFFICE
Environmental Health Specialist 336-641-3730 FAX
rduncan@guilfordcountync.gov

Handwritten signature of Randy Duncan, REHS

Environmental Health Specialist

Legend: Y = Yes N = No NE = Not Evaluated



July 15, 2024

William E Monroe or Current Resident
2702 Colton Dr
Oak Ridge, NC 27310

Dear Property Owner:

RE: 2702 Colton Dr

A review of our records indicate that you are the owner of an on-site sewage treatment and disposal system. With ownership comes the responsibility for ensuring that your system is operated and maintained in a manner that prevents the occurrence of a public health or environmental hazard.

North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A .1900 mandates periodic inspection of types IIIb, IV, V and VI systems by the local health department. The type 3b system (single effluent pump) which serves your property must be inspected by this department **at least** once every five years. We are trying to get caught up on inspections that are overdue. The purpose of these inspections is to provide system owners with technical support to help ensure proper maintenance for continued safe, effective operation of the system. Inspections may include: measurement of solid level depth in septic tank (**if accessible**), check condition of pump tank and appurtenances, observation of nitrification field area and any other monitoring as needed.

This letter serves as notice of our intent to conduct this state mandated inspection within 60 days of the date of this letter. Guilford County has a fee of \$150 for type 3b inspections that is billed following the inspection. Please take the necessary steps to make all parts of the sewage treatment and disposal system area easily accessible. If you have circumstances which impede access to this area (fenced yard, dog lot, etc) or if you need additional information, please contact me at 336-641-7833 or email oandm@guilfordcountync.gov . I look forward to working with you.

Sincerely,

Randy Duncan, REHS
Environmental Health Water Quality Section

PROPERTY SERVICE CHART

2702 Cotton Dr.

ADDRESS (Print)

S/T Permit: _____

Date: _____

Name: _____

Well Permit: _____

Date: _____

Name: _____

Subd: _____

Sec. _____

Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
	Could not find original folder		
Septic pumped	Overcharge - chld's tanks only (CW)	9/15/95	(CW)
Well Final	RoC marches; wellhead OK (CW)	9/22/95	JAN
P&A	Pump & Alarm function	9/26/95	JAN
Site Visit	System Review (5yr)	8-10-2000	DGD
Site Visit	Follow-up System Review (compliant)	9-12-00	RSP
M & M	INSPECTION COMPLETED, MET OWNER 0" SL. IN P.T. PUMP FLOAT UNLATCHED (24"-36") - HOMEOWNER WILL CALL ME ALARM NOT AUDIBLE, D BOX AT OFFSITE BROKEN IN	12-19-03	BNT
SITE VISIT	PUMP FLOAT TETHER FIXED ELEC. BOX COVER FIXED, AA D. BOX STILL BROKEN	1-16-04	BNT
SITE VISIT	D. BOX LID REPLACED COMPLIANT REPORT ISSUED	2-4-04	BNT
O & M	Root Intrusion GPS Well + Pump Tank Wires need caulked Alarm Audible 1-2" sludge in PT	11/19/08	JM W RSG
	Report sent @	11/20/08	RSG
O & M	1" sludge in pt, root inf. b/t riser + pt, need to caulk inside conduit; alarm ok in garage; dtf ok	3/17/16	RSG
Report sent	Mailed 3B report. Access & Asceba updated	3/28/16	RSG



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

**Record of Septic System Inspection
Single Effluent Pump or Siphon**

Owner William Monroe Operations Permit # 9406784
 Address 2702 Colton Dr Date of Issue 9/26/95
 Inspection Date 3/17/16

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	_____
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>1" sludge in pump tank</u>
	Do tanks show indication of infiltration?	Y	<u>root infiltration in pump tank riser</u>
	Do tanks/risers show indication of structure damage?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
Pumps	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	_____
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
Drainfield	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

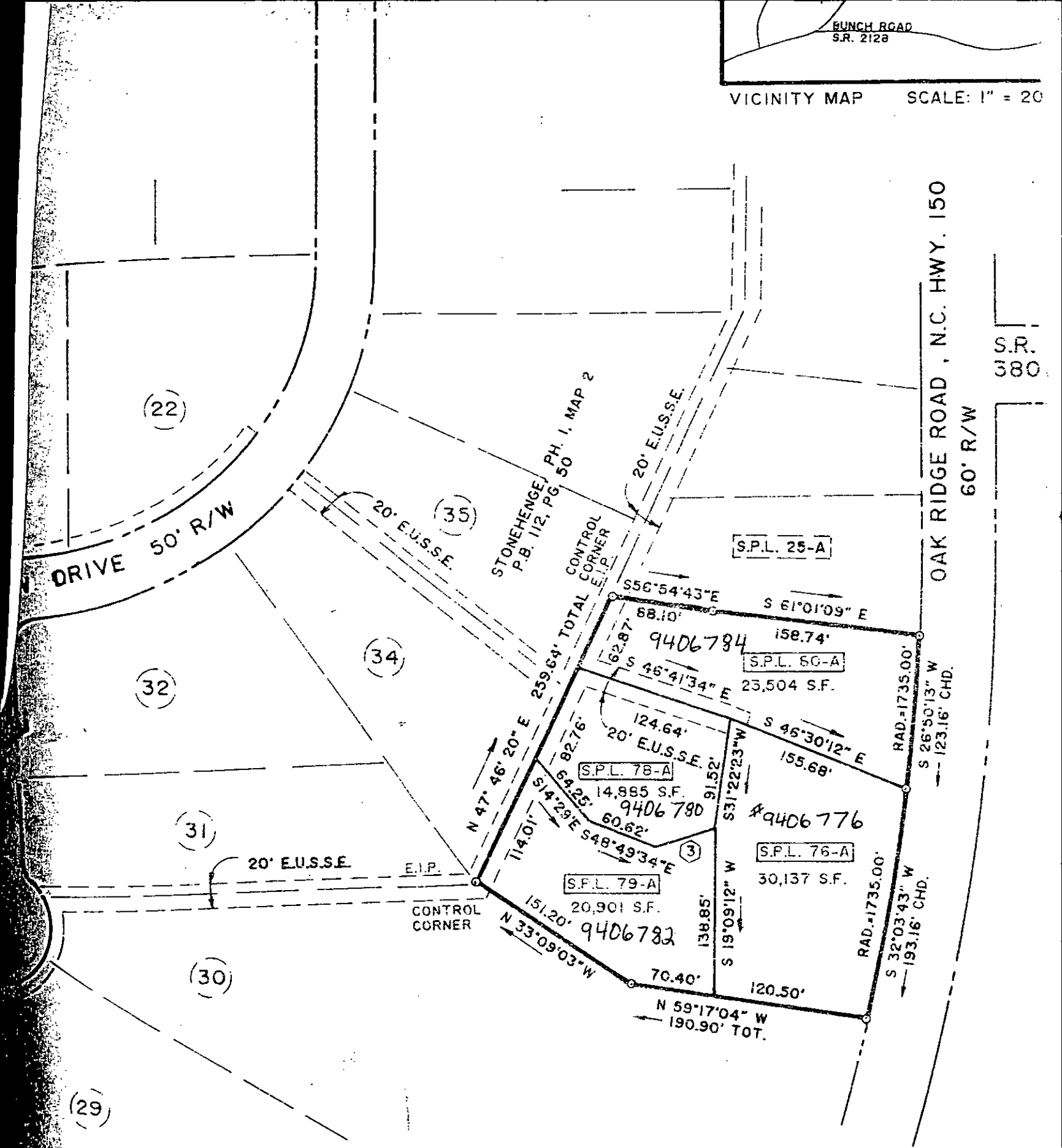
COMMENTS/SUGGESTIONS Remember to have tanks pumped every 3-5 years to prevent sludge accumulation from being pumped to drainfield - Root infiltration in riser - Need to caulk inside conduit in pump tank riser

Randy Duncan, REHS
 Environmental Health Division
 400 W Market St
 Greensboro, NC 27401

336-641-7833
 336-641-3730 FAX
 rduncan@co.guilford.nc.us

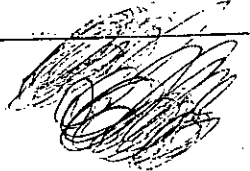
Randy Duncan, REHS
 Environmental Health Specialist

Legend: Y = Yes N = No NE = Not Evaluated



NOTE: SEE DEED BOOK 4204, PAGES 2125 & 2128 FOR DECLARATION OF RIGHTS, RESTRICTIONS, AFFIRMATIVE OBLIGATIONS, AND CONDITIONS APPLICABLE TO ALL PROPERTY IN STONEHENGE.

PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCE, OR SALES



12.561 ACRES
ROAD R/W DEDICATION = 0.404 ACRE



OPERATION PERMIT
SEPTIC TANK INSPECTION CERTIFICATE

NAME WILLIAM MONROE

DATE ISSUED 06/20/95

LOCATION 2702 COLTON DR
OAK RIDGE, NC 27810

HEALTH DEPT PERMIT NUMBER 9406784
INSTALLATION
TYPE SEPTIC SYSTEM - PUMP
TRENCH LENGTH 440 FT WIDTH 36

BUILDING PERMIT NUMBER 0082250
SEPTIC CONTRACTOR
OVERBEYS SEPTIC TANK SERVICE
SIZE OF TANK 1000 GALS

REMARKS/CONDITIONS

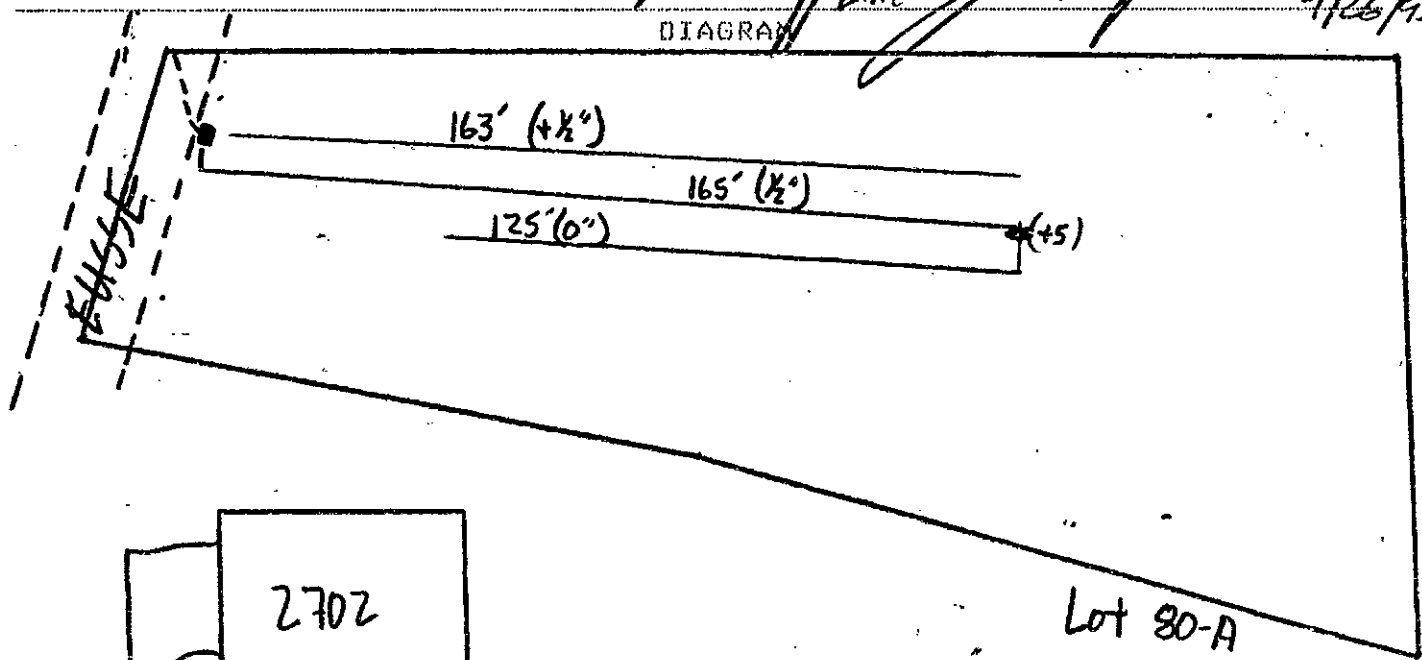
SEPTIC TANK: Wms 1000 STB793 7/29/95 PUMP: Myers MASD Mo 505-11
PUMP TANK: Wms 1200 PT-171 8/1/95 ALARM: S.S. Electro 101-01H
ESTABLISH GRASS OVER SYSTEM IMMEDIATELY. PUMP BOTH TANKS EVERY 3-5
YEARS. *Do Not Disturb or Remove Soil In System & Repair Areas*

THIS SYSTEM IS IN COMPLIANCE WITH ARTICLE 11 OF G.S. CHAPTER 130A,
SECTION 1900 'SEWAGE TREATMENT AND DISPOSAL SYSTEMS' AND ALL
CONDITIONS PRESCRIBED BY THE IMPROVEMENT PERMIT.

APPROVED BY SPECIALIST: *Tanks - Robby Clark, Esq. P+A*

[Signature]
Line
9/26/95

DIAGRAM



LEGEND
X WELL
..... MANIFOLD
..... NITRIFICATION LINE
□ DISTRIBUTION BOX
—— SOLID LINE
\\ STEP DOWN
ST SEPTIC TANK

Colton Dr

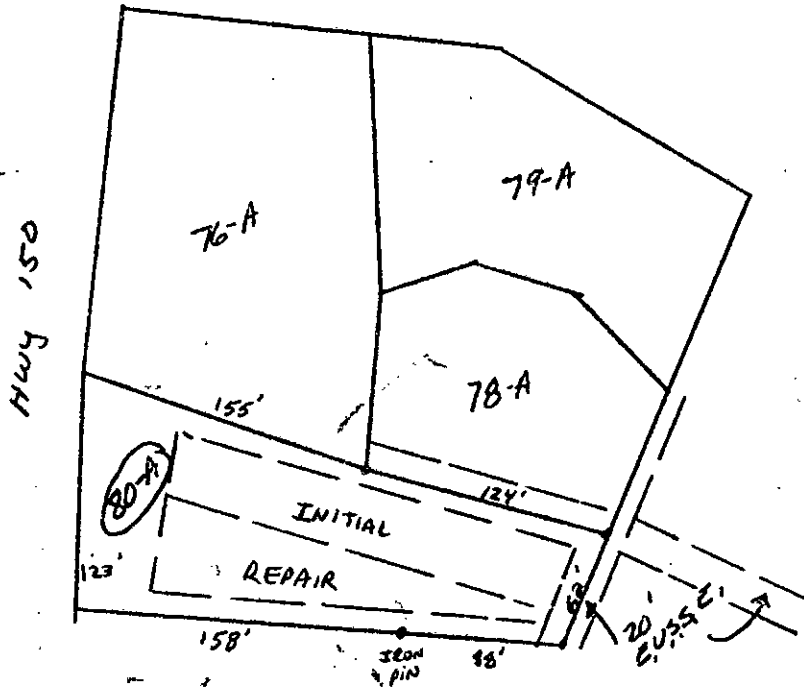
NOTICE

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



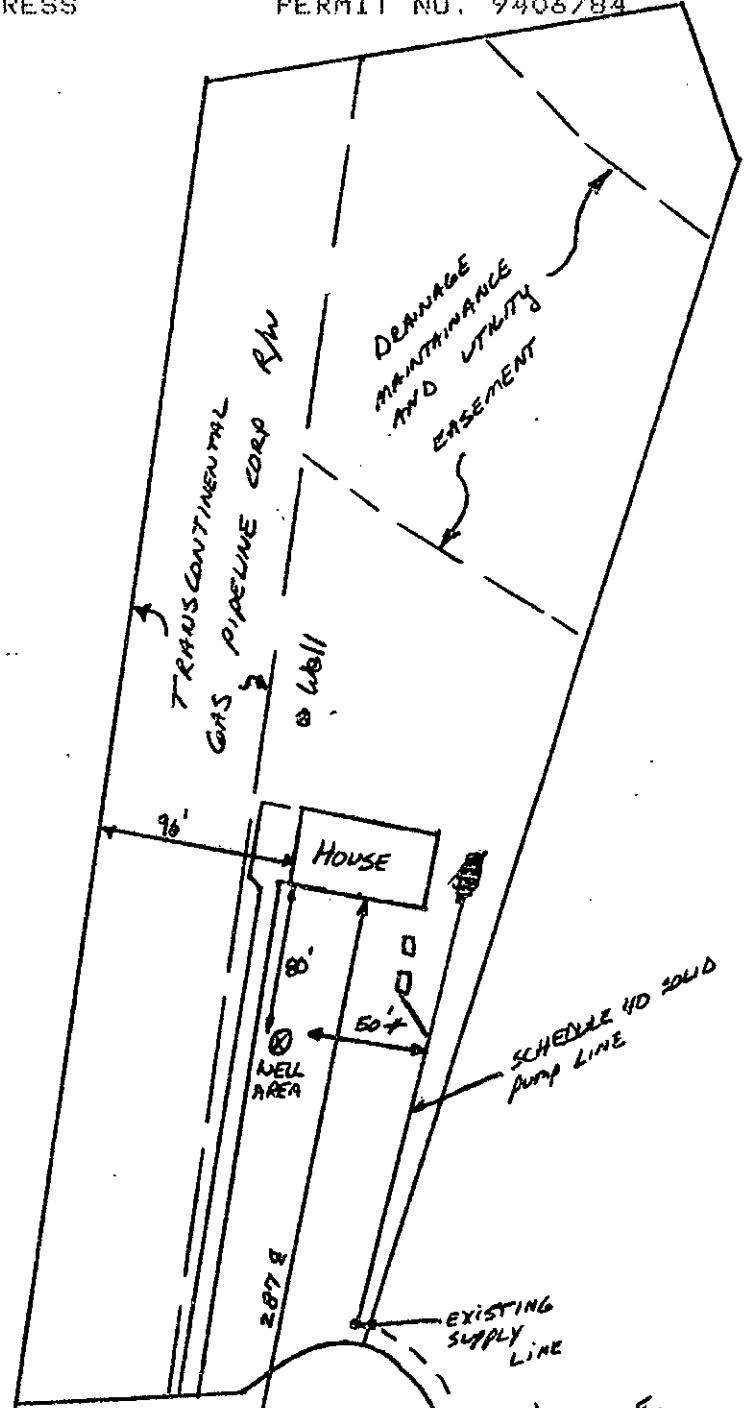
LOT ADDRESS
2702 COLTON CR

PAGE 2 OF 2
PERMIT NO. 9406784



SCALE:

1" = 100'



SETBACK REQUIREMENTS

- HOUSE WITH BASEMENT - 15'
- HOUSE WITHOUT BASEMENT - 5'
- SEPTIC SYSTEM TO PROPERTY LINE - 10'
- HOUSE TO FRONT PROPERTY LINE - 40'
- HOUSE TO SIDE PROPERTY LINE - 10'
- SEPTIC SYSTEM TO WELL - 100'
- BUILDINGS TO WELL - 50'
- WELL TO PROPERTY LINE - 10'
- HOUSE TO REAR PROPERTY LINE - 30'



400 W. Market St, Suite 300
Greensboro, NC 27401

March 2, 2016

WILLIAM E MONROE or Current Resident
2702 COLTON DR
OAK RIDGE, NC 27310-9500

Dear Property Owner:

RE: 2702 Colton Dr

Our records indicate that you are the owner of an on-site sewage treatment and disposal system. With ownership comes the responsibility for ensuring that your system is operated and maintained in a manner that prevents the occurrence of a public health or environmental hazard.

North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A .1900 mandates periodic inspection of types IIb, IV, V and VI systems by the local health department. The type 3b system (single effluent pump) which serves your property must be inspected by this department at least once every five years. The purpose of these inspections is to provide system owners with technical support to help ensure proper maintenance for continued safe, effective operation of the system. Inspections may include: measurement of solid level depth in septic tank (if accessible), check condition of pump tank and appurtenances, observation of nitrification field area and any other monitoring as needed.

This letter serves as notice of our intent to conduct this state mandated inspection within 30 days of the date of this letter. Guilford County has a fee of \$150 for type 3b inspections that is billed following the inspection. Please take the necessary steps to make all parts of the sewage treatment and disposal system area easily accessible. If you have circumstances which impede access to this area (fenced yard, dog lot, etc) or if you need additional information please contact me at 336-641-7833. I look forward to working with you.

Sincerely,

Randy Duncan, REHS
Environmental Health Water Quality Section



IMPROVEMENT PERMIT

NEW RESIDENTIAL SEPTIC SYSTEM

PERMIT NO. 9406784

REF: 2702 COLTON CR

IMPROVEMENT OF YOUR PROPERTY AS REFERENCED ABOVE, BY INSTALLATION OF AN ON-SITE SEWAGE DISPOSAL SYSTEM IS HEREBY AUTHORIZED FOR A FIVE YEAR PERIOD FROM THE DATE INDICATED BELOW. THIS AUTHORIZATION IS PROVIDED SUBJECT TO THE LIMITATIONS LISTED BELOW.

SYSTEM REQUIREMENTS:

TRENCH LENGTH	440 FEET	NUMBER OF BEDROOMS	3
TRENCH DEPTH	18 - 23 INCHES	SYSTEM TYPE	SEPTIC SYSTEM - PU
TRENCH WIDTH	36 INCHES		
DEPTH OF GRAVEL	12 INCHES		
TRENCH SEPARATION	9 FEET CENTER		
SOIL COVER	6 - 11 INCHES		
SIZE OF TANK	1000 GALS.		
SIZE OF PUMP TANK	1250 GALS.		
DOSING VOLUME	175.0 - 195.0 GALS.		

OTHER *Front*

PLUMB OUT RIGHT ~~SIDE~~ *Front*, USE SOLID SCHEDULE 40 PIPE FROM PUMP TANK TO EXISTING SUPPLY LINE, INSTALL SYSTEM ON LOT 80-A ON CONTOUR, STAY MINIMUM 50' + FROM WELL WITH SUPPLY LINE,

William D. Nester AS 04/19/95
ENV. HEALTH SPECIALIST ISSUANCE DATE

THE AREA DESIGNATED FOR YOUR SUBSURFACE SEWAGE TREATMENT AND DISPOSAL AREA IS DENOTED ON THE IMPROVEMENT PERMIT. DO NOT GRADE OR DISTURB THIS AREA. DISTURBANCE OF THIS AREA, CHANGE OF SITEPLAN, OR CHANGE OF INTENDED USE COULD RESULT IN THE SUSPENSION OR REVOCATION OF THIS PERMIT.

William Z. Thomas
OWNER/AUTHOR, AGENT SIGNATURE DATE

FLOOR PLAN / SITE PLAN REVIEW

MUST BE COMPLETED BY THE COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF BUILDING PERMITS AND PRIOR TO THE INSTALLATION OF THE SEPTIC SYSTEM.

REPAIR AREA MAINTAINED	<input checked="" type="checkbox"/>	BASEMENT	<u>NO</u>
WELL LOCATION AVAILABLE	<input checked="" type="checkbox"/>	NUMBER OF BEDROOMS	<u>3</u>
SETBACKS MAINTAINED	<input checked="" type="checkbox"/>	ALTERNATIVE SYSTEM	<u>N/A</u>
SETUP		DESIGN APPROVED	<u>N/A</u>
SETBACK 287 CL			
OFFSET 96 L			

ENV. HEALTH RELEASE
William D. Nester AS 4-19-95
ENV. HEALTH SPECIALIST RELEASE DATE

NOTICE

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

Paid 5/25/95
7600



PERMIT TO CONSTRUCT A WELL

NUMBER 9406785

DATE ISSUED 04/19/95

WELL OWNER(S) ADDRESS: 2702 COLTON CR

WELL OWNER SESSOMS FRANK

HOUSE Y MOBILE HOME BUSINESS OTHER

COMMENTS/ADDITIONAL SPECIFICATIONS

INSTALL WELL ACCORDING TO ALL GUILFORD COUNTY REGULATIONS

Contact Transco Gas Company 910-951-2251 to locate easement prior to drilling
* SYSTEM INSTALLED ON LOT 80-A

ABOVE INFORMATION CERTIFIED BY:

William J. Thomas

OWNER/AUTHOR. AGENT SIGNATURE DATE

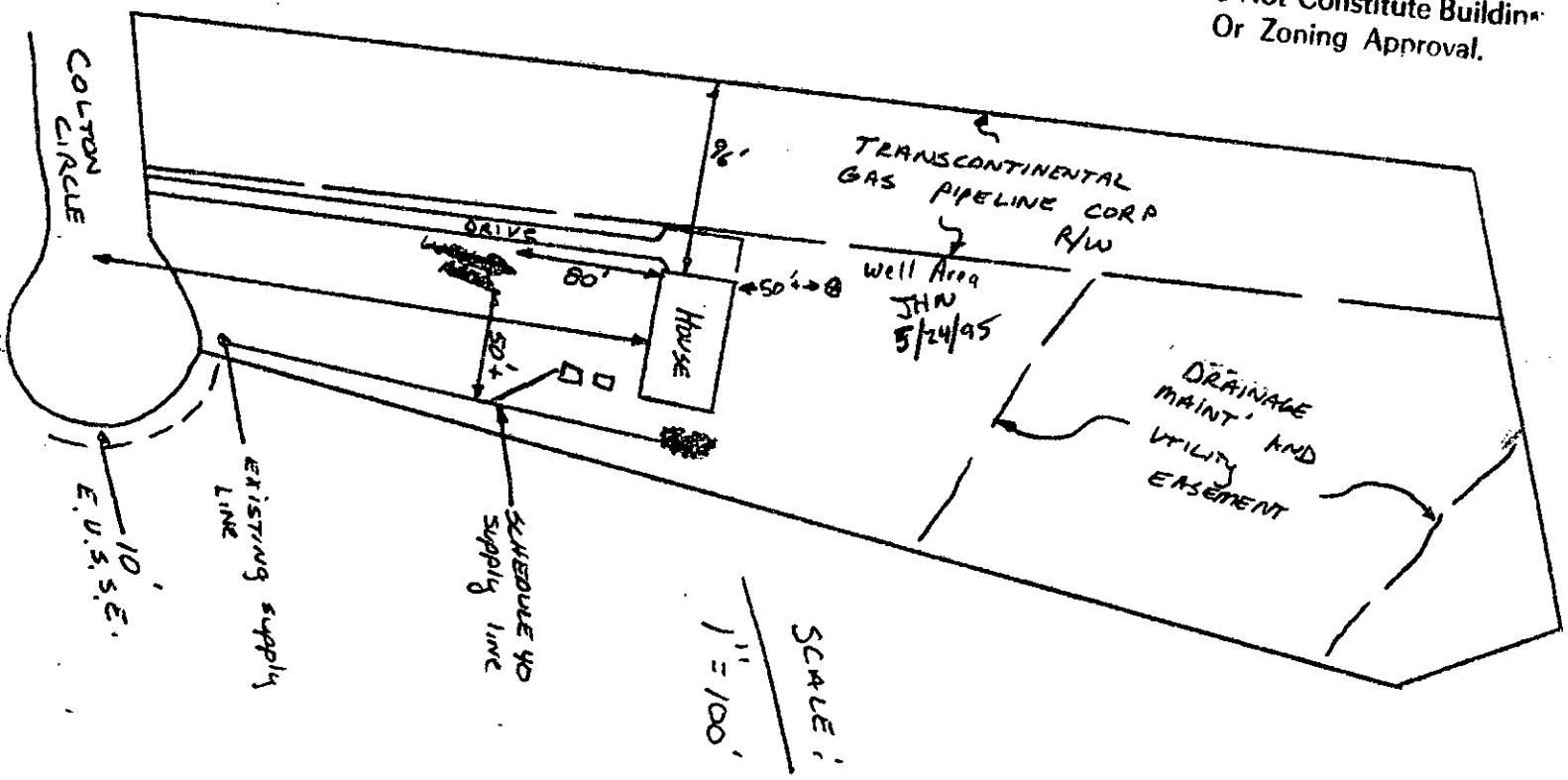
THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

SIGNED: *William D. H. 15 4 19 95*
ENV. HEALTH SPECIALIST

LOCATION DIAGRAM OF WELL TO INCLUDE LOT SIZE AND SHAPE, LOCATION OF BUILDING, SEPTIC TANK, STREAMS, PRIVIES, ETC.

NOTICE

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





OPERATION PERMIT
SEPTIC TANK INSPECTION CERTIFICATE

NAME WILLIAM MONROE

DATE ISSUED 06/20/95

LOCATION 2702 COLTON DR
OAK RIDGE, NC 27310

HEALTH DEPT PERMIT NUMBER 9406784
INSTALLATION
TYPE SEPTIC SYSTEM - PUMP
TRENCH LENGTH 440 FT WIDTH 36

BUILDING PERMIT NUMBER 0082250
SEPTIC CONTRACTOR
OVERBEYS SEPTIC TANK SERVICE
SIZE OF TANK 1000 GALS

REMARKS/CONDITIONS

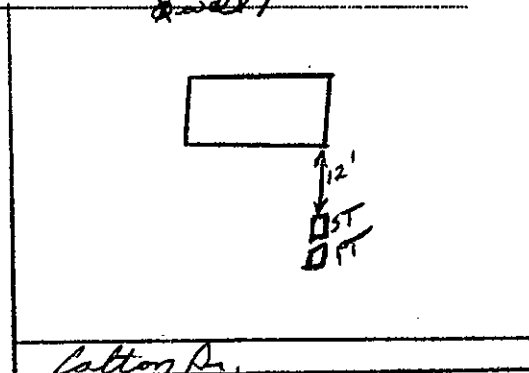
SEPTIC TANK: WMS-1000/STB-793; 7/29/95 PUMP: ~~5005A Hydro~~
PUMP TANK: WMS-1200/PT-131; 8/1/95 ALARM: 39 Colton 101-2114
ESTABLISH GRASS OVER SYSTEM IMMEDIATELY. PUMP BOTH TANKS EVERY 3-5 YEARS.

Mayers - MA 50 Me 505-11

THIS SYSTEM IS IN COMPLIANCE WITH ARTICLE 11 OF G.S. CHAPTER 130A, SECTION 1900 'SEWAGE TREATMENT AND DISPOSAL SYSTEMS' AND ALL CONDITIONS PRESCRIBED BY THE IMPROVEMENT PERMIT.

APPROVED BY SPECIALIST: *Tanks only Rolly Clark RS/line*
9/5/95

DIAGRAM



LEGEND
X WELL _____ NITRIFICATION LINE - - - SOLID LINE \ \ \ STEP DOWN
 MANIFOLD O DISTRIBUTION BOX ST SEPTIC TANK

2702 Colton Dr

GUILFORD COUNTY
Ground Absorption Sewage Treatment And Disposal System
Inspection Worksheet

SEPTIC TANK:

Manufacturer and Model WMS 1000 STB793
Check Imprint-- size _____ date _____
test certificate _____
General Condition _____ baffle _____
vent _____ mastic visible _____ tank level _____
Tee-- 1/4 liquid depth _____ 2" thick _____ pipe _____
Outlet Pipe-- length _____ sealed both sides _____
outlet elevation _____

PUMP TANK:

Manufacturer and Model WMS 1200 PT-171
Check Imprint-- size _____ date _____
test certificate _____
General Condition _____ inlet seal _____
inlet elevation _____ mastic visible _____
outlet seal _____
Riser-- seal _____ 6" above finished grade _____

PUMP:

Manufacturer _____ Model _____ Size _____
Plumbing-- check valve _____ anti-siphon holes _____
separate post for floats _____

ALARM:

Manufacturer SJ Electro Model 101-01H

NITRIFICATION FIELD:

gravel depth 12 gravel size 57 trench width _____
number of stepdowns _____ solid pipe over stepdowns _____
stepdown construction _____ stepdown elevations _____
distribution device _____ trench depth _____ backfill _____
Sketch system layout on plat, recording trench lengths and elevations

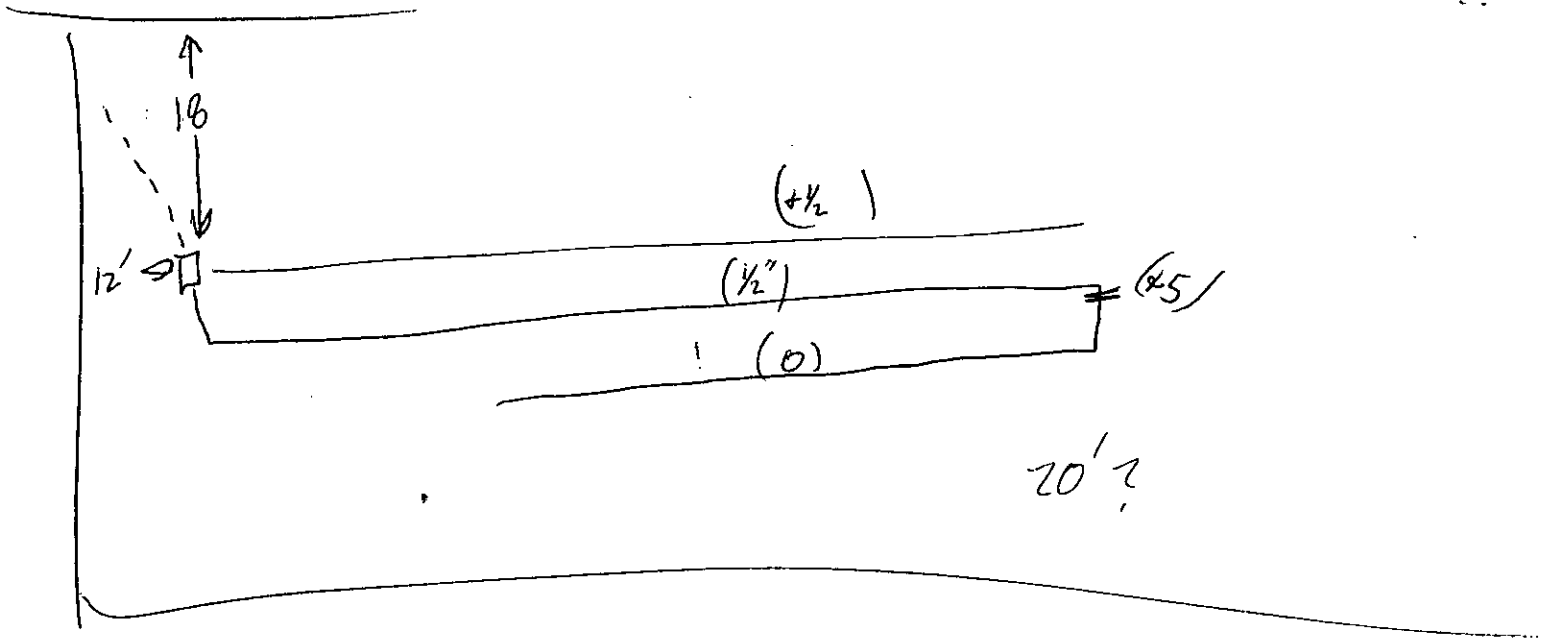
SET-BACK DISTANCES:

property lines _____ other easements _____ basement _____
buildings _____ other systems _____ other wells _____
well _____ waterlines _____ surface waters _____

LANDSCAPING:

surface diversion _____ subsurface diversion _____
downspouts _____

ADDITIONAL SPECIFICATIONS AND COMMENTS: _____



168	163
170	165
129	125
<hr/>	<hr/>
467	453

6806 Danbers — Permit
 2705 Colton
 2701 Colton
 2700 Colton

GUILFORD COUNTY
Ground Absorption Sewage Treatment And Disposal System
Inspection Worksheet

SEPTIC TANK:

Manufacturer and Model WMS-1000/STA-793
Check Imprint-- size _____ date 7/29/95
test certificate _____
General Condition _____ baffle _____
vent _____ mastic visible _____ tank level _____
Tee-- 1/4 liquid depth _____ 2" thick _____ pipe _____
Outlet Pipe-- length _____ sealed both sides _____
outlet elevation _____

PUMP TANK:

Manufacturer and Model WMS-1200/PT-171
Check Imprint-- size _____ date 8/1/95
test certificate _____
General Condition _____ inlet seal
inlet elevation _____ mastic visible
outlet seal
Riser-- seal _____ 6" above finished grade _____

PUMP:

Manufacturer SW25A Hydromatic Model _____ Size _____
Plumbing-- check valve _____ anti-siphon holes _____
separate post for floats _____

ALARM:

Manufacturer Electro Model SF 101-01A

NITRIFICATION FIELD:

gravel depth _____ gravel size _____ trench width _____
number of stepdowns _____ solid pipe over stepdowns _____
stepdown construction _____ stepdown elevations _____
distribution device _____ trench depth _____ backfill _____
Sketch system layout on plat, recording trench lengths and elevations

SET-BACK DISTANCES:

property lines _____ other easements _____ basement _____
buildings _____ other systems _____ other wells _____
well _____ waterlines _____ surface waters _____

LANDSCAPING:

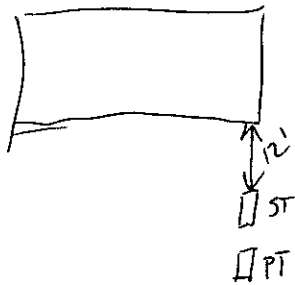
surface diversion _____ subsurface diversion _____
downspouts _____

ADDITIONAL SPECIFICATIONS AND COMMENTS: _____

440'
23/11

0702

ST - WMS-1000 STB-793 7/29/95
PT - WMS-1200 PT-171 8/1/95



Discovery

Culton Dr.



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

**Record of Septic System Inspection
Single Effluent Pump or Siphon**

Owner William Monroe
 Address 2702 Colton Dr.
 Inspection Date **11/19/08**

Operations Permit # **9406784**
 Date of Issue **6/20/95**

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	_____
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>0" solids in pump tank</u>
	Do tanks show indication of infiltration?	Y	<u>root intrusion at riser</u>
	Do tanks/risers show indication of structure damage?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
Pumps	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	_____
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
Drainfield	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS Site compliant. Recommend pumping tanks every 3-5 years. Recommend caulking wires in conduit in pump tank to prevent sewer gasses entering electric panel.

R. Scott Greene, RS
 Environmental Health Division
 400 Market St.
 Greensboro, NC 27401

336-641-3566
 336-641-3730 FAX
 sgreene0@co.guilford.nc.us

R. Scott Greene RS

 Environmental Health Program Specialist

Legend: Y = Yes N = No NE = Not Evaluated



400 W. Market Street
Greensboro, NC 27401

November 4, 2008

WILLIAM E MONROE
2702 COLTON DR
OAK RIDGE, NC 27310-9500

Dear Property Owner:

RE: 2702 Colton Dr

Our records indicate that you are the owner of an on-site sewage treatment and disposal system. With that ownership comes the responsibility for ensuring that your system is operated and maintained in a manner that prevents the occurrence of a public health or environmental hazard.

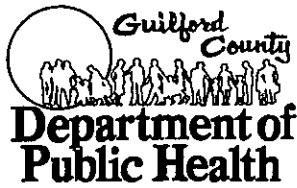
North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A .1900 mandates periodic inspection of types IIIb, IV, V and VI systems by the local health department. The type 3b system which serves your property must be inspected by this department once every five years. The purpose of these inspections is to provide system owners with technical support to help ensure proper maintenance for continued safe, effective operation of the system. Inspections may include: measurement of solid level depth in septic tank (if accessible), check condition of pump tank and appurtenances, observation of nitrification field area and any other monitoring as needed.

This letter serves as notice of our intent to conduct this state mandated inspection within 30 days of the date of this letter. Following this inspection you will receive a bill for this service. Please take the necessary steps to make all parts of the sewage treatment and disposal system area easily accessible. If you have circumstances which impede access to this area (fenced yard, dog lot, etc) or if you need additional information please contact me at 641-3566. I look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "R. Scott Greene R.S.".

R. Scott Greene, R.S.
Environmental Health Program Specialist



201 South Eugene Street
Greensboro, NC 27401

January 22, 2004

Re: 2702 Colton Dr

Dear William E Monroe:

On 12/19/03 a routine inspection of your Type IIIB 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:

* Distribution box cover is broken; sewage is surfacing during each pump event.

Correction of these problems is 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 641-4736 to schedule a follow-up inspection or with any questions.

Sincerely,

A handwritten signature in black ink that reads "Brent N. Toth, R.S." in a cursive style.

Brent N. Toth, R.S.
Environmental Health Program Specialist

Brent N. Toth, R.S.
Environmental Health Division
201 S. Eugene St.
Greensboro, NC 27402

336-641-4736 Greensboro
336-845-4736 High Point
336-641-3730 FAX
btoth@co.guilford.nc.us



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

**Record of Septic System Inspection
Single Effluent Pump or Siphon**

Owner William E Monroe

Operations Permit # 9406784

Address 2702 Colton Dr

Date of Issue 6/20/95

Inspection Date 12/19/03

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	<u>Not mandatory</u>
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>Recently pumped out</u>
	Do tanks show indication of infiltration?	N	_____
	Do tanks/risers show indication of structure damage?	N	_____
Pumps	Is drainage properly diverted away from tanks?	Y	_____
	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	<u>Alarm audible</u>
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
Drainfield	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	N	<u>Distribution box is broken</u>
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS Have the distribution box repaired as soon as possible and call back for a re-inspection.

Brent N. Toth, R.S.
Environmental Health Division

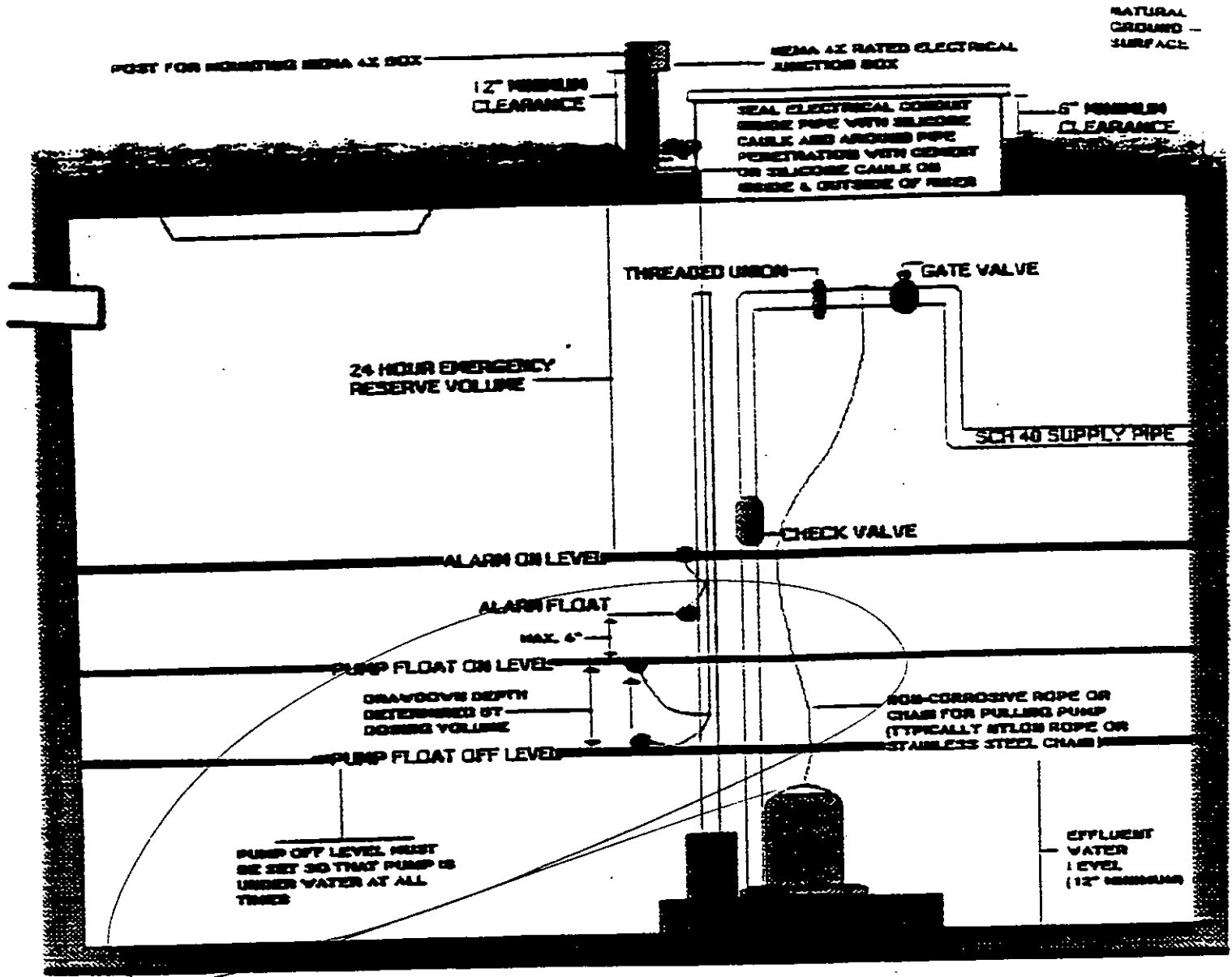
201 S. Eugene St.
Greensboro, NC 27402

336-641-4736 Greensboro
336-845-4736 High Point
336-641-3730 FAX
btoth@co.guilford.nc.us

Brent N. Toth, R.S.

Environmental Health Program Specialist

PUMP TANK DETAIL



Comments _____

MAINTAIN YOUR SEPTIC SYSTEM BY PUMPING
YOUR SEPTIC TANK EVERY 3-5 YEARS

Guilford County Department of Public Health

Division of Environmental Health – Water Quality Unit

201 S. Eugene St. – P.O. Box 3508 – Greensboro, North Carolina 27407
Phone Numbers Greensboro 373-7613, High Point 884-7613

Record of Inspection Type III B System
Address 2702 Cotton DR
Operations Permit # 9406784

Inspection Date 8/10/2000
Owner William E. Monroe
Date of Issue 6/20/1995

<p>Facility</p> <p>Is facility being utilized in accordance with permit? Is repair area available? <u>YES</u> Has area been protected? Are roof drains, foundation drains, etc. diverted away from system?</p>	<p><u>YES</u></p> <p><u>YES</u></p> <p><u>YES</u></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Tankage</p> <p>Are tanks properly fitted with risers or otherwise marked as rules prescribe? Are tank compartments accessible to check effluent quality, tees, filters, pumps, float controls, etc? Do tanks show indication of infiltration? Do tanks/risers show indication of structure damage? Is drainage properly diverted away from tanks?</p>	<p><u>YES</u></p> <p><u>NO</u></p> <p><u>?</u></p> <p><u>?</u></p> <p><u>YES</u></p>	<p><u>Pump TANK NOT</u></p> <p><u>ACCESSIBLE due To</u></p> <p><u>Thickly PLANTED</u></p> <p><u>Holly Bushes.</u></p> <p>_____</p>
<p>Pumps</p> <p>Are pumps in place and appear to be working as permitted? Are float controls and alarms in place and appear to be working as permitted? Do pumps deliver proper volume/head dosage to manifold or drainfield as prescribed? Are there any apparent leaks in valves, supply lines, manifolds, etc.?</p>	<p><u>?</u></p> <p><u>?</u></p> <p><u>?</u></p> <p><u>?</u></p>	<p>} _____</p> <p>} _____</p> <p>} <u>UNKNOWN</u></p> <p>} _____</p>
<p>Drainfield</p> <p>Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system? Does drainfield appear to be functioning properly without evidence of surface discharge present or past?</p>	<p><u>YES</u></p> <p><u>YES</u></p>	<p>_____</p> <p>_____</p>

COMMENTS/SUGGESTIONS REMOVE VEGETATION FROM AROUND
PUMP TANK TO MAKE ACCESSIBLE FOR INSPECTION. CALL
333-6792 when complete AND Ready FOR Further inspection!



David A. R. S.
Environmental Health Program Specialist

8/10/00

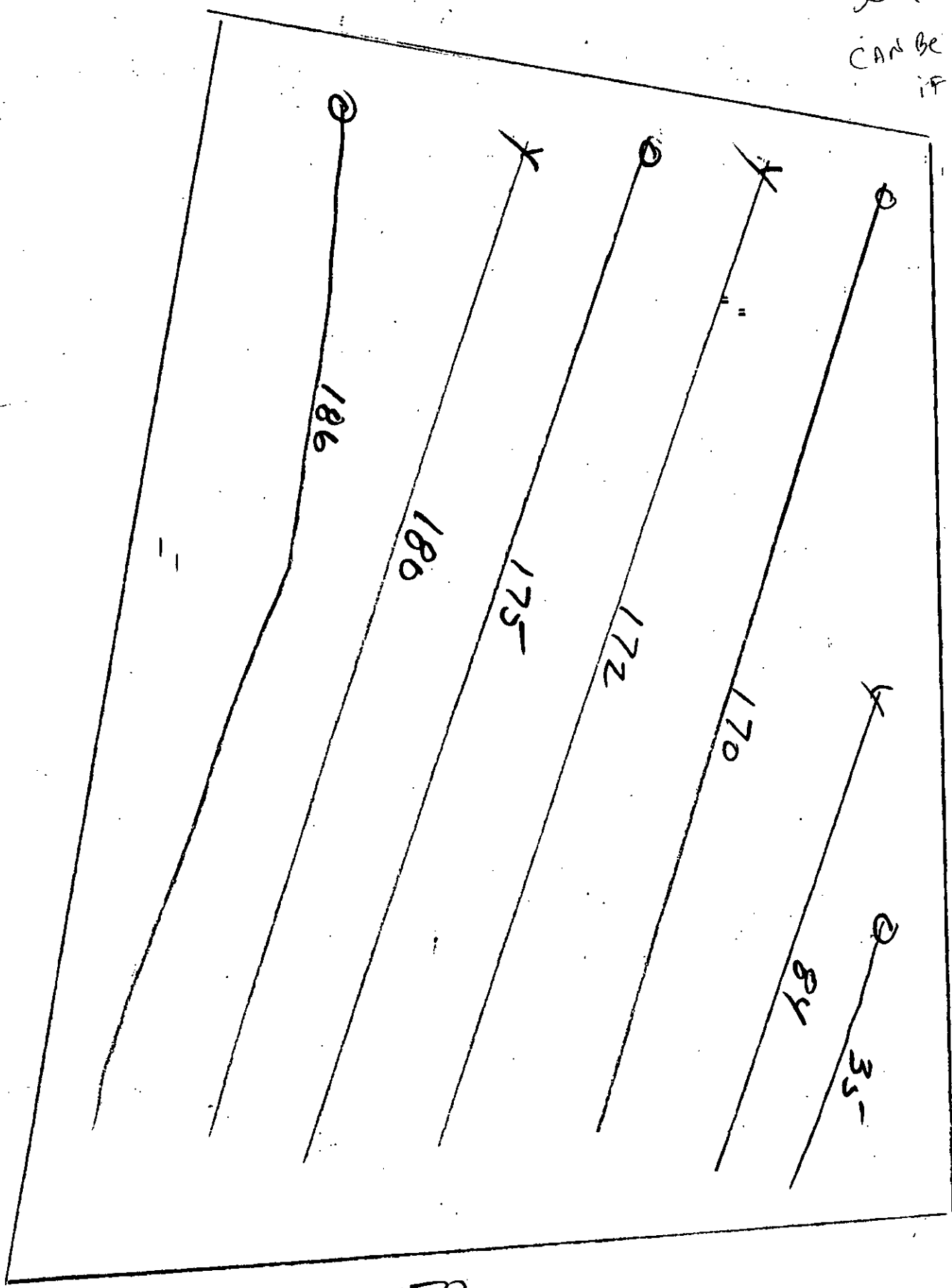
Layout For SPL # 17 Stonehenge Subdivision

1032'

25

3BR

CAN BE FOUR BR
IF FILL IS
REMOVED
&
RETRAYED OUT
WON/MISC
3-4-94



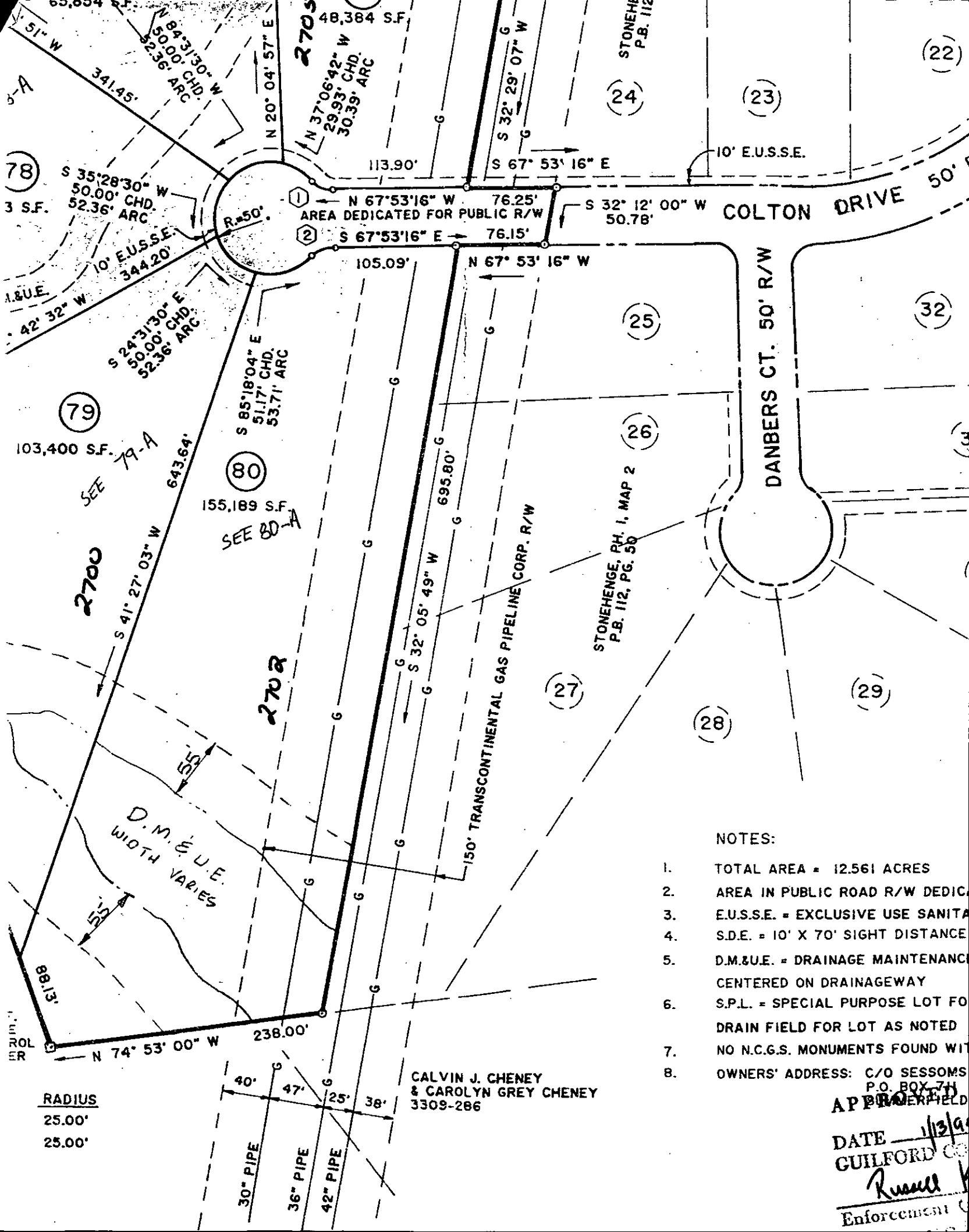
HWY 150

SITE/SOIL EVALUATION FOR ON-SITE WASTE WATER

APPLICANT: _____ PHONE: _____ APPLICATION DATE: _____
 ADDRESS: _____
 COUNTY: _____ PROPERTY SIZE: _____ PROPOSED FACILITY: _____
 LOCATION OF SITE: _____
 WATER SUPPLY: On-Site Well Community _____ Public _____ Other _____
 EVALUATION BY: Auger Boring Pit _____ Cut _____

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	L	L	L	L						
SLOPE (%)	.1940	4	5	6	20						
HORIZON 1 DEPTH		0-10	0-12	0-10	0-12						
Texture Group	.1941(A)(1)	SC	L	CL	CL						
Consistence	.1941	Lo	M	Lo	Lo						
Structure	.1941(A)(2)	9K	9K	9K	9K						
Mineralogy	.1941(A)(3)	11	11	11	11						
HORIZON 2 DEPTH		12-36+	12-36+	10-34	12-37+						
Texture Group	.1941(A)(1)	S	S	A	C						
Consistence	.1941	S	S	A	C						
Structure	.1941(A)(2)	SBK	SBK	SBK	SBK						
Mineralogy	.1941(A)(3)	11	11	11	11						
HORIZON 3 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
HORIZON 4 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/1956										
CLASSIFICATION	.1948	PS	PS	PS	PS						
LONG TERM ACCEPTANCE RATE	.1955	.3	.325	.325	.3						
AVAILABLE SPACE (1945):					SITE LONG TERM ACCEPTANCE RATE: 1.3						
OTHER FACTORS (1946):					SYSTEM TYPE:						
SITE CLASSIFICATION (1948): PS											
EVALUATED BY: WDR/RSS 10-29-93					OTHERS PRESENT:						
COMMENTS:											

35



NOTES:

1. TOTAL AREA = 12,561 ACRES
2. AREA IN PUBLIC ROAD R/W DEDICATED FOR PUBLIC R/W
3. E.U.S.S.E. = EXCLUSIVE USE SANITATION
4. S.D.E. = 10' X 70' SIGHT DISTANCE
5. D.M.&U.E. = DRAINAGE MAINTENANCE
6. S.P.L. = SPECIAL PURPOSE LOT FOR DRAIN FIELD FOR LOT AS NOTED
7. NO N.C.G.S. MONUMENTS FOUND WITHIN
8. OWNERS' ADDRESS: C/O SESSOMS P.O. BOX 711

CALVIN J. CHENEY
 & CAROLYN GREY CHENEY
 3309-286

APPROVED BY FIELD

DATE 1/13/91
 GUILFORD COUNTY

Russell
 Enforcement

RADIUS
 25.00'
 25.00'

40'
 47'
 25'
 38'
 30" PIPE
 36" PIPE
 42" PIPE

SITE/SOIL EVALUATION FOR ON-SITE WASTE WATER

APPLICANT: _____ PHONE: _____ APPLICATION DATE: _____
 ADDRESS: _____
 COUNTY: _____ PROPERTY SIZE: _____ PROPOSED FACILITY: _____
 LOCATION OF SITE: _____
 WATER SUPPLY: On-Site Well Community Public Other EVALUATION BY: Auger Boring Pit Cut

FACTORS		PROFILES									
		1	2	3	4	5	6	7A	B	9C	10D
LANDSCAPE POSITION	.1940	N	L	L	L	L	H	L	L	H	L
SLOPE (%)	.1940	6	6	5	5	6	6	5	5	5	5
HORIZON 1 DEPTH		0-12	0-16	0-12	0-13	0-16	0-14	0-17	0-20	0-12	0-12
Texture Group	.1941(A)(1)	CL	CL	SL	CL	CL	SCL	CL	SCL	CL	CL
Consistence	.1941	h	h	h	h	h	h	h	h	h	h
Structure	.1941(A)(2)	qr	qr	qr	qr	qr	qr	qr	qr	qr	qr
Mineralogy	.1941(A)(3)	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
HORIZON 2 DEPTH		12-41	16-30	12-18	13-41	16-34	14-40	17-28	20-38	12-23	12-44
Texture Group	.1941(A)(1)	C	C	SCL	C	SL	C	chs	C	C	C
Consistence	.1941	h	h	h	h	h	h	h	h	h	h
Structure	.1941(A)(2)	SBK	SBK	qr	SBK	SBK	SBK	SBK	SBK	SBK	SBK
Mineralogy	.1941(A)(3)	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
HORIZON 3 DEPTH			30-48	18-38		38-38		28		23-36	
Texture Group	.1941(A)(1)		chs	SC		SCL		SAP		chs	
Consistence	.1941		h	h		h				h	
Structure	.1941(A)(2)		SBK	SBK		SBK				SBK	
Mineralogy	.1941(A)(3)		1:1	1:1		1:1				1:1	
HORIZON 4 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
SOIL WETNESS	.1942		30"			34"					
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/1956							LPP			
CLASSIFICATION	.1948	PS	PS	PS	PS	PS	PS	PS	PS	PS	PS
LONG TERM ACCEPTANCE RATE	.1955	.3	.25	.275	.275	.275	.275	.1	.275	.25	.275

AVAILABLE SPACE (1945): _____
 OTHER FACTORS (1946): _____
 SITE CLASSIFICATION (1948): **PS**
 EVALUATED BY: **RSS WDN / MKW** OTHERS PRESENT: _____
 COMMENTS: **10-29-93**

- (E) 0-10 CL Page 1:1 10-30 CH SBK 1:1 30-42 CH h SBK 1:1 .275
- (F) 0-20 SCL h- w 1:1 20-38 CHS h SBK 1:1 PS .275
- (G) 0-14 SCL h- qz 1:1 14-30 CH SBK 1:1 30+ C v h SBK m ST. PS .275

#33

10

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

RECORD OF CONSTRUCTION, REPAIR, OR ABANDONMENT OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: Hall Well Drilling Reg. No.: 534
Address of Well Location: 2702 Colton Cr.
Well Owner: Sessoms Well Permit Number: 9406785
Casing Type: steel Casing Depth: 58'
Water Bearing Zones: 65 ft. 70 ft. 100 ft. _____ ft.
Total Depth of Well: 120 ft. Static Water Level: 30 ft.
Well Yield: 50+ gal/min Date Completed: 9-5-95 9/31/95
Grout Type: Portland Cement Method of Placing Grout: poored
Pump Installation Contractor: Hall Well Drilling Reg. No.: 1288
Pump Depth/Pumping Water Level: 50 ft.
Brand of Pump Installed: Red Jacket Pump Size and Type: 1/2 hp submersible
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: David Dent Date: 9-5-95

Lot 80 Stonehenge Phase II

2702 Colton Drive

1 story, No Basement

3 bedroom

2070 Heated ft²

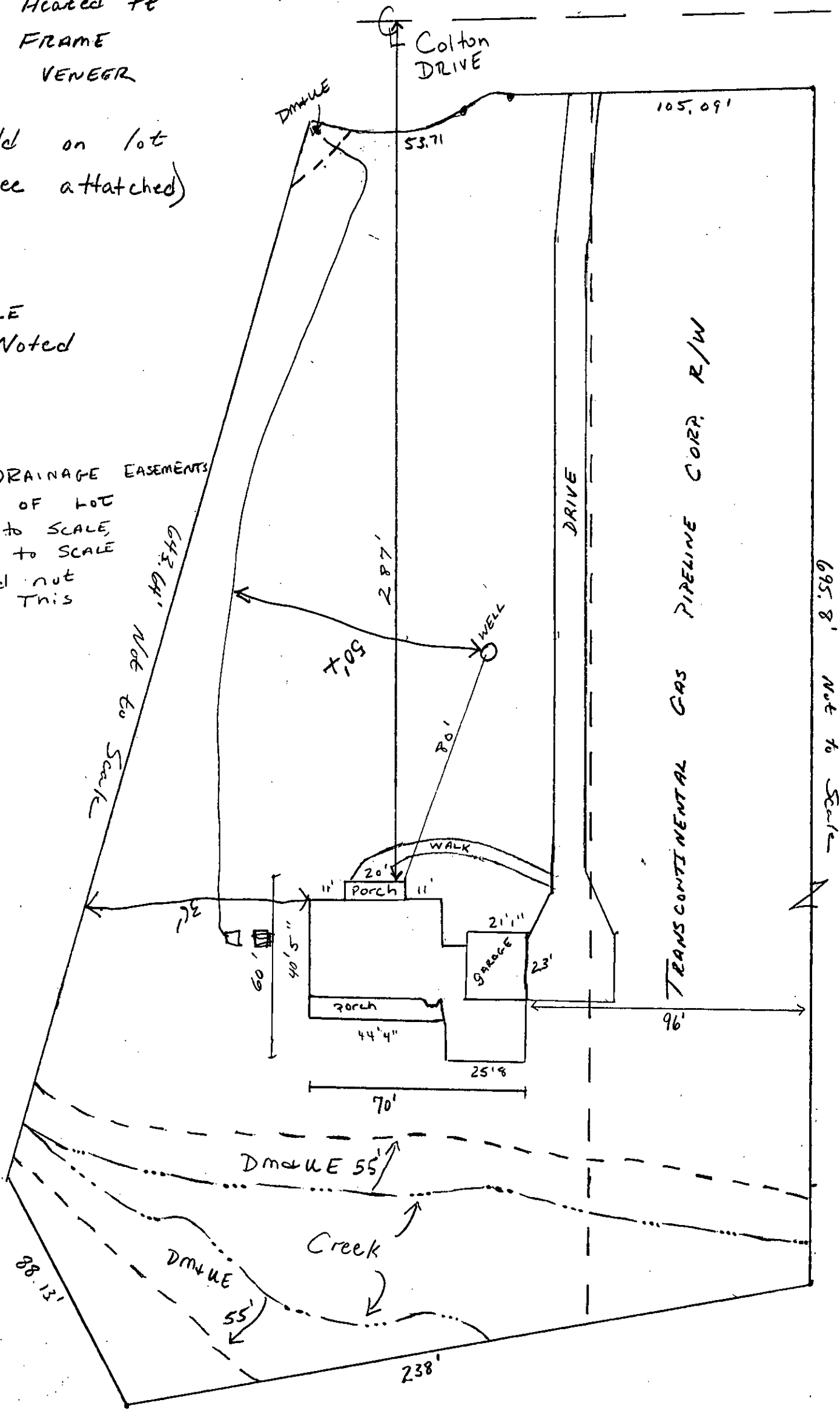
Stick Frame

Brick Veneer

Perk field on lot 80-A (see attached)

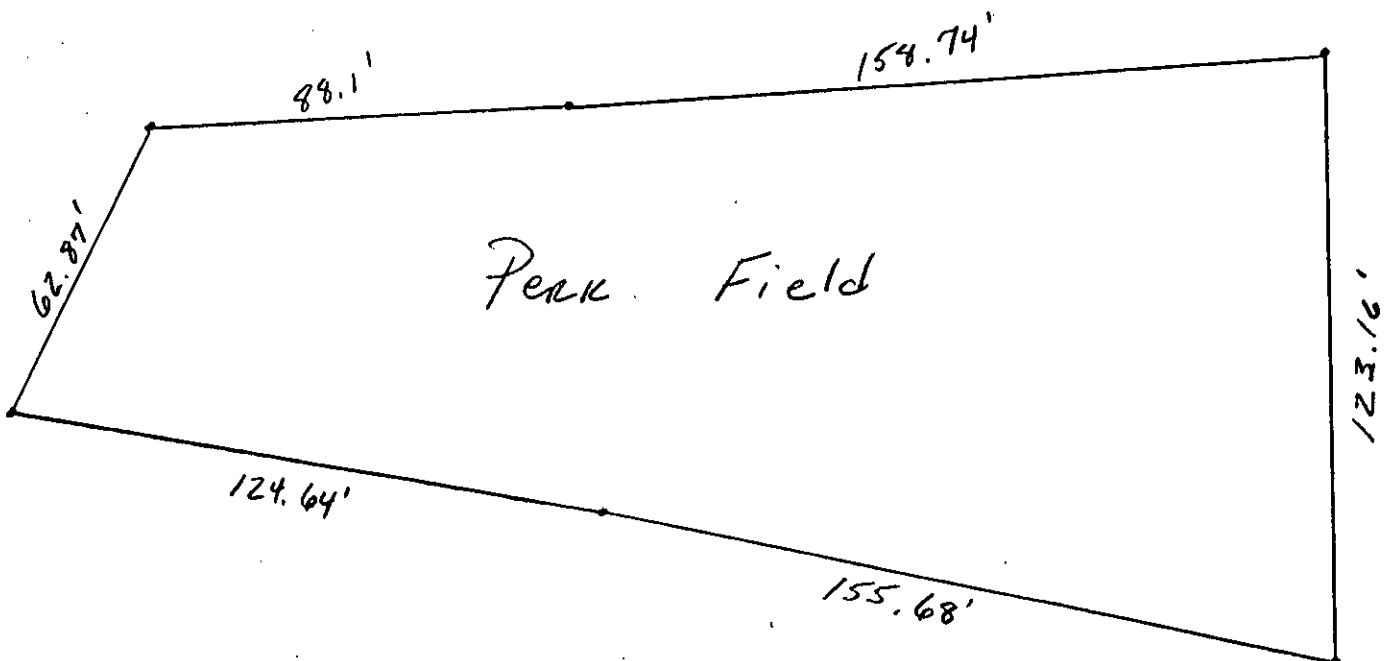
40 SCALE
Unless Noted

* Note: DRAINAGE EASEMENTS
AT REAR OF LOT
ARE NOT TO SCALE
IF DRAWN TO SCALE
They would not
appear on this
sheet



Lot 80-A
Stonehenge Phase II

40 Scale



05/25/95 12:46:33PM
3218 PERMIT

WILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
373-7613

DATE 05/25/95
TIME 12.38
RECEIPT 0008738

PROPERTY ADDRESS 2702 COLTON CR

NAME SESSOMS FRANK
ADDR P O BOX 19875
CITY GREENSBORO

ST NC ZIP 27419

0001 01 000025

05/25/95 12:46:00PM
3217 PERMIT

0001 01 000025 0502
\$65.00

TYPE CHARGE	REFERENCE	AMOUNT
SEWIC SYSTEM PERMIT	3217 9406784	65.00
WELL PERMIT	3218 9406785	86.00
	TOTAL	151.00

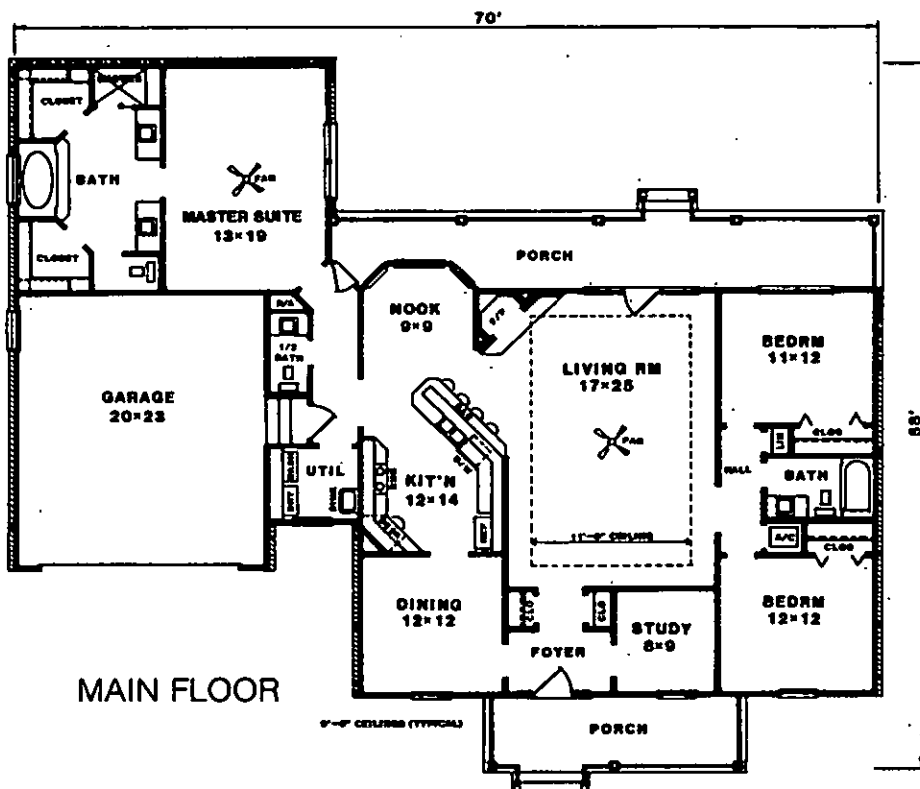
0502
05/25/95



FRONT VIEW

A Modern Charmer

- This attractive plan combines the charm of an Early American exterior with a modern interior floor plan.
- The master suite, isolated for privacy, boasts a magnificent bath with garden tub, separate shower, double vanities and two walk-in closets.
- The large living room adjoins the kitchen via a convenient snack bar, and also features a corner fireplace.
- A roomy foyer offers easy access to the formal dining room, the living room, or a study which is ideally situated for a home office.
- A sunny eating nook protrudes onto the rear porch.
- The two secondary bedrooms share a second full bath.



REAR VIEW

Plan VL-2069

Bedrooms: 3 Baths: 2 1/2

Space:

Main floor 2,069 sq. ft.

Total Living Area 2,069 sq. ft.

Garage 460 sq. ft.

Exterior Wall Framing 2x4

Foundation options:

Crawlspace

Slab

(Foundation & framing conversion diagram available—see order form.)

Blueprint Price Code C

TO ORDER THIS BLUEPRINT,
CALL TOLL-FREE 1-800-547-5570

Plan VL-2069

PRICES AND DETAILS
ON PAGES 292-295 121