ADDRESS

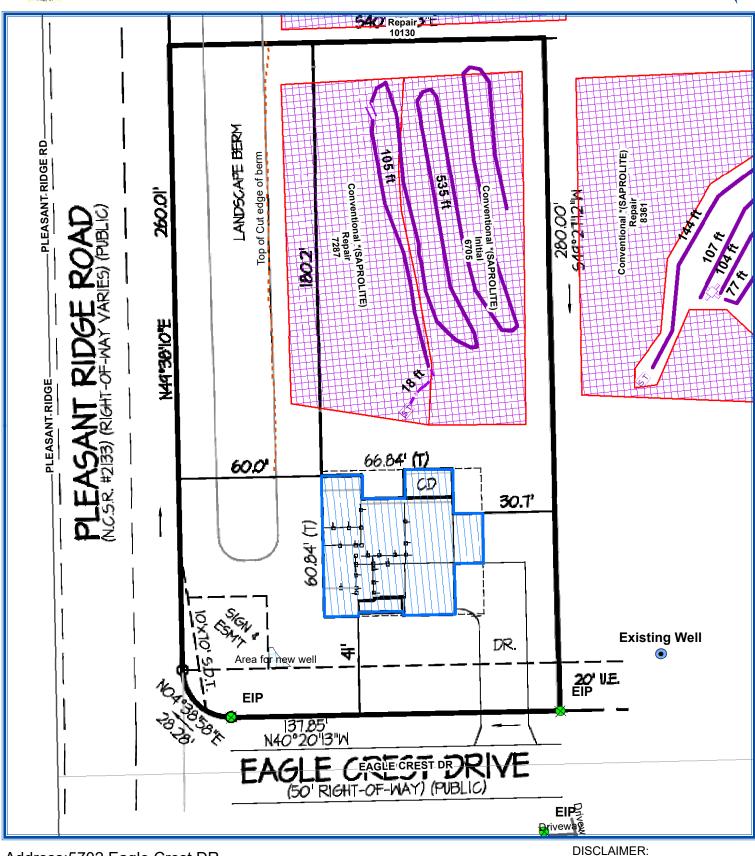
REID#

SERVICE	COMMENTS	DATE	REHS
Layout	House site ok - will issue permits	6/21/2023	BHW
Permits	Re-issued Improvement Permit, Authorization to Construct and Well Permit	6/21/2023	BHW .
Revised Site Plan	Received.	8/14/23	NWS
System Install	Ward set 1000gal septic tank HPPP-1000, STB-156 with a Polylok filter and 18' of 3" sch40 PVC supply line into 640' of conventional pipe and gravel with 2 lines and 1 stepdown.	4/22/24	MKB
			·
		,	
			· · · · · · · · · · · · · · · · · · ·
·	,		



Diagram





Address:5702 Eagle Crest DR Permit #: 16-09-SNHR-05249

Issuer's Initials: MKB

Date: 4/25/2024

60 20 40 Feet

1 inch = 40 feet

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.



Environmental Health Division Water Quality Section

400 W Market St. Greensboro, NC 27401 (336) 641-7613



Authorization for Wastewater System Construction

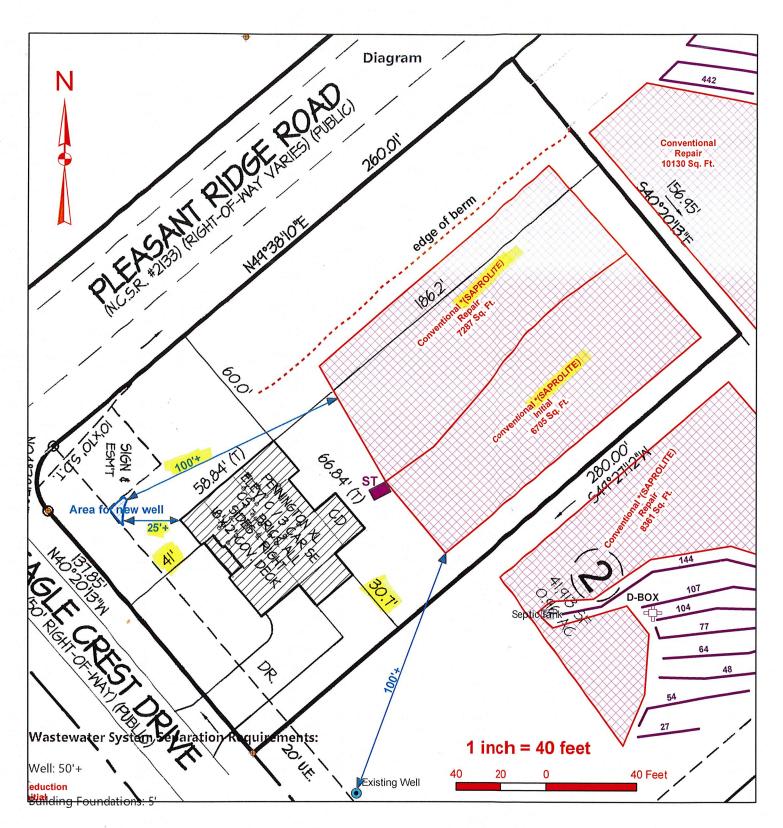
Address: 5702 EAGLE CREST DR, SUMMERFIELD, NC 27358 Permit Number: 16-09-SNHR-05249

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:	480 GPD	Septic Tank Capacity:	1000 GAL
Initial System Type:	2a – Conventional	Pump Tank Capacity:	GAL
Initial Trench Type:	Conventional	Pump Dose Volume:	GAL to GAL
Gravity X	Pump Saprolite X	Number of Bedrooms	s: 4
Repair System Type:	3b – Single Pump or Siphon		
Repair Trench Type:	Conventional	Site Requirements:	
Gravity	Pump X Saprolite X	Setback:	41 FT off of the Front
Facility Type:	Single Family	Offset:	31 FT off of the Right
Trench Depth:	24 IN to 28 IN	Setup:	FT
Trench Length:	640 FT	Basement:	N
Trench Width	36 IN	Well Site Available:	N
Trench Separation:	9 FT On-Center	Repair Area Required	: Y
Soil Cover:	12 IN to 16 IN		
Gravel Depth:	12 IN		
Pre-Construction Meetin	ng: N Post Construction Meeting:	N // Mainten	ance Agreement Required: N
Authorization Issued	d: Roylronmental Health Specialist	Dat	e Issued: <u>6 · 21 · 2023</u>
A 11			01010 = 0
Owner or Authorized	Owner or Authorized Agent		Date: 8/8/7023

Comments:

Plumb out back center of house and set tank as shown on diagram. Install initial system in area noted and according to designated trench depth. Maintain 100' separation to all existing wells and proposed new well. Building contractor is responsible for protecting approved septic area from vehicular traffic, grading, filling, etc. during all phases of construction. Failure to protect approved area may result in the revocation of the Construction Authorization. All property lines and corners shall be clearly flagged prior to installation and inspection of septic system.



Basement or 2' Cuts: 15'

Property Lines:

Issuer's Initials:

Date Issued: 6 · 21 · 2023

Permit: 16-09-SNHR-05249



Environmental Health Division Water Quality Section

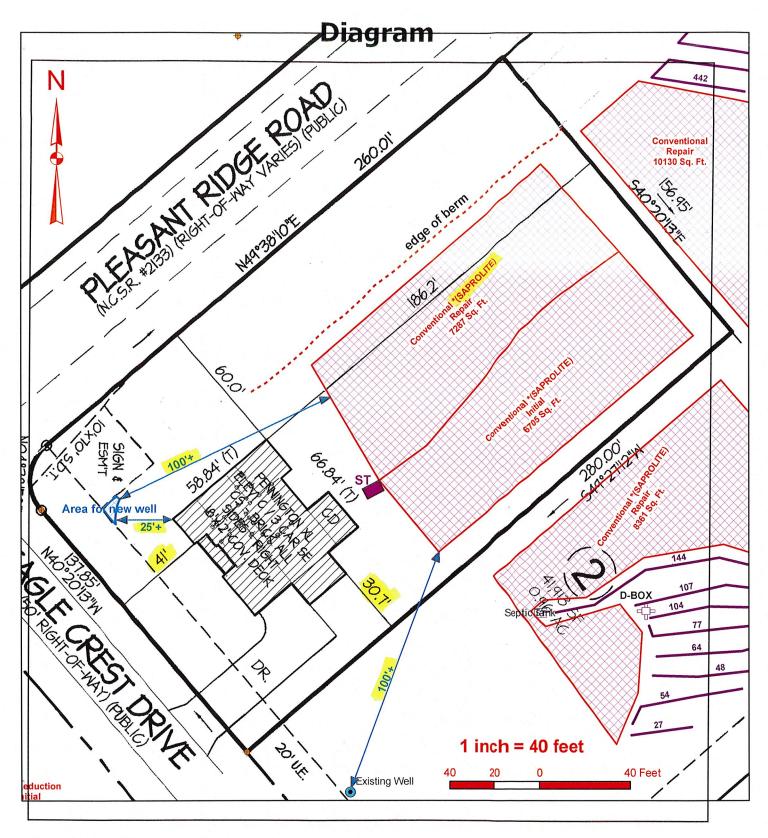
400 W Market St. Greensboro, NC 27401 (336) 641-7613

Permit to Construct a Well

Address:	5702 EAGLE CREST DR		Permit Number:	23-06-WNHR-00279
	SUMMERFIELD, NC 2735	58		
Comment	s/Specifications:			
	be located and constructure nust meet minimum sep		th Carolina and Guilfor	d County Well Rules.
All propert	ry lines and corners sha	ll be clearly flagged p	rior to construction of	the well.
Above Info	ormation Certified By:	Down Che	Date:	8/8/2023
		Owner or Authorize	ed Agent	
Permit Iss	ued:	1/2/1/2/	Date Is	sued: (0·21·2023
Permit 155	ued.	Environmental Health	/	sucu. (1 21 2025)
I certify th	nat a grout inspection w	as completed and is i	n compliance with <u>Gui</u>	lford County Well Rules.
Partial Gro	ut Inspection:		Date: _	
		Environmental Health	Specialist	
Final Grou	t Inspection:		Date Iss	sued:
		Environmental Health	Specialist	

Permits for the Construction of New Wells shall expire one year from date of issuance.

- All property lines and corners shall be clearly flagged prior to construction of the well.
- All proposed structures shall be clearly flagged prior to construction of the well.



Permit Number: 23-06-WNHR-00279



Environmental Health Division Water Quality Section

400 W Market St. Greensboro, NC 27401 (336) 641-7613

Improvement Permit

Address: 5702 EAGLE CREST DR

SUMMERFIELD, NC 27358

Permit Number: 16-09-SNHR-05249

This Improvement Permit shall be valid for 5 Years from the date issued upon a satisfactory showing to the health department that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that the wastewater system can be installed to meet the following requirements that were in effect on the date the Improvement Permit was issued.

Design Flow:

480

Bedrooms:

4

Conditions:

Site approved for 4 bedroom residence.

Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system specifications must be completed before any building permits or system installation can commence.

Permit Issued:

Date Issued: $6 \cdot 21 \cdot 2023$

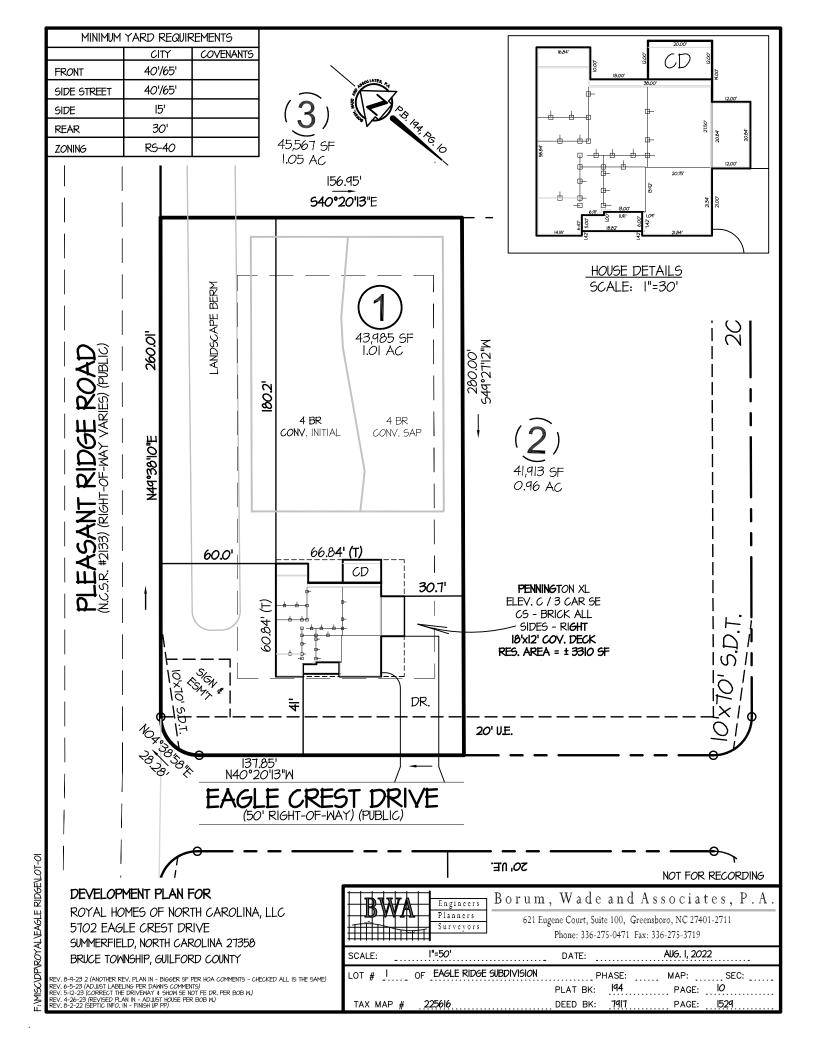


Guilford County Application For Improvement Permit and/or Authorization to Construct

☐ 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 #23.06. Bldr. 01003 Septic Permit # 16.09.5	111R . 01003 Well Permit # 23 . 06 WNHR . 002
PROPERTY INFO	<u>RMATION</u>
Address 5702 Eagle Crest Drive City Sum	merfield Zip Code 273
Development Name Eagle Ridge Section/I	hase #Lot # 1 Plat Book # 194 Page # 10
□ Lot of Record □ First Lot Out □ Plat Required □ >5	cres (5-17-65 to 2-1-74)
Date Lot Originally Deeded & Recorded Direct	ons to property
ZONING INFOR	
Zoning: RS-40 Conditional Zoning (Describe): Watershed: Watershed	l Critical Area:
Building Setbacks (Zoning): Front Street: 40'/65' Side Street: 40'/65'	Side Yard: 15' Rear: 30'
Comments:	
PLANNING DEPARTMENT OFFICIAL:	
ADDI ICANT INFO	DNA ATION
Applicant Name: Royal Homes of North Carolina Address: PO Bo	
Phone 1: <u>336-420-3404</u> Phone 2: <u>336-632-8900</u> Email: <u>royal</u>	
Owner Name: Same as above Address:	
Phone 1: Phone 2: Email:	
DEVELOPMENT INF	ADMATION .
Residential Specifications: Max # of Bedrooms: 4 MAX. # of Occupants: Basement: Yes No Basement Fixtures: Yes No Non-Residential Type: Commercial Industria Wastewater Strength: Domestic High Street MAX. # of Employees: # of Fixtures: Plumbing: Description of Facility: Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop),	Other
Water Supply Proposed: New Well Existing Well Comm	· · · ·
Are there any existing wells, springs, or waterlines on this property?	☐ Yes ☑ No
Sewage Disposal: Please Indicate Desired System Type ✓ Conventional	Other Apy/All
The applicant shall notify the local health department upon submittal of this a	
the answer to any question is "yes", applicant must attach supporting docume	
YES NO Does the site contain any jurisdictions	
☐ YES	tewater systems?
YES NO Is any wastewater going to be general	ed on the site other than domestic sewage?
YES NO Is the site subject to approval by any o	ther public agency?
YES NO Are there any easements or right of w	ays on this property?
I have read this application and certify that the information provided herein is County and State Officials are granted right of entry to conduct necessary inspunderstand that I am solely responsible for the proper identification and labelithat a complete site evaluation can be performed, and compliance with applic IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME	ections to determine compliance with applicable laws and rules. I ing of all propertylines and corners, making the site accessible so able governing regulations. S FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE
eSigned via SeamlessDocs.com	
Robert Woodard	05-31-2023
Property Uwner's or Uwner's Legal Representative* Signature (Required)	Date

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





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



Improvement Permit

Address: 5702 Eaglecrest DR, Summerfield, NC 27358 Per

Permit Number: 16-09-SNHR-05267

This Improvement Permit shall be valid for five years from the date issued upon a satisfactory showing to the health department that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that the wasterwater system can be installed to meet the following requirements that were in effect on the date the Improvement Permit was issued.

Design Flow: 480

Facility Type: Residence

Bedrooms: 4

Conditions:

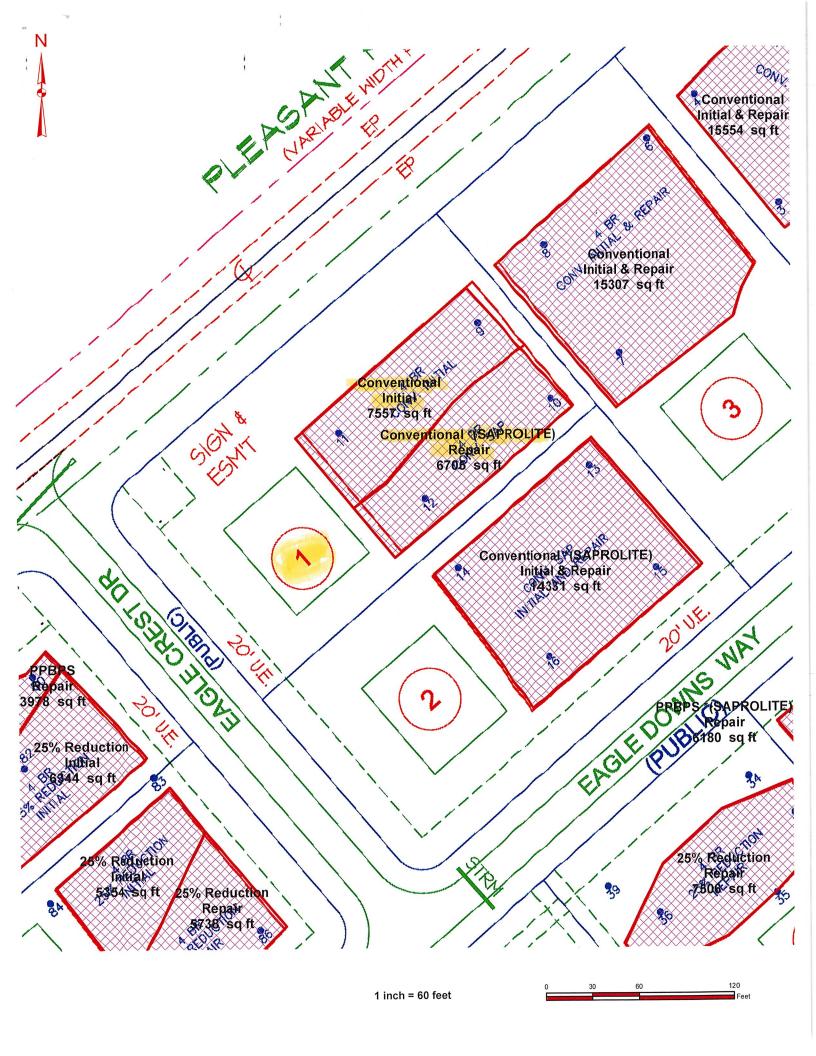
Lot 1

Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an authorization to construct a wastewater system. The authorization for wasterwater system construction with system specifications must be completed before any building permits or system installation can commence.

Permit Issued:

Environmental Health Specialist

Date Issued: 3.16.17



	Guilford County Public
	Health
•	1 Dept:
	Public Health Dept: Water (
_	Quality

Eagle Ridge Lot 1	Eagle			Comments
		conv. Sap	conv	Initial/Repair System Type
		0.25	0.25	Initial/Repair LTAR
10/27/16	10/27/16	10/27/16	10/27/16	eval_date
ВНЖ	RPD	внш	RPD	eval_by
SAPROLITE				notes
0.25	0.25	0.25	0.275	ltar
PS	PS	PS	PS	class
35	36	40	0	saprolite
,				soil_wet
SEXP	SEXP	SEXP	SEXP	H4_minrl
S	3	3	ABK	H4_strct
<u></u>	F.	7	Ξ.	H4_consist
L (Sap)	L (Sap)	L (Sap)	CL (BC)	H4_text
35 - 55	36 - 52	40 - 48	40 - 48	H4_depth
SEXP	SEXP	SEXP	SEXP	H3_minrl
WBK	ABK	WBK	ABK	H3_strct
Ξ:	<u> </u>	<u> </u>	<u>Fi</u>	H3_consist
CL (BC)	CL (BC)	CL (BC)	Clay	H3_text
25 - 35	23 - 36	21 - 40	26 - 40	H3_depth
SEXP	SEXP	SEXP	SEXP	H2_minrl
ABK	ABK	ABK	SBK	H2_strct
Fi	FI	Fi	TI.	H2_consist
Clay	Clay	Clay	ل	H2_text
9 - 25	7 - 23	8 - 21	14 - 26	H2_depth
SEXP	SEXP	SEXP	SEXP	H1_minrl
Compacted	Compacted	Compacted	SBK	H1_strct
VFi	VFi	VFi	IJ	H1_consist
SCL	SCL	Р	SCL	H1_text
0-9	0-7	0 - 8	0 - 14	H1_depth
4	ω	3	3	slope
L	<u> </u>			landscp
12	11	10	9	#



GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Improvement Improve

Building Permit:	Improvement Permit (Septic)	Improvement Permit (Well)	
	Property I	ifoven &	
Street Address: Edgle (rest Dr Twp:	Tax Map:	
Street Address: 29/2 (29/2))))))))))))))))))))))))))))	Section/Phase	Lot # Deed Book:	Plat Book:
Lot of RecordFirst Lot	OutPlat Required > 5	Acres (5-17-65 to 2-1-74) > 10	JAcres (2-1-74 to Present)
Located	in recorded roadway corridor, do	not permit. Contact NCDOT	
*	Zoning Inf		
Zoning: Conditional Use (I	escribe); Overlay (Circle): Watershed: SR HD AR FH	WCA: 1.01
Building Setbacks (Zoning): Comments:	Street: Side Street:	Side Yard:	Rear:
PLANNING DEPARTMENT OFF	CIAL;		
	The same of the sa		
Applicant: BSC Holdings Owner:	Address: 10 B	8306 Phone: 3 NC 27419 Phone:	Barry Siege 36-292 9010
/	Development I	nformation	
NEW ACCESSORY HOUSE MODULAR OTHER TYPE:	SWMHM DBMH · RE	ULTIFAMILY/DUPLEX ADD NOVATION	ТЮМ (ТҮРВ)
100	# of Bedrooms 7 Basement Fixtures #	otal # of Rooms # of of Stories Size	Occupants of Structure (sq ft)
# of employees	Commercial # of Fixtures tructure (sq ft) Restaurant #	Industrial Plumbing # of seats: Church w/kite	f of Stories
Water Information: New	WellExisting Well	Public	
Sewage Disposal: Conventional Lg. Diameter Pipe PTI M Other (specify)	Chamber Trench		Community Wellow Pressure Pipe
Directions:			
A plat or site plan (A.K.A. plot plan) mus structures.			
I have read this application and certify thin good faith. Authorized County and Stapplicable rules. The owner/applicant is a	olely responsible for compliance wi	s true, complete and correct to the bo y to conduct necessary inspections to the the applicable governing regulation	est of my knowledge, and is given determine compliance with ns.
OWNER/APPLICANT SIGNATURI		DATE: 7/	29/180

