

**Guilford County
Department of Public Health
Water Quality Unit**

Type IIIb Attachment

The attached construction authorization (permit#) 22-04-SNHR-02535 for the on-site sewage treatment and disposal system to be constructed at 4944 Little Store Rd has been issued for a "single effluent pump," system classification type IIIb.

The North Carolina Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A. 1961 requires the local health department to conduct routine inspections of this system at least once every five years in order to protect the public health. To recover the cost of providing this state mandated service, the Guilford County Board of County Commissioners approved a fee to be assessed of the system owner. At present, the fee is \$150.00 every five years billed at time of inspection.

If you have any questions regarding this system type, health department inspection policies or the current fee schedule please contact this office at 336-641-7613. Thank you.

Miguel Olvera Hd. 10/17/2023
Owner/Authorized Agent Date



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



Authorization for Wastewater System Construction

Address: 4944 LITTLE STORE RD, MCLEANSVILLE, NC 27301

Permit Number: 22-04-SNHR-02535

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.

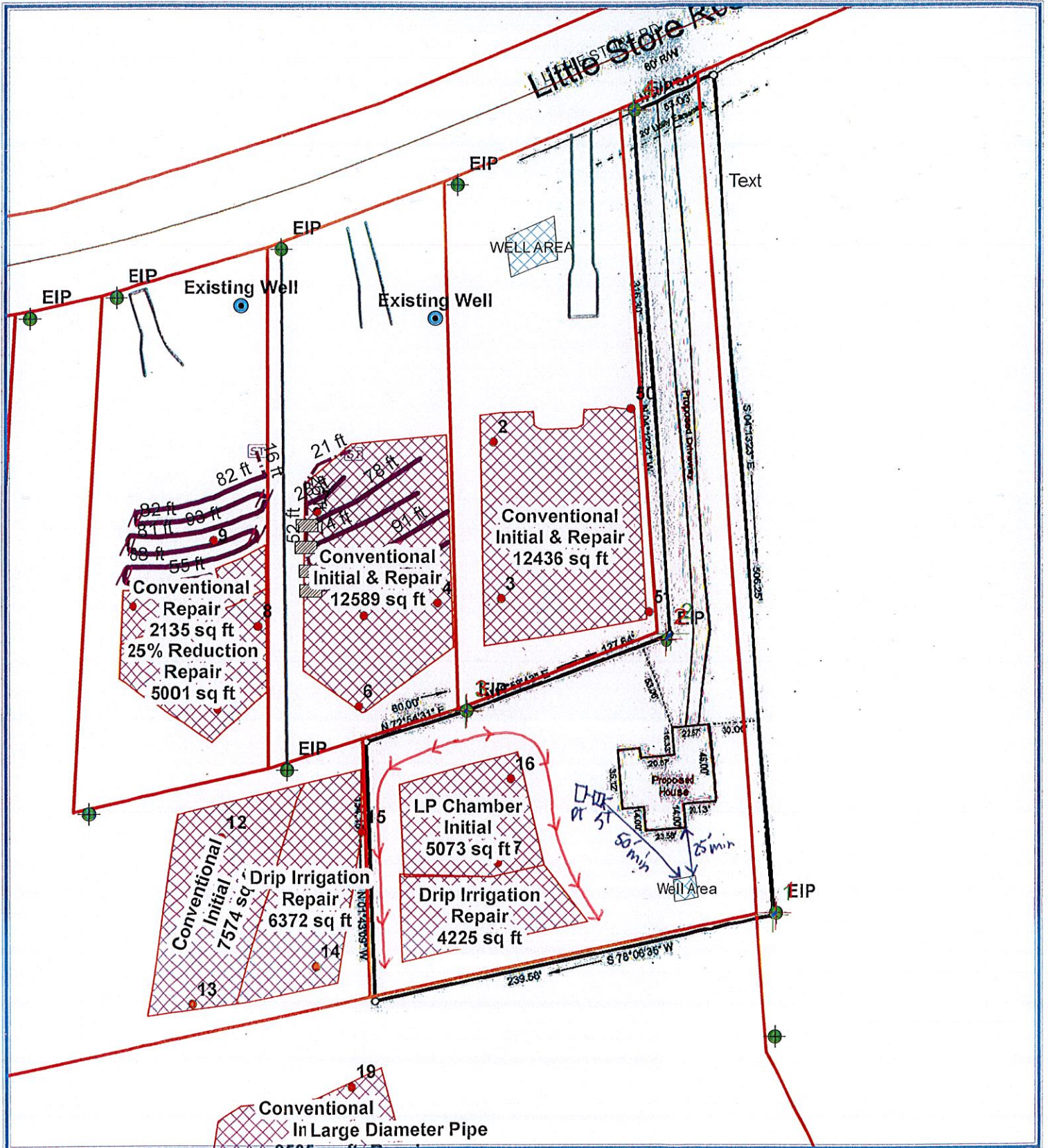
Design Flow:	360 GPD	Septic Tank Capacity:	1000 GAL
Initial System Type:	3b – Single Pump or Siphon	Pump Tank Capacity:	1000 GAL
Initial Trench Type:	Low Profile Chamber	Pump Dose Volume:	174 GAL to 196 GAL
Gravity <input type="checkbox"/>	Pump <input checked="" type="checkbox"/>	Saprolite <input type="checkbox"/>	Number of Bedrooms: 3
Repair System Type:	3b – Single Pump or Siphon		
Repair Trench Type:	Drip	<u>Site Requirements:</u>	
Gravity <input type="checkbox"/>	Pump <input checked="" type="checkbox"/>	Saprolite <input type="checkbox"/>	Setback: 53 FT off of the Front
Facility Type:	Single Family	Offset:	30 FT off of the Left
Trench Depth:	11 IN to 11 IN	Setup:	FT
Trench Length:	400 FT	Basement:	N
Trench Width:	36 IN	Well Site Available:	Y
Trench Separation:	9 FT On-Center	Repair Area Required:	Y
Soil Cover:	6 IN to 6 IN		
Gravel Depth:	IN		

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

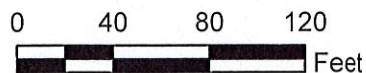
Authorization Issued: Randy Duman, REHS Date Issued: 10/07/23
 Environmental Health Specialist

Owner or Authorized Agent: Miguel Olivera Hd-2 Date: 10/17/2023
 Owner or Authorized Agent

Diagram



4944 Little Store Rd
 Permit #:
 Issued by: Randy Duncan
 Date: 10/7/2023

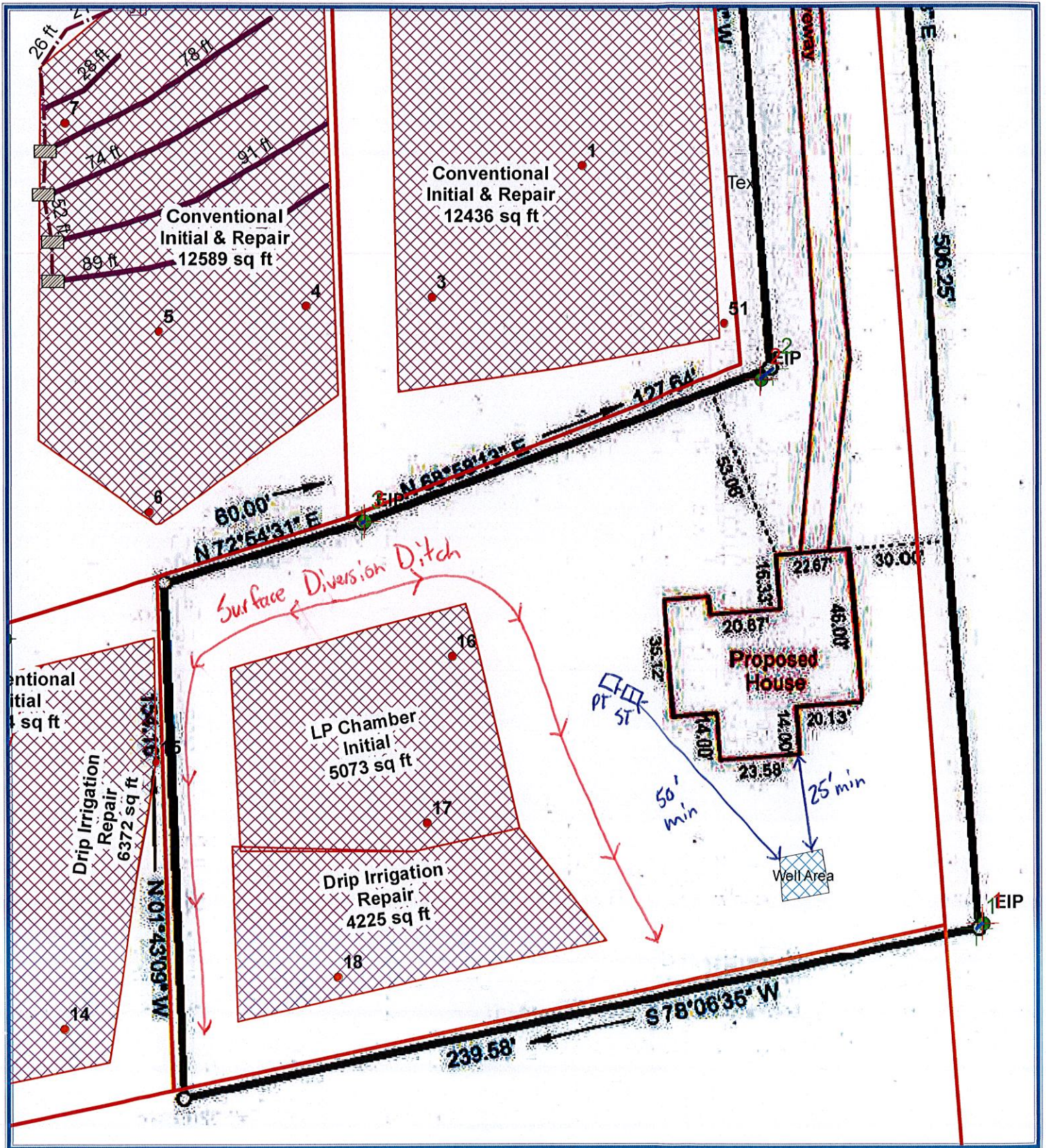


1 inch = 80 feet

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.

Comments: plumb out right side of house to septic tank and pump tank - run schedule 40 supply line to highest point in initial approved area and install 400' of low profile chamber type trench - maintain 11" trench depth throughout entire installation - an approved soil cap of group 2 or 3 soil may be have to be imported to maintain a 6" minimum cover over entire system - do not grade or fill septic or repair area - maintain minimum setbacks - all surface water including gutter drains must be diverted away from septic system - all property lines must be well flagged at time of septic installation - install a surface diversion ditch around entire initial area as shown on permit - this type of septic system requires periodic inspections by Guilford County Health Department with applicable fees -

Diagram



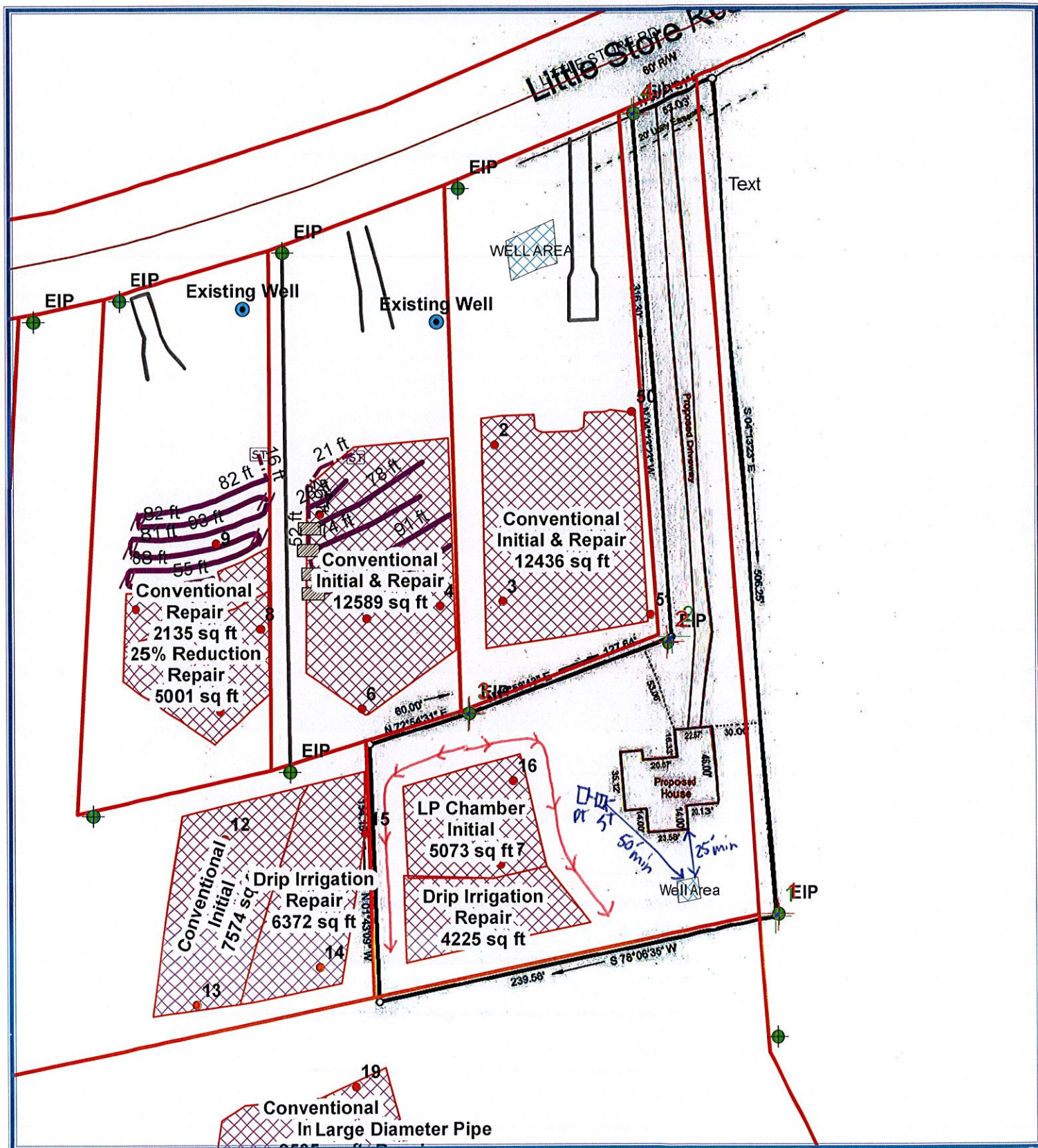
4944 Little Store Rd
 Permit #:
 Issued by: Randy Duncan
 Date: 10/7/2023



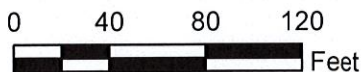
1 inch = 40 feet

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Diagram



4944 Little Store Rd
 Permit #:
 Issued by: Randy Duncan
 Date: 10/7/2023



1 inch = 80 feet

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Environmental Health Division Water Quality Section

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

Permit to Construct a Well

Address: 4944 LITTLE STORE RD
MC LEANSVILLE, NC 27301

Permit Number: 23-09-WNHR-00403

Comments/Specifications:

Well shall be located and constructed according to North Carolina and Guilford County Well Rules. Well site must meet minimum separation distances.

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

Above Information Certified By: Miguel Olvera Hdez Date: 10/17/2023
Owner or Authorized Agent

Permit Issued: Randy Duncan, REHS Date Issued: 10/07/23
Environmental Health Specialist

I certify that a grout inspection was completed and is in compliance with Guilford County Well Rules.

Partial Grout Inspection: _____ Date: _____
Environmental Health Specialist

Final Grout Inspection: _____ Date Issued: _____
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.



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Water Quality Section
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Improvement Permit

Address: 4944 Little Store RD, McLeansville, NC 27301

Permit Number: 22-04-SNHR-02535

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: 360

Facility Type: Residence

LOT 5

Bedrooms: 3

Conditions: Initial - Large Diameter Pipe
Repair - Drip Irrigation

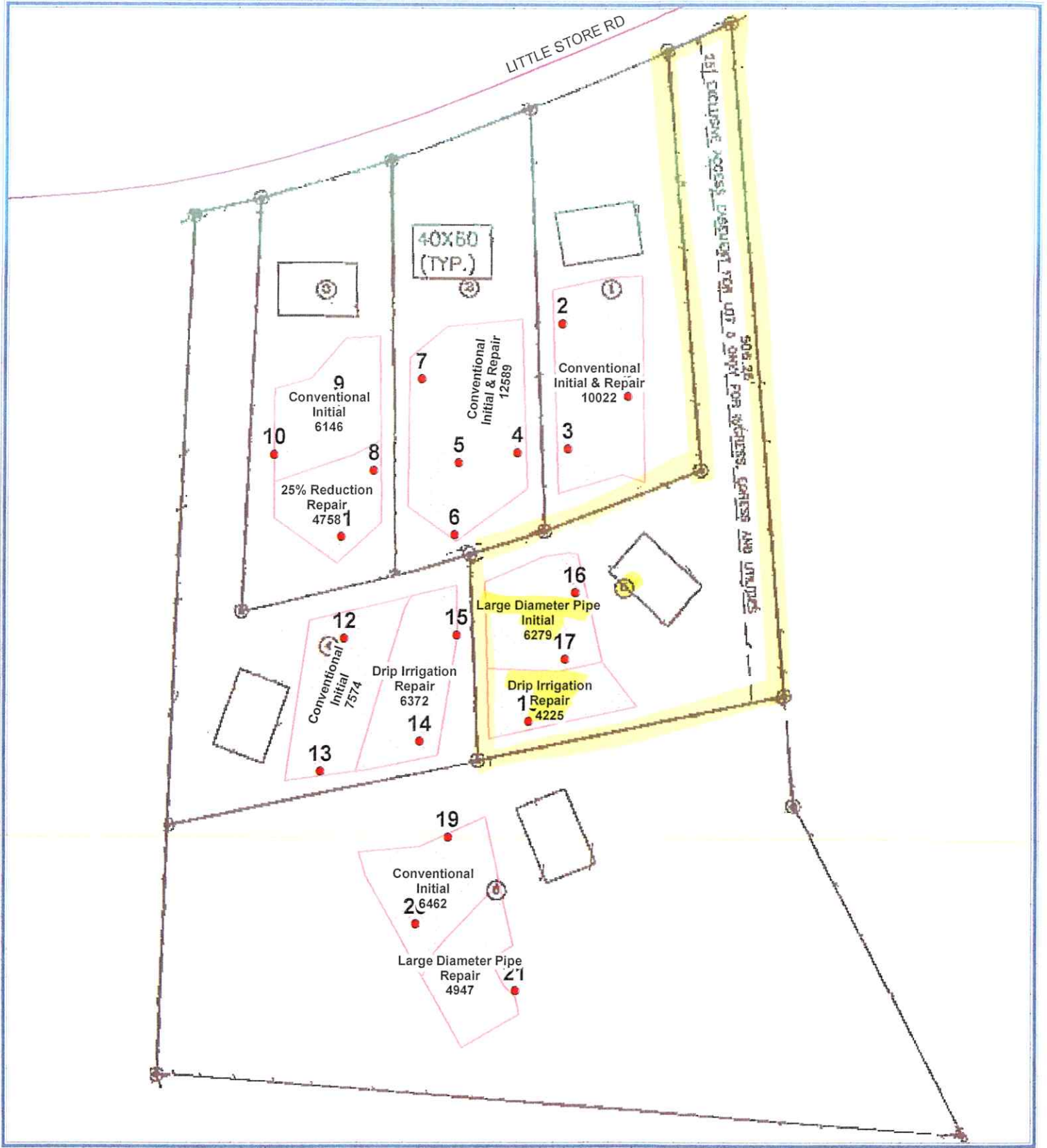
Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system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

Permit Issued: SUANE L R PERNS
Environmental Health Specialist

Date Issued: 5/23/22



Diagram



Address: 4944 Little Store Rd

Permit #: 22-04-SNHR-02535

Issuer's Initials: SKB

Date: 5/23/2022



1 inch = 100 feet

DISCLAIMER:

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	#	19	20	21
landscp	L	L	L	L
slope	5	3	5	
H1_depth	0 - 11	0 - 29	0 - 18	
H1_text	SCL	SCL	SCL	
H1_consist	Fr	Fr	Fr	
H1_strct	WBK	WSBK	WBK	
H1_minrl	SEXP	SEXP	SEXP	
H2_depth	11 - 32	29 - 49	18 - 28	
H2_text	Clay	Clay	Clay	
H2_consist	Fi	Fi	Fi	
H2_strct	SBK	SBK	SBK	
H2_minrl	SEXP	SEXP	SEXP	
H3_depth	32 - 48		28 - 28	
H3_text	CL (BC)		Clay	
H3_consist	Fr		VFi	
H3_strct	WBK		M	
H3_minrl	SEXP		EXP	
H4_depth				
H4_text				
H4_consist				
H4_strct				
H4_minrl				
soil_wet				
saprolite				
class	PS	PS	PS	
ltar	0.25	0.275	0.25	
notes	Need drain	Need drain	Need drain	
eval_by	SKB	JPS	SKB	
eval_date	04/26/22	04/26/22	04/26/22	



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 # 22-04-SNHR-02535 Well Permit # _____

PROPERTY INFORMATION
 Address 4944 Little Store Rd City McLeansville 27301 Parcel REID # 113713
 Development Name Braswell, R.J. Section/Phase # _____ Lot # 5 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 _____

1.27 ac

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: Dwight Epperson Address: 1314 Springwood Ch. Rd. Burlington 27215
 Phone 1: 336-260-2189 Phone 2: _____ Email: dwight.epperson@gmail.com
 Owner Name: Carson Koury Address: 4916 Little Store Rd. McLeansville, NC 27301
 Phone 1: 336-792-0603 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: _____ 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 _____ 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.

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

11/15/21
 Date

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