

PROPERTY SERVICE CHART

ADDRESS

REID #

[illegible]



Environmental Health Division Water Quality Section

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

Water Well Certificate of Completion

Address of Well: 4944 LITTLE STORE RD
MC LEANSVILLE, NC 27301

Well Permit: 23-09-WNHR-00403

X:

Well Contractor: BUILT RITE WELL DRILLING CO

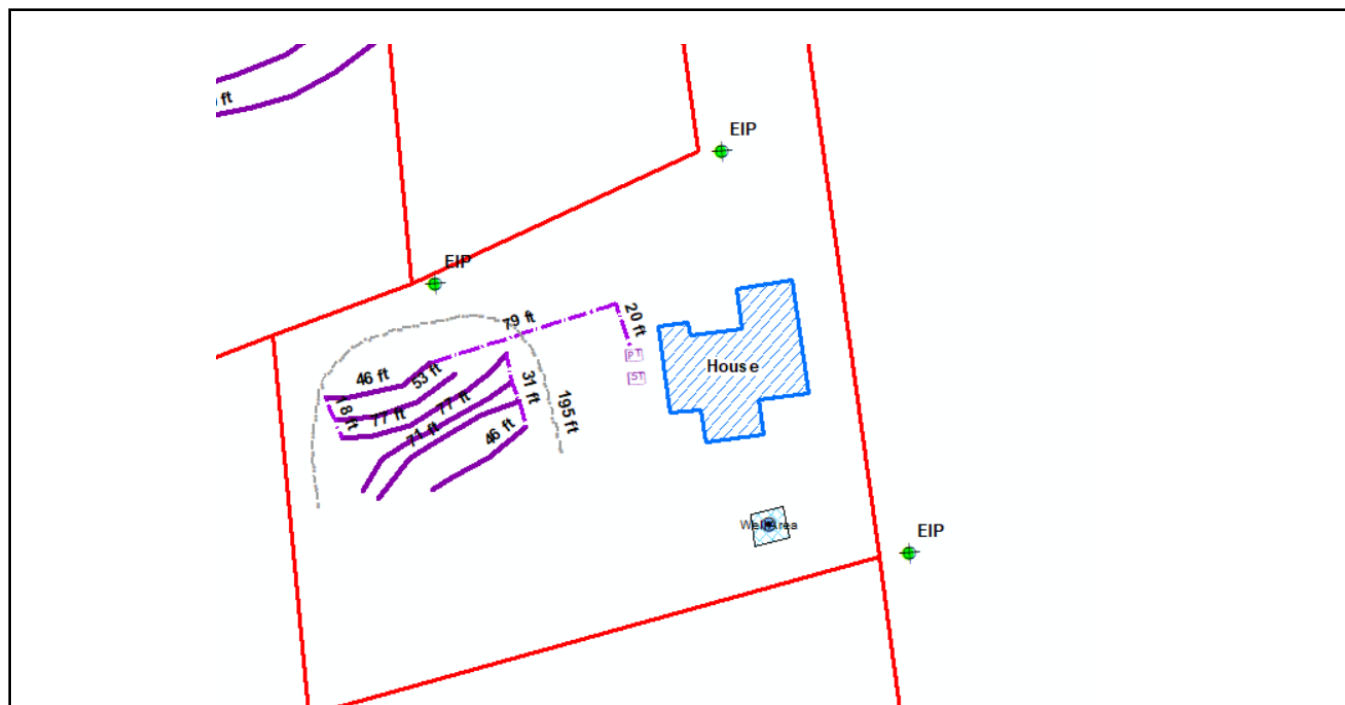
Y:

Construction or repair has been completed, a Record of Construction, Repair or Abandonment of a Well has been submitted, and the inspection has been completed in accordance with the Guilford County Well Rules. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.

Certification By: Mary K Brown- REHS-1
Environmental Health Specialist

Date Issued: 05/14/24

Diagram



Well Information:

Casing Depth: 73 ft. Total Well Depth: 300 ft. Well Yield: 3 gpm

Pump Depth: 260 ft. Pump Size: .75 HP hp

Well Usage: One Single Family Dwelling

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

Division of Environmental Health

201 S. Eugene St., P.O. Box 3508, Greensboro, NC 27401

4/18/24

Record of Construction, Repair, or Abandonment of a Well

Address Of Well: 4444 Little Store rd Completion Date: 4-5-24

Well Owner: _____ Well Permit Number: 23-09-WNHR-00403

Well Contractor Company: Built-Rite

Total Well Depth: 300 ft. Well Yield: 3 gpm Static Water Level: 46 ft.

Outer Casing

Material: SDR-21 PVC

Casing Diameter: 1 1/8 in. Casing Depth: 73 ft.

Formation Log

Depth	Description
From: <u>0</u> ft. To: <u>20</u> ft.	<u>Dirt</u>
From: <u>20</u> ft. To: <u>65</u> ft.	<u>sand</u>
From: <u>65</u> ft. To: <u>73</u> ft.	<u>Bedrock</u>
From: <u>73</u> ft. To: <u>300</u> ft.	<u>granite</u>
From: _____ ft. To: _____ ft.	_____
From: _____ ft. To: _____ ft.	_____
From: _____ ft. To: _____ ft.	_____
From: _____ ft. To: _____ ft.	_____
From: _____ ft. To: _____ ft.	_____

Inner Casing

Material: _____

Casing Diameter: _____ in. Casing Depth: _____ ft.

Grout

Depth	Material	Method
From: <u>0</u> ft. To: <u>20</u> ft.	<u>Bentonite</u>	<u>Pump</u>
From: _____ ft. To: _____ ft.	_____	_____
From: _____ ft. To: _____ ft.	_____	_____

Water Production Zones

Depth: 135 ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft.
Yield: 3 gpm _____ gpm _____ gpm _____ gpm _____ gpm _____ gpm _____ gpm

Method of Repair: _____

Method of Abandonment: _____

I hereby certify that this well was constructed, repaired, or abandoned according to the Guilford County Well Rules in effect on this date and that a copy of this record has been provided to the well owner.

Well Contractor: Kyle Davis State Number: 4402-A Date: 4-5-24

Record of Pump Installation

Pump Installation Contractor: Built-Rite State Registration Number: 3398

Pump Depth: 260 ft. Static Water Level: 40 ft.

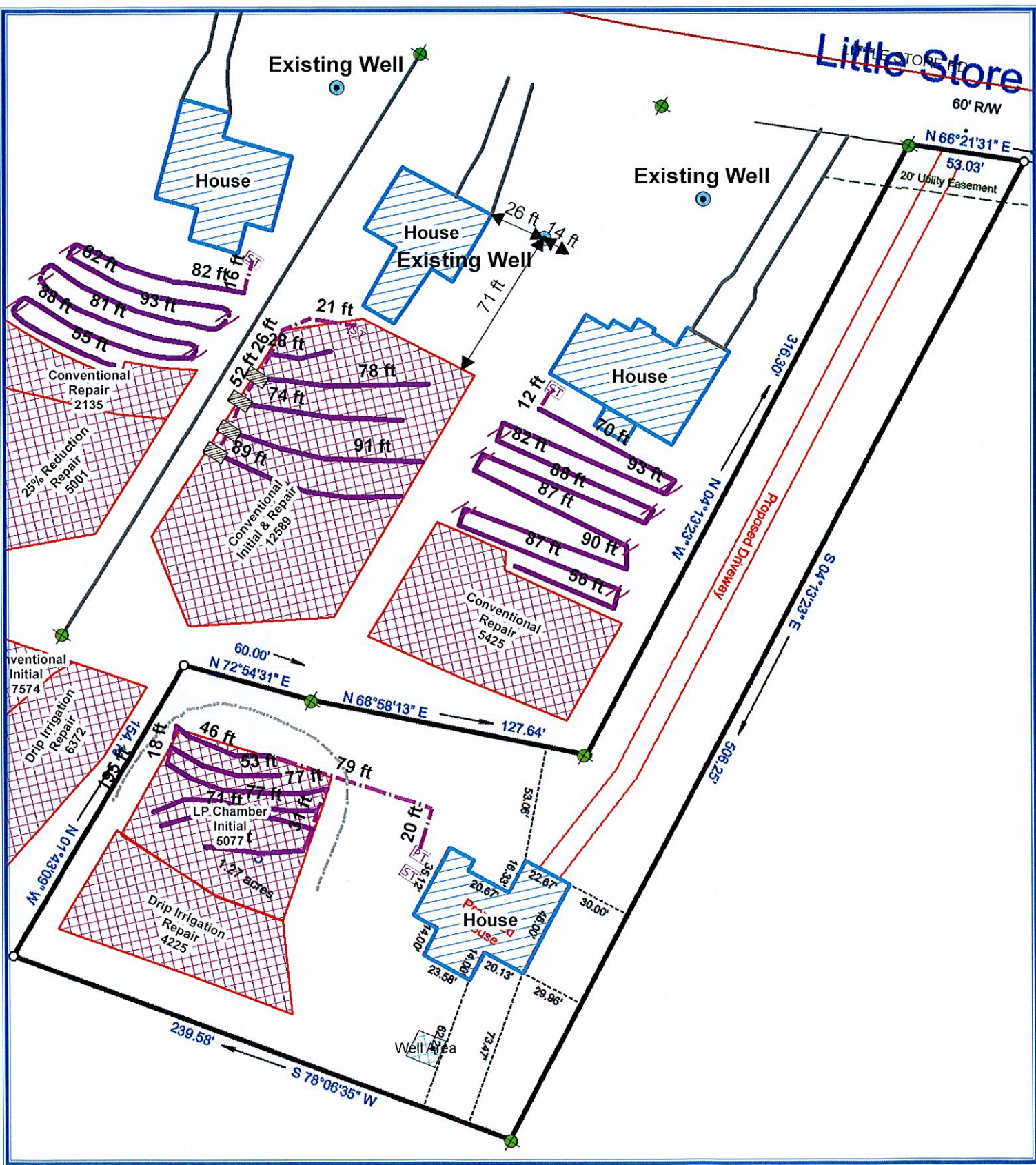
Pump Brand: Grundfos SQ Pump Size and Rating: 3/4 hp 10 gpm

I hereby certify that this pump was installed and wellhead completed according to the Guilford County Well Rules in effect on this date and that a copy of this record has been provided to the well owner.

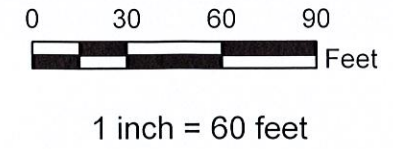
Pump Installer: Brian Dan Date: 4/16/24



Diagram



Address: 4944 Little Store Rd
Permit #: 22-04-SNHR-02535
Issuer's Initials: DWJ
Date: 5/13/2024



DISCLAIMER:
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**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. 2 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		
Gravity <input type="checkbox"/>	Pump <input checked="" type="checkbox"/>	Saprolite <input type="checkbox"/>	
Facility Type:	Single Family		
Trench Depth:	11 IN to 11 IN		
Trench Length:	400 FT		
Trench Width:	36 IN		
Trench Separation:	9 FT On-Center		
Soil Cover:	6 IN to 6 IN		
Gravel Depth:	IN		

Site Requirements:

Setback: 53 FT off of the Front
Offset: 30 FT off of the Left
Setup: FT
Basement: N
Well Site Available: Y
Repair Area Required: Y

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: 10/07/23

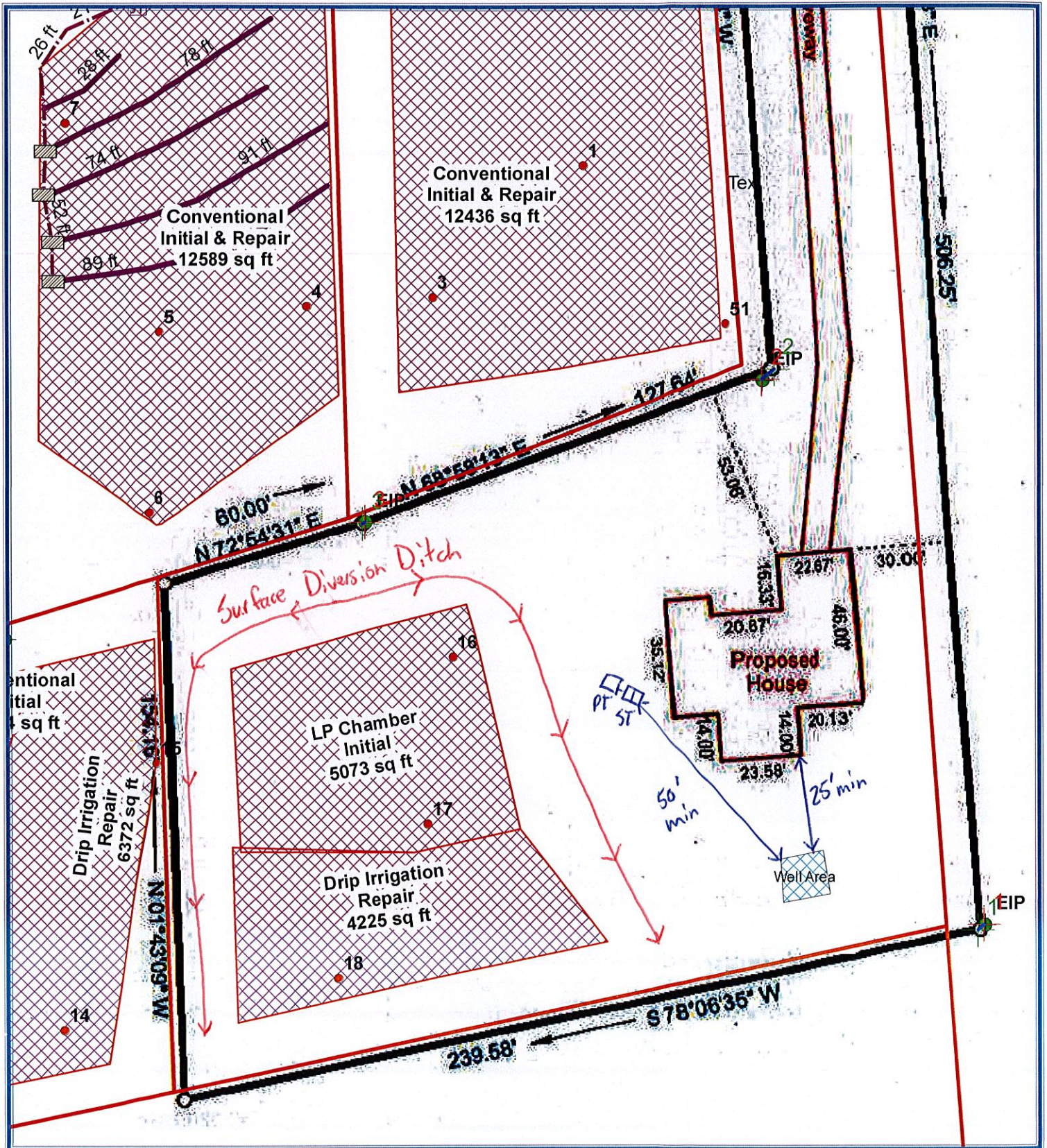
Owner or Authorized Agent:

Miguel Olivera Hd-2
Owner or Authorized Agent

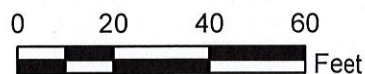
Date: 10/17/2023

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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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 Olivera 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

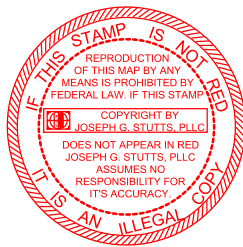
Final Grout Inspection: _____ Date Issued: _____
Environmental Health Specialist

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

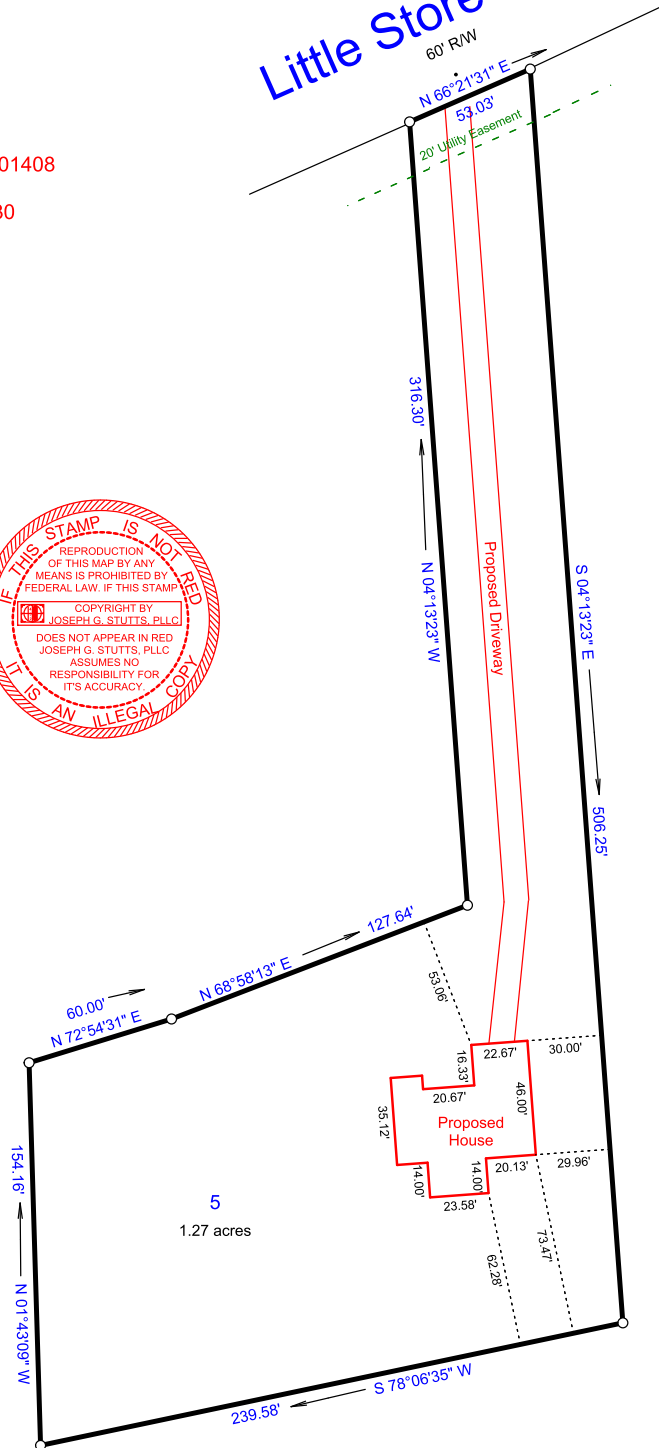
- All property lines and corners shall be clearly flagged prior to construction of the well.
- All proposed structures shall be clearly flagged prior to construction of the well.



23-09-BLDR-01408
RS 30
F 40 S 19 R 30
09.19.23
LJ



Little Store Road



Map of Survey For:

Miguel Hernandez
4944 Little Store Road
Lot 5

R.J. Braswell Property Subdivision
Plat Book 209, Page 91
Madison Township
Guilford County
McLeansville, NC
Tax Parcel: 235867
Deed Book 8722, Page 2284

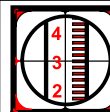
I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book (see), Page (title block) or other reference source (N/A); that the boundaries not surveyed are indicated as drawn from information in Book (N/A), Page (N/A) or other reference source (N/A); that the precision or positional accuracy is 1"=10.000"; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)"

This N/A day of N/A, 20 N/A Professional Land Surveyor N/A

LEGEND:
EPP - Existing Iron Pipe Found
R/W - Right of Way
CL - Centerline
Rad - Radius
Property Line
Power Line
Fence Line
Line not Surveyed

This property is subject to any easements, agreements, or rights - of - ways of record prior to this date and not visible at the time of inspection.
This property has not been evaluated for special flood hazard area as determined by the Department of Housing and Urban Development. For flood boundaries contact the Federal Emergency Management Agency.
Title Search Performed By Others Revisions: 6.12.2023 6.30.2023
Drawn by: DWS

PRELIMINARY



Joseph G. Stutts, PLLC
PROFESSIONAL LAND SURVEYORS

303 East Bessemer Avenue
Greensboro, North Carolina 27401
Phone: (336) 273-3930 Fax: (336) 273-7476

DATE: 6.27.2023 SCALE: 1"= 50'



Location Map: Not To Scale



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

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

Bedrooms: 3

LOT 5

Conditions: Initial - Large Diameter Pipe
Repair - Drip Irrigation

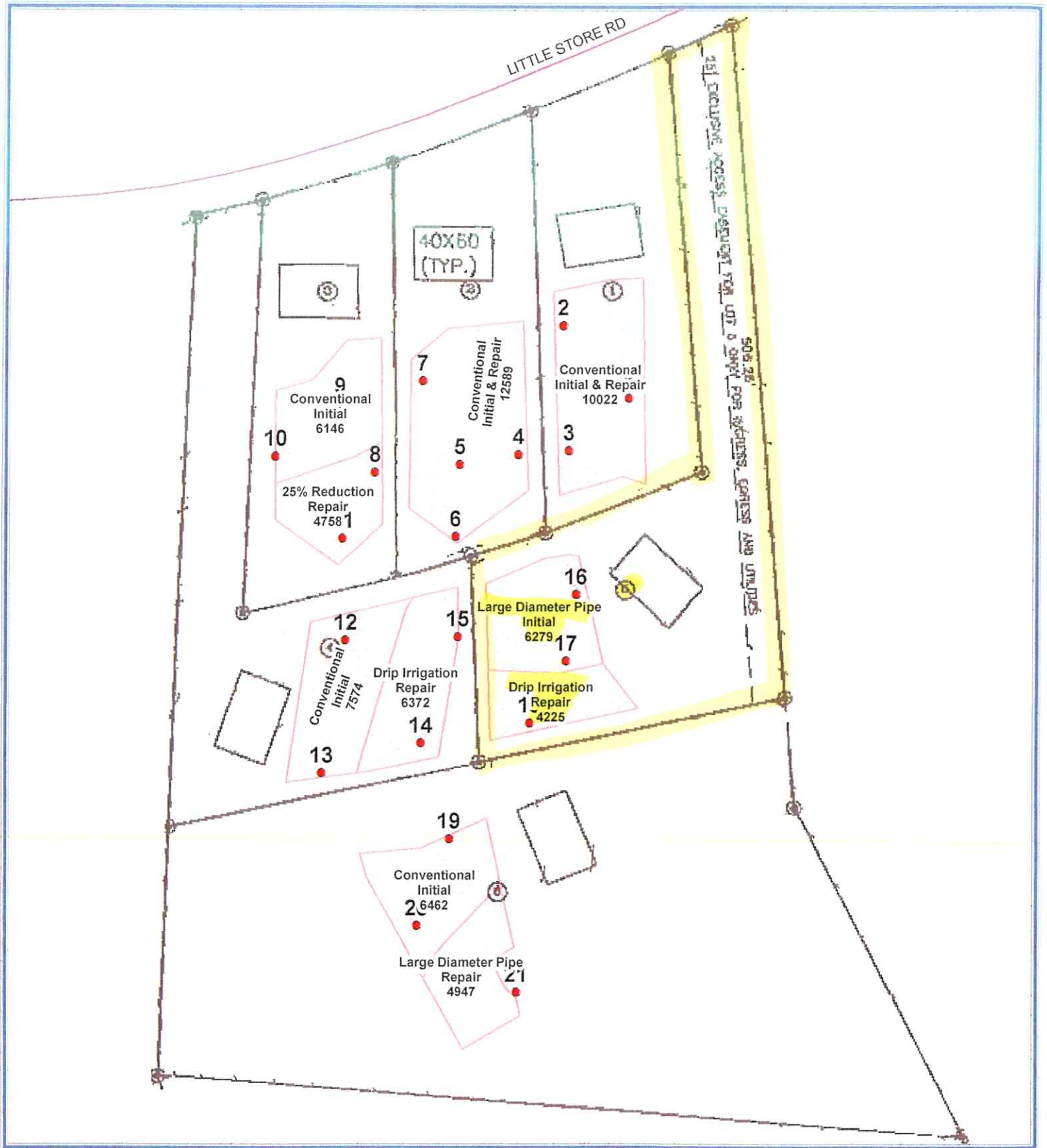
Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system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

Permit Issued: SUANE L R PERM
Environmental Health Specialist

Date Issued: 5/23/22



Diagram

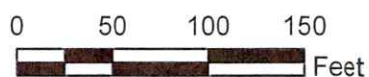


Address: 4944 Little Store Rd

Permit #: 22-04-SNHR-02535

Issuer's Initials: SKB

Date: 5/23/2022



1 inch = 100 feet

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#	19	20	21
landscp	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 # _____

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 _____

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: 4944 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.