

619 Hickory Ridge Dr

## ADDRESS

REID #

[illegible]



**Guilford County**  
**Environmental Health Division**  
**Water Quality Section**  
400 W. Market Street  
Greensboro, NC 27401  
336.641.7613



**Operation Permit**

Address: 619 HICKORY RIDGE DR, GREENSBORO, NC 27409

Permit Number: 23-05-SNHR-00536


Contractor: A&B PORTABLE TOILETS INC

Design Flow: 360 GPD  
Initial System Type: 2a – Conventional  
Septic Tank Capacity: 1000 GAL  
Septic Tank ID #: SHOAF-1000 STB-760  
Septic Tank Mfg: Shoaf Pre-Cast  
Septic Tank Date: 02/07/2024  
Filter Type: Polylok  
Trench Type: Chamber  
Trench Length: 330 FT  
Trench Width: 36 IN

**Comments:**


Billy Young (A&B Portables) set a SHOAF-1000 STB-760 (2/7/24) septic tank w/ a poly-lok filter and 8ft of 3"sch40 supply line to 330ft of IQ4P Chamber System.

Drainfield Approval:

  
\_\_\_\_\_  
Environmental Health Specialist

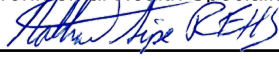
Date: 3/20/24

Tank Approval:

  
\_\_\_\_\_  
Environmental Health Specialist

Date: 3/20/24

Supply Line Approval:

  
\_\_\_\_\_  
Environmental Health Specialist

Date: 3/20/24

Pump/Alarm Approval:

\_\_\_\_\_  
Environmental Health Specialist

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

Operational Permit  
Approval:

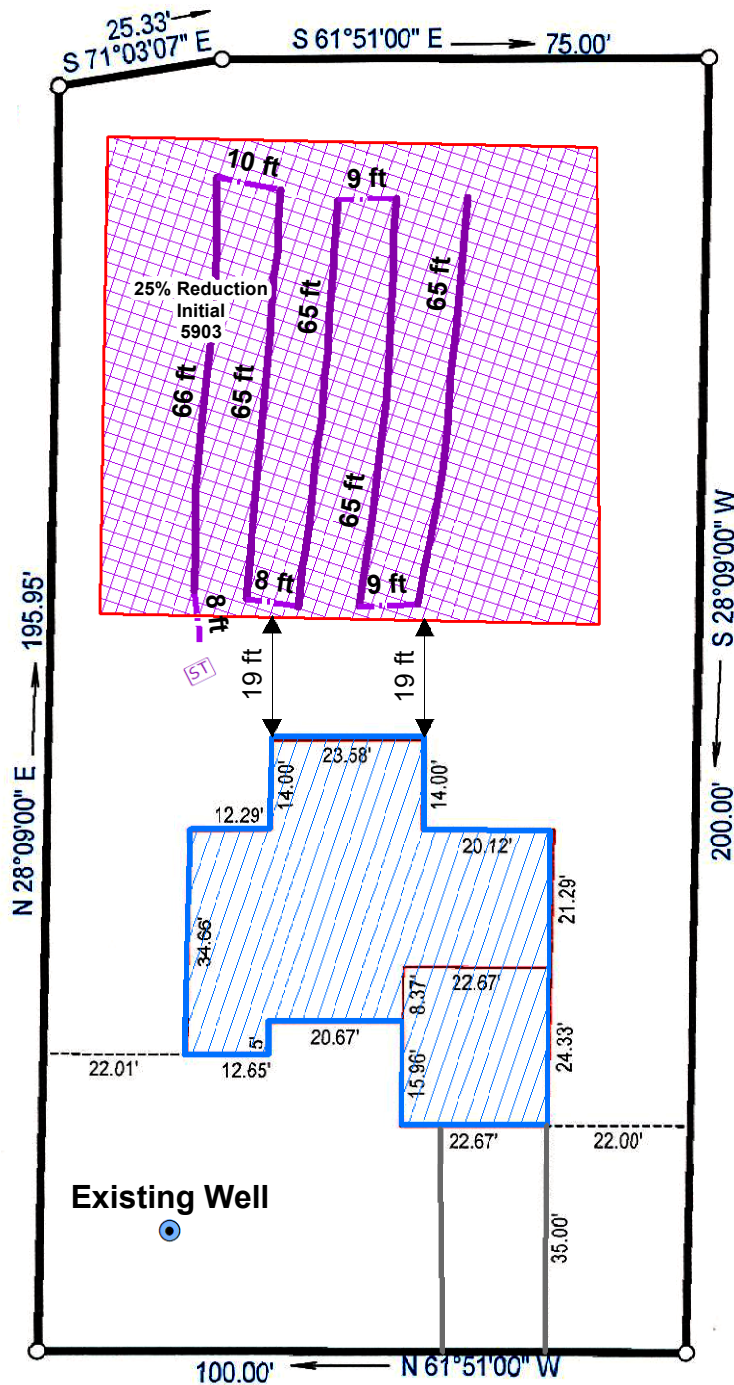
  
\_\_\_\_\_  
Environmental Health Specialist

Date: 5/10/24

**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



Hickory Ridge Drive

Address: 619 Hickory Ridge Dr  
Permit #: 23-05-SNHR-00536  
Issuer's Initials: NWS  
Date: 4/16/2024



1 inch = 30 feet

**DISCLAIMER:**  
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### 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.





Scratch

# Diagram

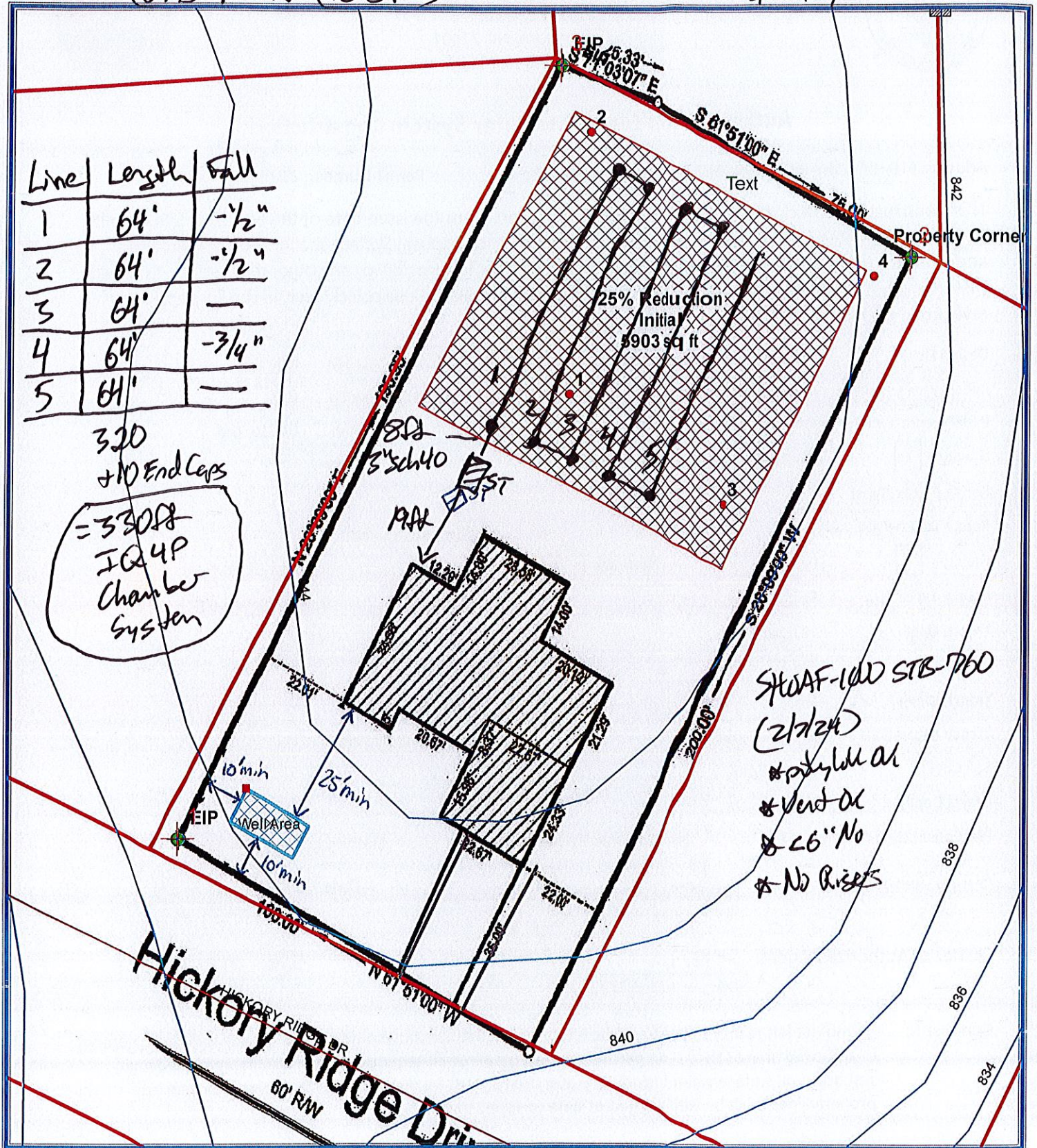
Septic Final  
Billy Young - AB Bates  
3/20/24

(2A) 4408 (18-34")

Line	Length	Fall
1	64'	-1/2"
2	64'	-1/2"
3	64'	—
4	64'	-3/4"
5	64'	—

320  
+10 End Caps

= 3308  
IQ 4P  
Chamber  
System



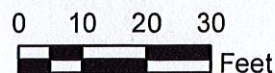
SHOAF-LOW STB-760  
(2/1/24)  
\*polyall al  
\*Vent al  
\* < 6" No  
\* No Risers

619 Hickory Ridge Dr

Permit #:

Issued by: Randy Duncan

Date: 1/30/2024



1 inch = 30 feet

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## Environmental Health Division Water Quality Section

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

### Water Well Certificate of Completion

**Address of Well:** 619 HICKORY RIDGE DR

GREENSBORO, NC 27409

**Well Permit:** 23-12-WNHR-00477

**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.

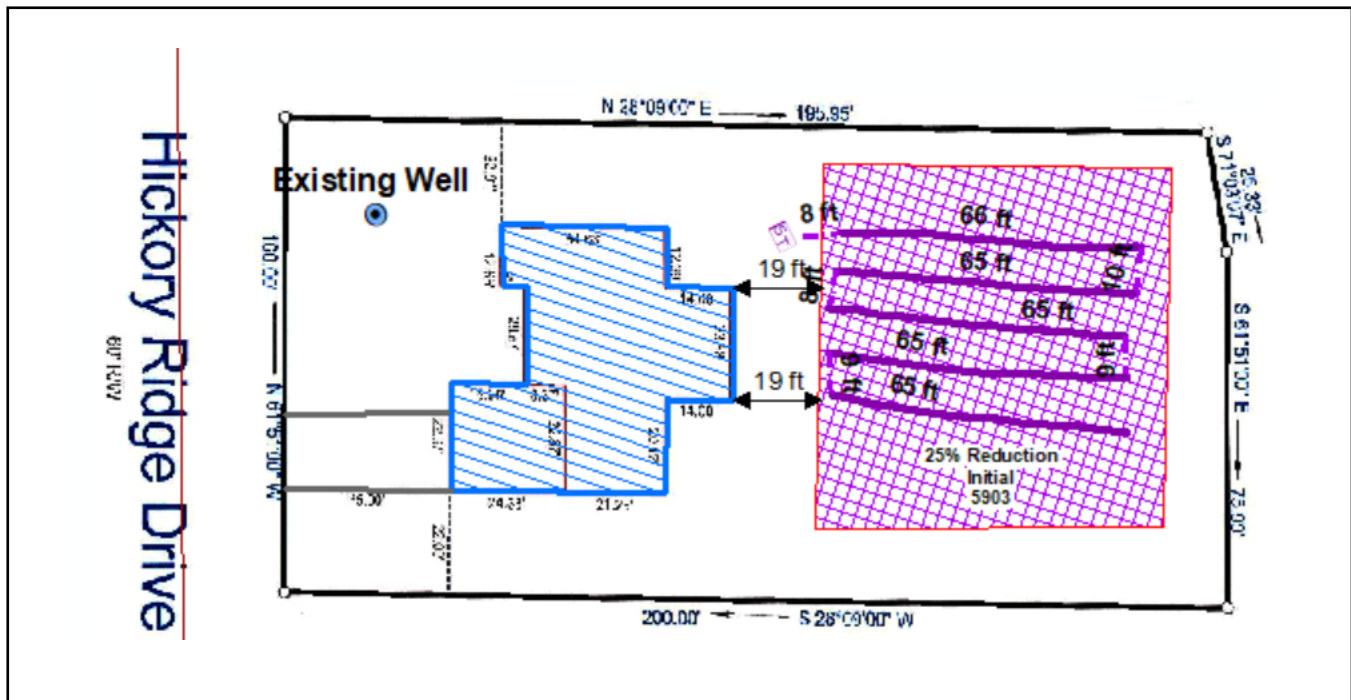
Certification By:

Date Issued:

5/10/24

Environmental Health Specialist

#### Diagram



#### Well Information:

Casing Depth: 136 ft. Total Well Depth: 200 ft. Well Yield: 30 gpm

Pump Depth: 100 ft. Pump Size: .50 HP hp

Well Usage: One Single Family Dwelling

4/1/24

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

**Record of Construction, Repair, or Abandonment of a Well**

Location of Well: 619 Hickory Ridge Dr Completion Date: 3-18-24  
Well Owner: \_\_\_\_\_ Well Permit Number: 23-12-WNHR-00477  
Well Contractor Company: Built-Rite  
Total Well Depth: 200 ft. Well Yield: 30 gpm Static Water Level: 30 ft.

<b>Outer Casing</b> Material: <u>SDR-21 PVC</u> Casing Diameter: <u>1 1/2</u> in. Casing Depth: <u>138</u> ft.  <b>Inner Casing</b> Material: _____ Casing Diameter: _____ in. Casing Depth: _____ ft.	<b>Formation Log</b> <table border="0" style="width: 100%;"><tr><th style="width: 40%;">Depth</th><th style="width: 60%;">Description</th></tr><tr><td>From: <u>0</u> ft. To: <u>15</u> ft.</td><td><u>Silt</u></td></tr><tr><td>From: <u>15</u> ft. To: <u>130</u> ft.</td><td><u>Sand</u></td></tr><tr><td>From: <u>130</u> ft. To: <u>138</u> ft.</td><td><u>Bedrock</u></td></tr><tr><td>From: <u>138</u> ft. To: <u>200</u> ft.</td><td><u>granite</u></td></tr><tr><td>From: _____ ft. To: _____ ft.</td><td>_____</td></tr><tr><td>From: _____ ft. To: _____ ft.</td><td>_____</td></tr><tr><td>From: _____ ft. To: _____ ft.</td><td>_____</td></tr><tr><td>From: _____ ft. To: _____ ft.</td><td>_____</td></tr></table>	Depth	Description	From: <u>0</u> ft. To: <u>15</u> ft.	<u>Silt</u>	From: <u>15</u> ft. To: <u>130</u> ft.	<u>Sand</u>	From: <u>130</u> ft. To: <u>138</u> ft.	<u>Bedrock</u>	From: <u>138</u> ft. To: <u>200</u> ft.	<u>granite</u>	From: _____ ft. To: _____ ft.	_____	From: _____ ft. To: _____ ft.	_____	From: _____ ft. To: _____ ft.	_____	From: _____ ft. To: _____ ft.	_____
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From: _____ ft. To: _____ ft.	_____																		
From: _____ ft. To: _____ ft.	_____																		
From: _____ ft. To: _____ ft.	_____																		
From: _____ ft. To: _____ ft.	_____																		

<b>Grout</b>		
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: <u>145</u> ft.	<u>180</u> ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.
Yield: <u>20</u> gpm	<u>10</u> 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: 3-18-24

**Record of Pump Installation**

Pump Installation Contractor: Built-Rite State Registration Number: 3398  
Pump Depth: 100 ft. Static Water Level: 30 ft.  
Pump Brand: Fluwise Pump Size and Rating: 1/2 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 Dea Date: 3/25/24





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



## Authorization for Wastewater System Construction

Address: 619 HICKORY RIDGE DR, GREENSBORO, NC 27409

Permit Number: 23-05-SNHR-00536

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:	2a – Conventional	Pump Tank Capacity:	GAL
Initial Trench Type:	Conventional	Pump Dose Volume:	GAL to GAL
Gravity <input checked="" type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Number of Bedrooms: 3
Repair System Type:			
Repair Trench Type:			<u>Site Requirements:</u>
Gravity <input type="checkbox"/>	Pump <input type="checkbox"/>	Saprolite <input type="checkbox"/>	Setback: 35 FT off of the Front
Facility Type:	Single Family		Offset: 22 FT off of the Left
Trench Depth:	18 IN to 34 IN		Setup: FT
Trench Length:	440 FT		Basement: N
Trench Width:	36 IN		Well Site Available: Y
Trench Separation:	9 FT On-Center		Repair Area Required: N
Soil Cover:	6 IN to 22 IN		
Gravel Depth:	12 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: 01/31/24

Owner or Authorized Agent:

Jason Saldana  
Owner or Authorized Agent

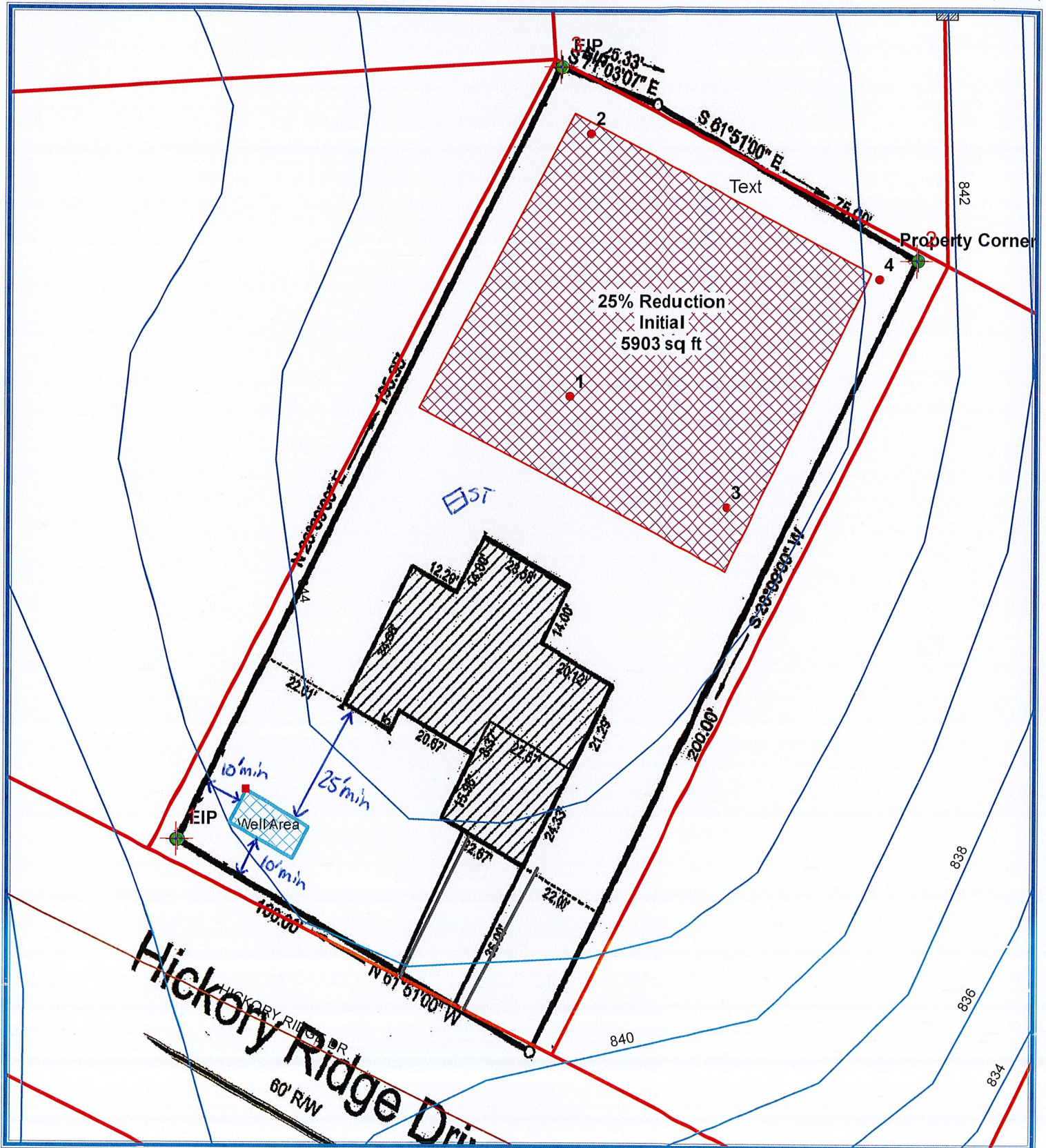
Date: 02/12/24

Comments: plumb out left rear of house to septic tank - install 440' of conventional gravel type drainfield on contour in approved area as shown on permit - 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

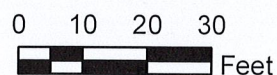




# Diagram



619 Hickory Ridge Dr  
Permit #:  
Issued by: Randy Duncan  
Date: 1/30/2024



1 inch = 30 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:** 619 HICKORY RIDGE DR  
GREENSBORO, NC 27409

**Permit Number:** 23-12-WNHR-00477

#### 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:

*Joan Saldana*  
Owner or Authorized Agent

Date: 02/12/24

Permit Issued:

*Randy Duncan, REHS*  
Environmental Health Specialist

Date Issued: 01/31/24

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

Partial Grout Inspection:

—

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

Final Grout Inspection:

*Arthur Lipe REHS*

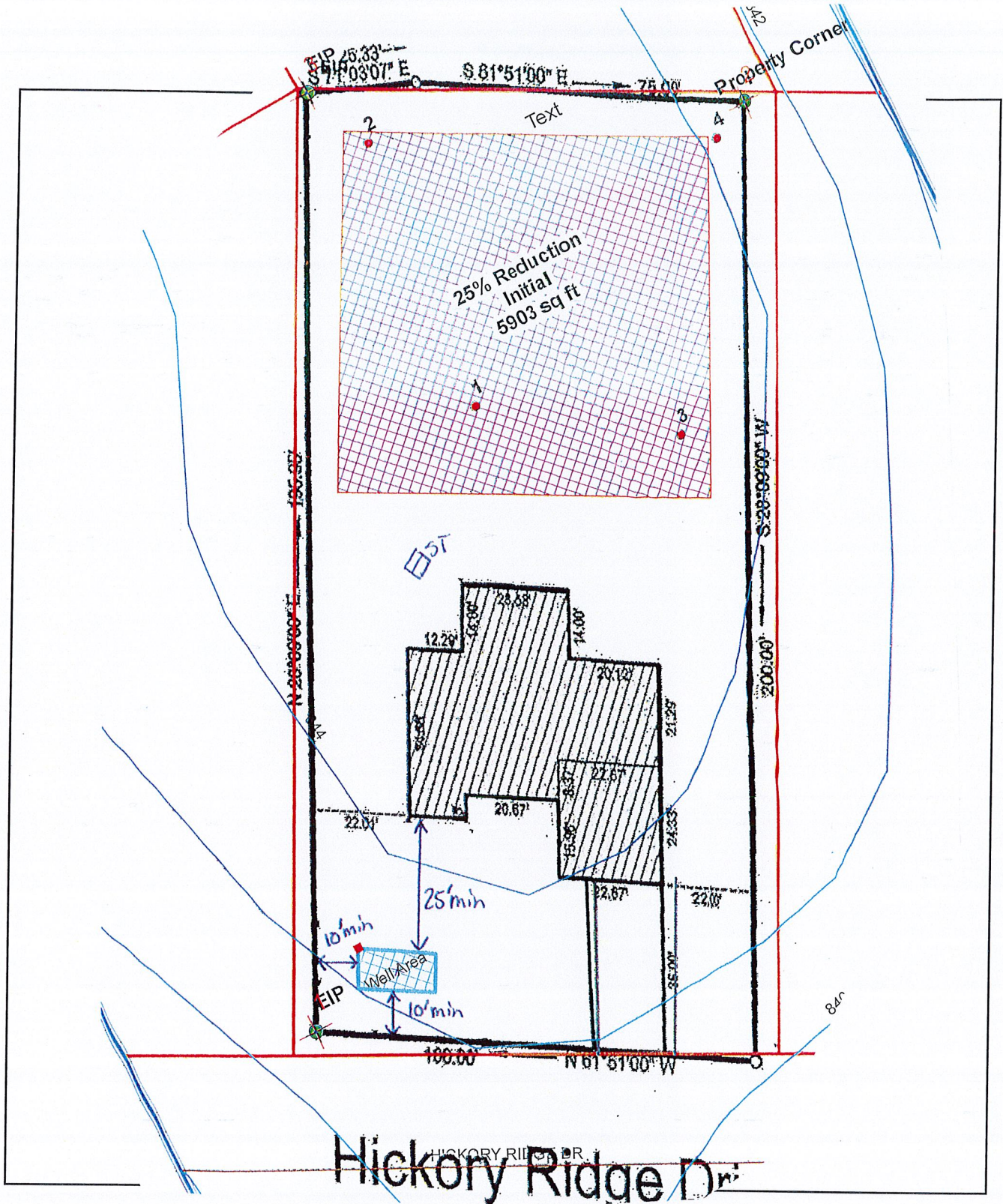
Environmental Health Specialist

Date Issued: 3/18/24

**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: 23-12-WNHR-00477





# 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'

*layout*

Building Permit # city of 650 Septic Permit # 23-05-SNHR-00536 Well Permit # 23-12-WNHR-00477

Address 619 Hickory Ridge Rd City Greensboro Parcel REID # 98359  
 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: House under construction

PLANNING DEPARTMENT OFFICIAL: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name: Javier Saldana Address: 1505 Correll St GSO 27401  
 Phone 1: 336-451-1444 Phone 2: \_\_\_\_\_ Email: javier.saldana.construction@gmail.com  
 Owner Name: Javier Saldana Constr Address: \_\_\_\_\_  
 Phone 1: 336-451-1444 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.

<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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Is the site subject to approval by any other public agency?
<input checked="" type="checkbox"/> YES	<input 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.**

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

12/7/23  
 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:** 619 HICKORY RIDGE DR  
GREENSBORO, NC 27409

**Permit Number:** 23-05-SNHR-00536

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  
Bedrooms: 3  
Conditions: Approved for 3 Bedroom Single Family Residence.  
  
Initial: 25% Reduction  
  
Repair: Exempt

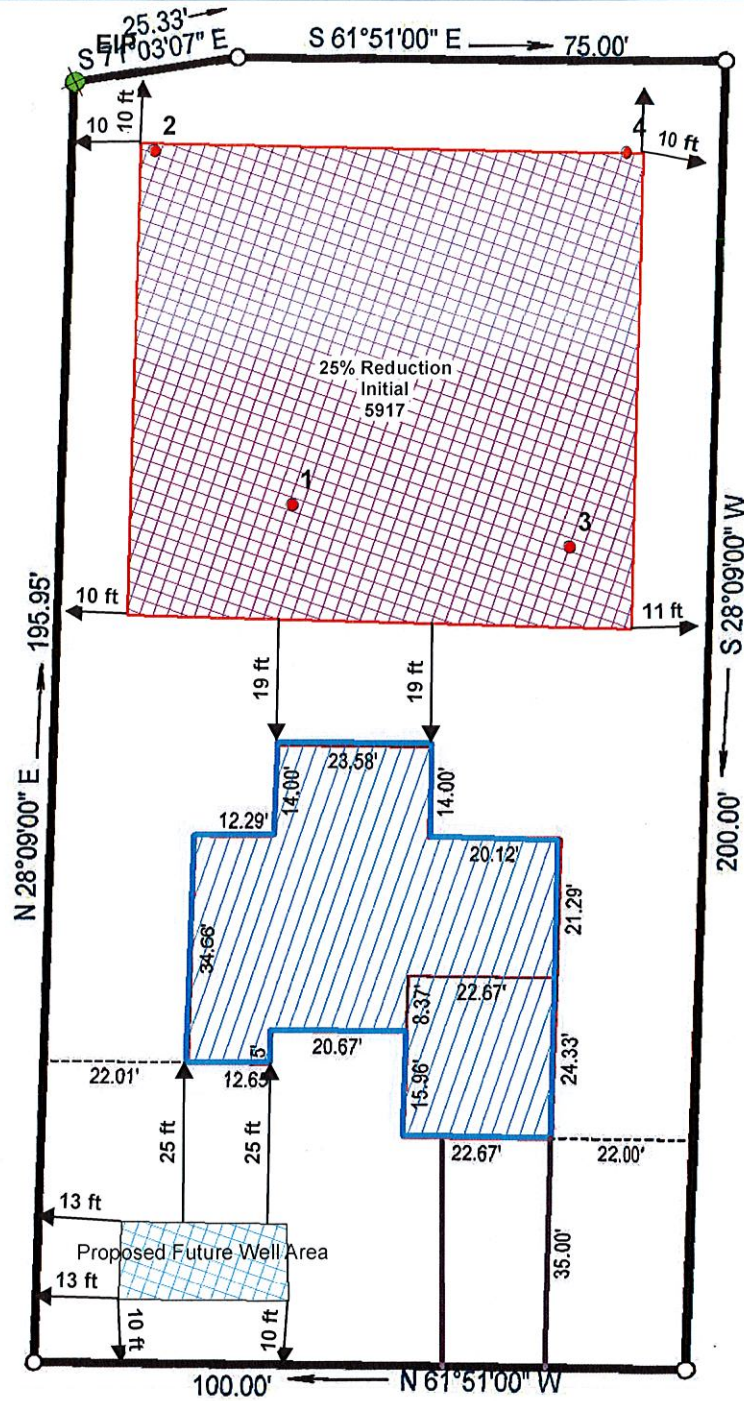
Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system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

Permit Issued: *Eliana Wong* REHS-I  
Environmental Health Specialist

Date Issued: 5-30-23



# Diagram



## Hickory Ridge Drive

60' R/W

Address: 619 Hickory Ridge Dr.

Permit #: 23-05-SNHR-00536

Issuer's Initials: ELH

Date: 6/8/2023



1 inch = 30 feet

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# 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'

Soil  
IP

Building Permit # \_\_\_\_\_ Septic Permit # 23-05-SNHR-00536 Well Permit # \_\_\_\_\_

## PROPERTY INFORMATION

Address 619 Hickory Ridge Dr City Greensboro Parcel REID # 98359  
Development Name Deep River Acres 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: Soil evaluation for 3 bedroom SFR

PLANNING DEPARTMENT OFFICIAL: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name: Javier Saldana Const Address: 2126 Bulla St GSO 27405  
Phone 1: 336-451-1444 Phone 2: \_\_\_\_\_ Email: javier.saldana.construction@gmail.com  
Owner Name: Peter Miller Address: PO Box 20570 GSO 27420  
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: \_\_\_\_\_ 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

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Javier Saldana 5/11/23  
Property Owner's or Owner's Legal Representative\* Signature (Required) NC 68 N, 1/2 S. Regional Rd onto Hickory Ridge Dr; lot on left near end.  
\* Must provide documentation to support claim as owner's legal representative.

\* permission verified by contract

Lower Saldana  
336-451-1444

Parcel #  
98 359

219 Hickory Dr  
Greensboro NC

Scale  
1" = 20'

