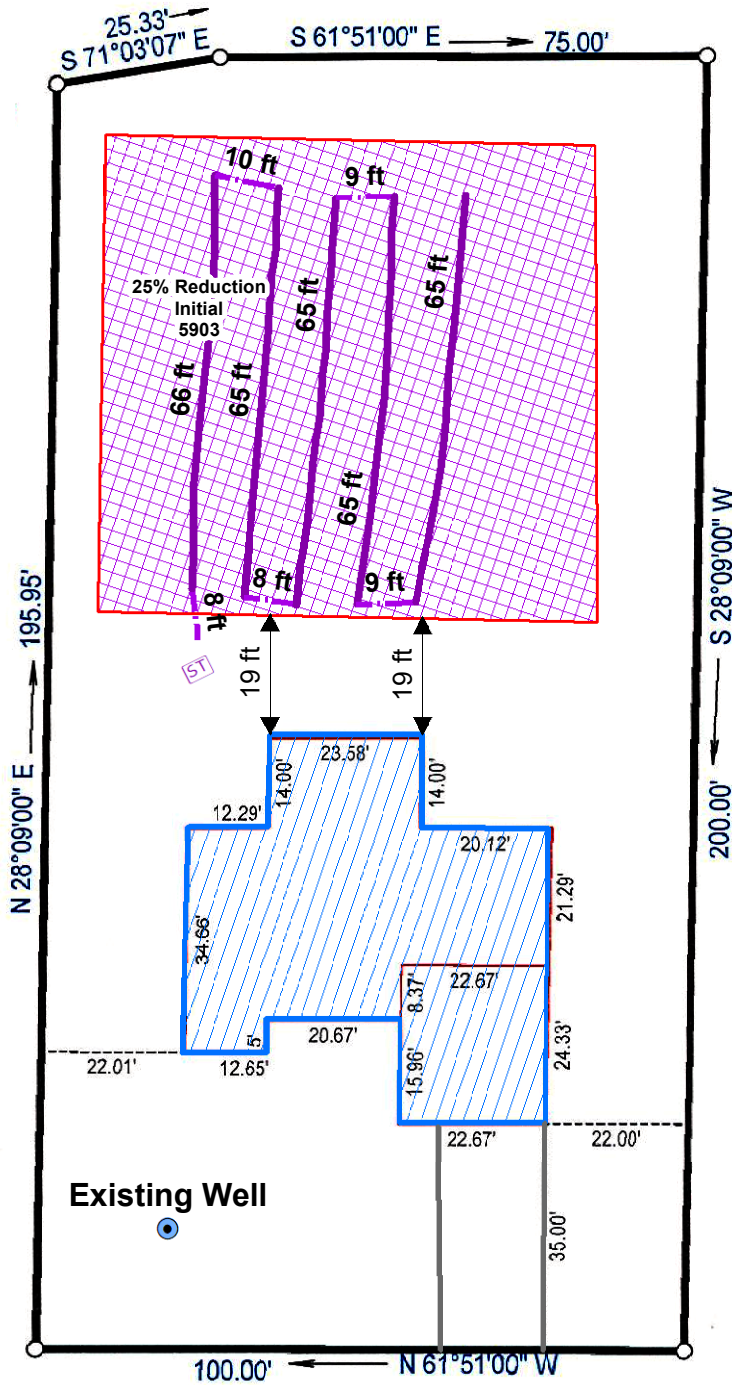


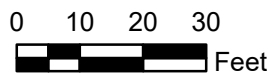


Diagram



HICKORY RIDGE DR
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:
 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.



#Scratch

Diagram

Septic Final
Billy Young - A+B Portales
3/20/24

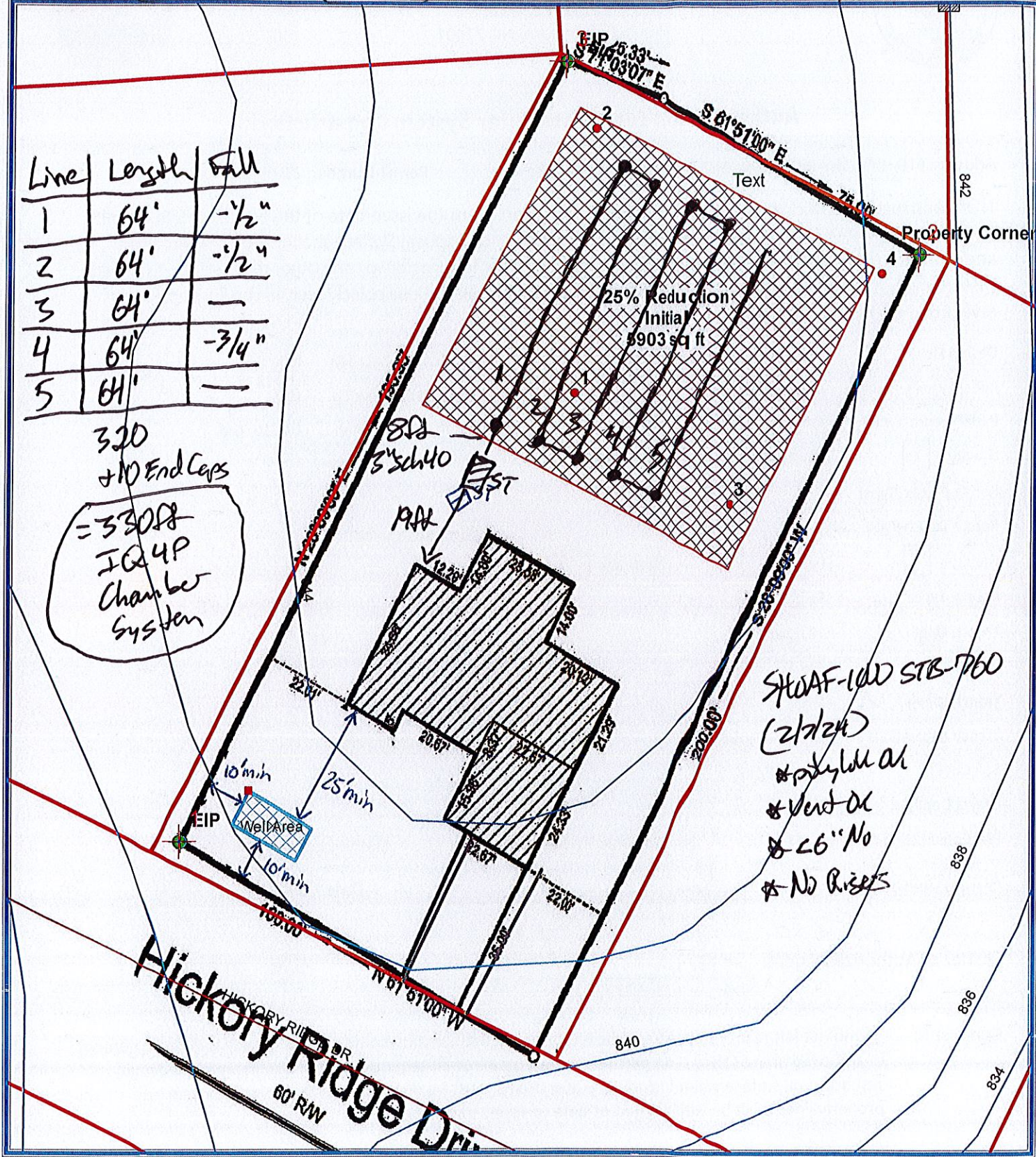


(2A) 4408 (18-34")

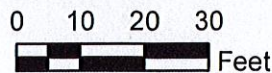
Line	Length	Fall
1	64'	-1/2"
2	64'	-1/2"
3	64'	—
4	64'	-3/4"
5	64'	—

320
+10 End Caps

= 3308
IQ4P
Chamber
System



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



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

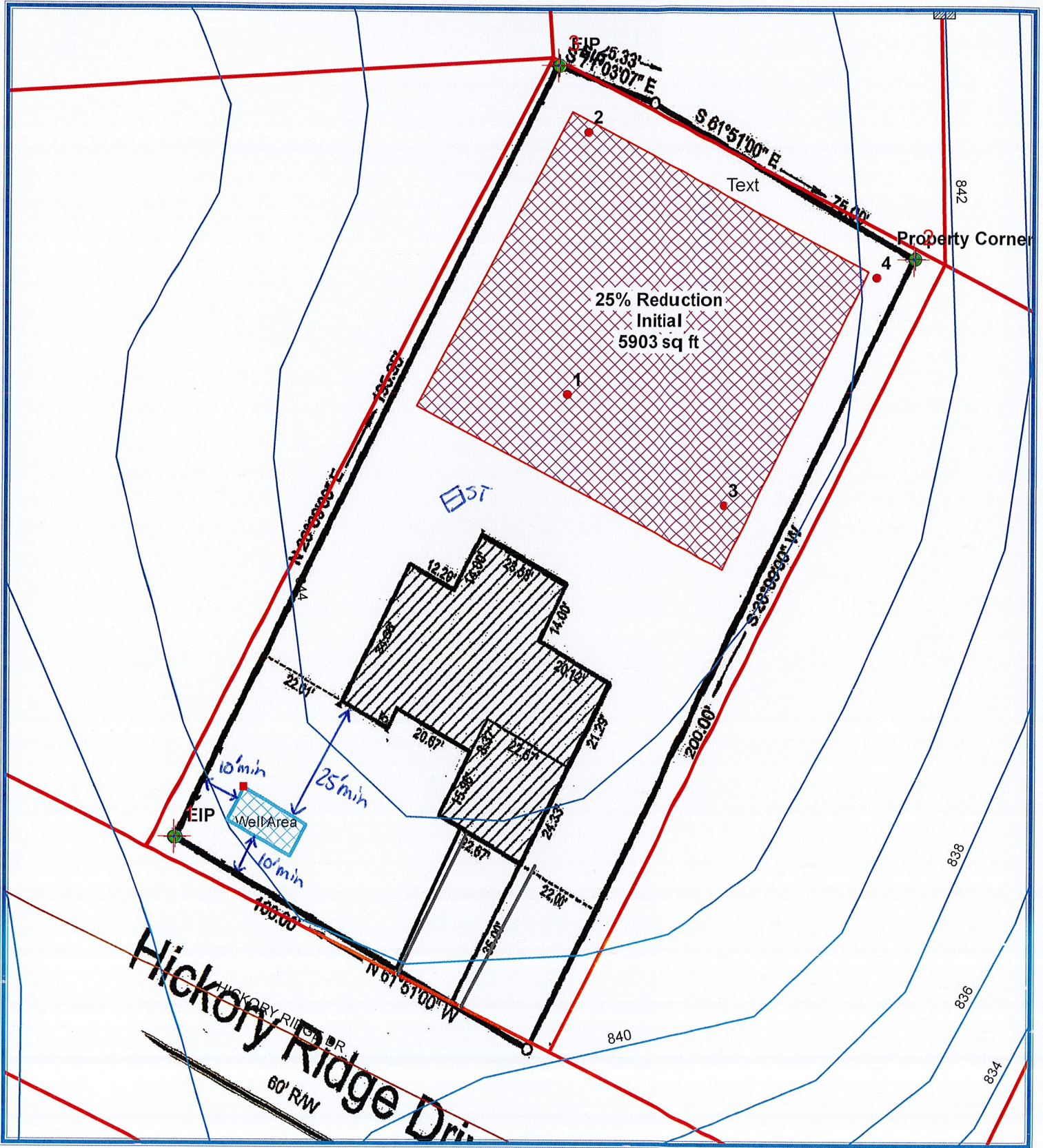
Authorization Issued: Randy Duncan REHS Date Issued: 01/31/24
 Environmental Health Specialist

Owner or Authorized Agent: Jean Saldana Date: 02/12/24
 Owner or Authorized Agent

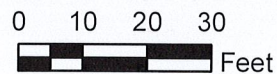
Comments: plumb out left rear of house to septic tank - install 440' of conventional gravel type drainfield on contour in approved area as shown on permit - do not grade or fill septic or repair area - maintain minimum setbacks - all surface water including gutter drains must be diverted away from septic 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: Jean Saldana Date: 02/12/24
Owner or Authorized Agent

Permit Issued: Randy Duncan, REHS Date Issued: 01/31/24
Environmental Health Specialist

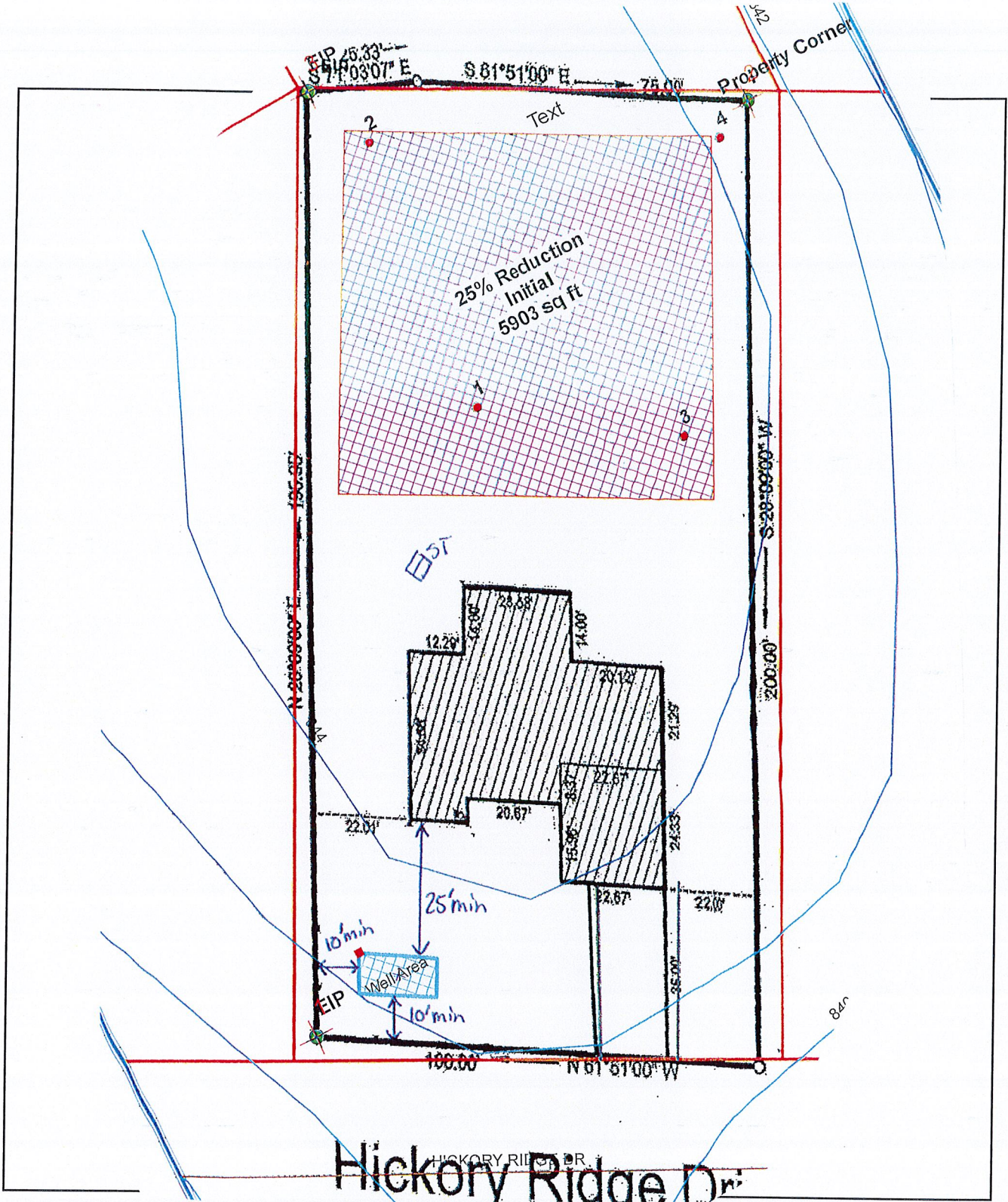
I certify that a grout inspection was completed and is in compliance with Guilford County Well Rules.

Partial Grout Inspection: _____ Date: _____

Final Grout Inspection: Arthur Lipe REHS Date Issued: 3/18/24
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: 23-12-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 **PROPERTY INFORMATION** 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 Const 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.

- 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.

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

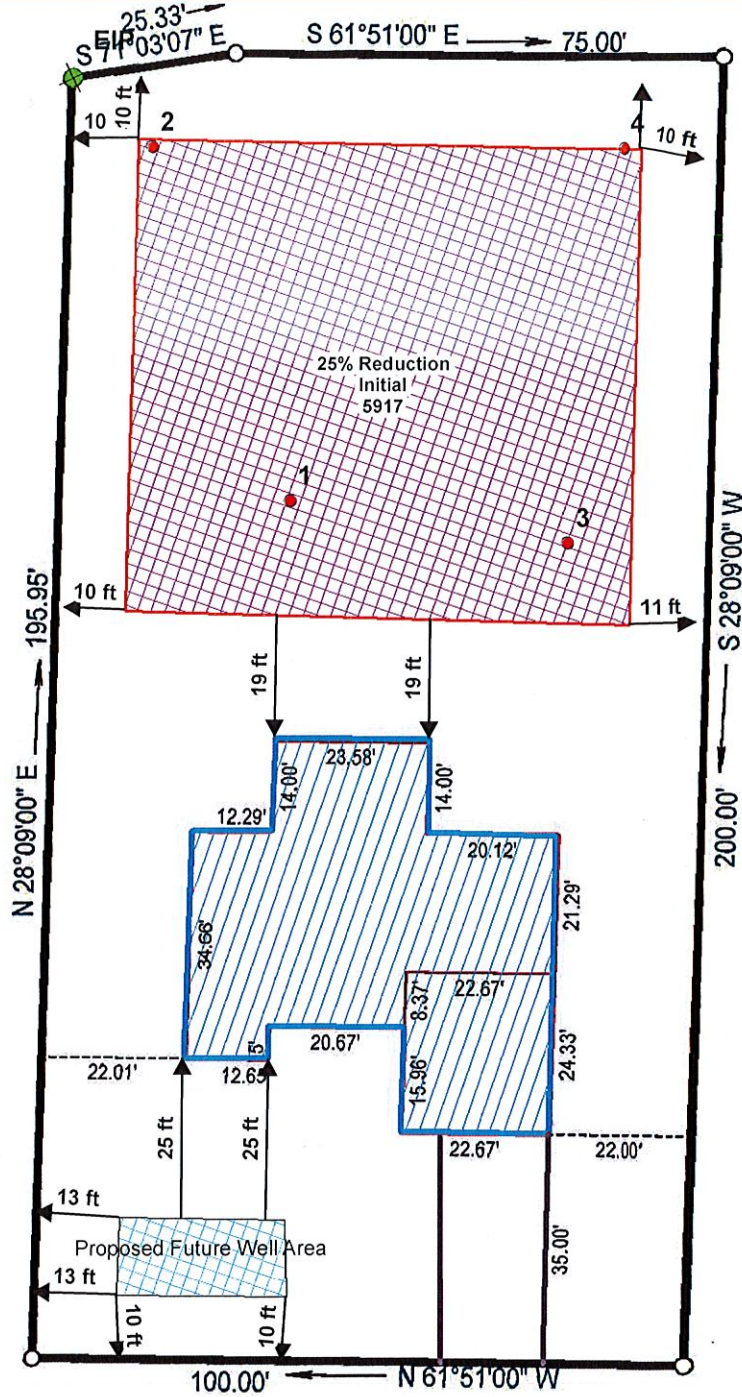
Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system 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' RW

Address: 619 Hickory Ridge Dr.

Permit #: 23-05-SNHR-00536

Issuer's Initials: ELH

Date: 6/8/2023



1 inch = 30 feet

DISCLAIMER:
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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-005316 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

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 type="checkbox"/> YES | <input checked="" 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) NC 68 N, Hwy 5, Regional Rd ontc Date 5/11/23
 * Must provide documentation to support claim as owner's legal representative. Hickory Ridge Dr; lot on left near end.

* permission verified by contract

Javier Saldana
336-451-1444

Parcel #
98 359

219 Hickory Dr
Greensboro NC

Scale
1" = 20'

