

PROPERTY SERVICE CHART

4353 Old Julian Rd.

ADDRESS (PRINT)

S/T Permit: _____ Date: _____

Name: _____

Well Permit: _____ Date: _____

Name: _____

Subd: _____ Sec: _____ Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
CASING INSP.	36' GALV. STEEL MEASURED WITH MAGNET OBSERVED STATIC LEVEL AT 11'	6-27-90	JW
ST. (line)	510 1000 gal	11-6-90	WDN/ TMMH
Septic plat	NO failure seen at time of inspection MOST PINS IN PLACE (C)	11/9/90 1/24/01	RSB BAP
Pool Add'n	18' x 36' inground pool to rear of house 30' sp. well is stubbed, no water in well - ok - (C) rent letter	8/22/03	CPE
Well Repair	Pike + Hill repaired galvanized well with 37' 4" pvc liner w/ boot - Grouted with 1 bag cement/sand mix. (C)	4/11/08	CVE
	Fixed ROC To Pike + Hill 622-7200	4/14/08	CVE
Boat Sample	Wellhead not accessible - wellhouse will not permit anyone from taking water sample.	5/20/08	CVE
	Tried to call Keith Sebastian and phone disconnected.	5/21/08	CVE

Call Keith

Sebastian

1 (704) 651 - 2658

Collect

\$ 110.00

FAX
622-7200

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

Address Of Well: 4353 Old Julian Rd Completion Date: 4/11/08

Well Owner: Keith Sebastian Well Permit Number: _____

Well Contractor Company: _____

Total Well Depth: _____ ft. Well Yield: _____ gpm Static Water Level: _____ ft.

Outer Casing	Material: <u>Galvanized</u>	Formation Log	
Casing Diameter: _____ in.	Casing Depth: _____ ft.	Depth	Description
		From: _____ ft. To: _____ ft.	_____
Inner Casing	Material: _____	From: _____ ft. To: _____ ft.	_____
Casing Diameter: _____ in.	Casing Depth: _____ ft.	From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____
		From: _____ ft. To: _____ ft.	_____

Grout		From: _____ ft. To: _____ ft.	_____
Depth	Material	Method	
From: _____ ft. To: _____ ft.	_____	_____	
From: _____ ft. To: _____ ft.	_____	_____	
From: _____ ft. To: _____ ft.	_____	_____	

Water Production Zones							
Depth: _____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.
Yield: _____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm

Method of Repair: Set 37' of casing 4" pvc pipe - Poured cement and sand mix.

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: Don Pke State Number: 2777 Date: 4-11-08

Record of Pump Installation

Pump Installation Contractor: _____ State Registration Number: _____

Pump Depth: _____ ft. Static Water Level: _____ ft.

Pump Brand: _____ Pump Size and Rating: _____ hp _____ 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: _____ Date: _____



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



Permit to Repair a Well

Address: 4353 OLD JULIAN RD, JULIAN, NC 27283

Permit Number: 08-03-WRHR-01670

Comments/Specifications:

- Redevelop well as necessary. Install packer/liner at least 5 feet into consolidated rock. Grout to surface. Complete well head according to Guilford County rules. Submit record of repair.

Above Information Certified By: Don R. R.
 Owner or Authorized Agent

Date: 4-11-08

Permit Issued: Laura Honeycutt RS
 Environmental Health Specialist

Date Issued: 3/17/08

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

Well must have min 41 ft of
 liner to meet current code

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

well repair

NUMBER: 08-03-WRHR-01670

APPLICATION TYPE: Building / Guilford County / Health Residential / Well Repair

PROPERTY ADDRESS: 4353 OLD JULIAN RD, JULIAN, NC 27283

APPLICANT: Applicant

Keith Sebastian
4353 Old Julian Road
JULIAN, NC 27283-9212

Phone: (704)651-2658
Phone:
Fax:
Email:

OWNER

Keith Sebastian
4353 Old Julian Road
JULIAN, NC 27283-9212

Phone: (704)651-2658

PARCEL NUMBER: 060402390022900035

Subdivision:

Phase: Lot:

Lot Size: acres

Recorded prior to 1983?:

Directions: Alamance Church Rd. To Old Julian Rd.

EXISTING

Water Supply: Drilled
Septic System: Yes

Location: rear
Location: front

PROPOSED

Bedrooms:
Water Supply:
Facility Type:
Building Size: sq ft
Employees/Seats:
Kitchen:

Residents:
Addition Type:
Dining Area: sq ft
Floor Drains:
Industrial Process:
Shifts:

COMMENTS:

IMPORTANT

I hereby grant authorized County and/or State officials right of entry to conduct necessary inspections and evaluations to determine compliance with the applicable rules.

By Phone

3-17-08

OWNER/AUTHORIZED AGENT SIGNATURE

DATE

Invoice Detail

Permit ID #: 08-03-WRHR-01670

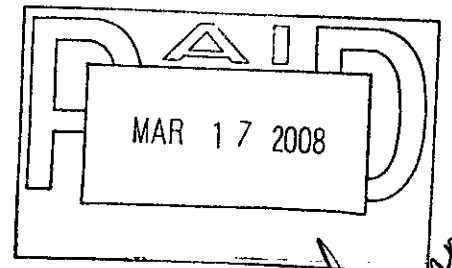
Invoice #: 62796

Invoice Date: 03/17/2008 10:05:57 AM

Period	Fee Item	Qty	Fee
BUILDING	Well Repair/No Camera	1	\$110.00

Total Fee: \$110.00

T8108-D
Version 4.0



*pd
by C. Chrg
JC*

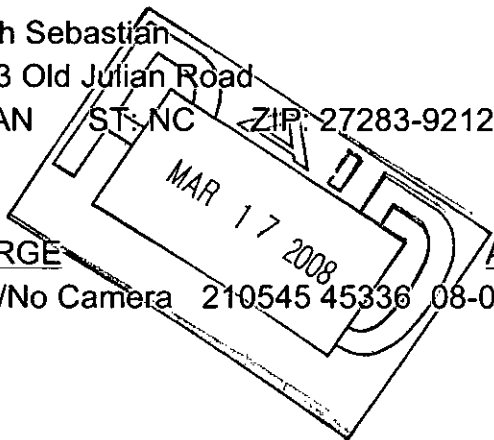


GUILFORD COUNTY RECEIPT

DATE: 03/17/08
TIME: 10:06:17
RECEIPT: 67014
CASHIER ID: TBARNES

PROPERTY ADDRESS: 4353 OLD JULIAN RD, JULIAN, NC 27283

NAME: Keith Sebastian
ADDR: 4353 Old Julian Road
CITY: JULIAN ST-NC ZIP: 27283-9212



<u>TYPE CHARGE</u>	<u>APPLICATION #</u>	<u>CHECK/CC #</u>	<u>AMOUNT</u>
Well Repair/No Camera	210545 45336	08-03-WRHR-01670	110.00
TOTAL			110.00

MAKE CHECK PAYABLE TO: GUILFORD COUNTY

Guilford County
Planning and Development
400 West Market Street
Greensboro, NC 27402
336-641-3334

Guilford County
Environmental Health
400 West Market Street
Greensboro, NC 27402
336-641-7613



GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT

0308327

Building Permit: 143223 Improvement Permit (Septic) 03088 Improvement Permit (Well) n/a

4353010 Julian Rd. Property Information Clay Tax Map: 04-0239-0229-635

Development Name Section/Phase Lot # Deed Book: 140 Plat Book: 90

Lot of Record First Lot Out Plat Required > 5 Acres (5-17-65 to 2-1-74) > 10Acres (2-1-74 to Present)

Located in recorded roadway corridor, do not permit. Contact NCDOT

Zoning Information

Zoning: AG Conditional Use (Describe): Overlay (Circle): MH SR HD AR FH Watershed: WCA:

Building Setbacks (Zoning): Street: 40 Side Street: Side Yard: 15 Rear: 30

Comments: PLANNING DEPARTMENT OFFICIAL: Septic Check for Inground 18x36 Rear of SFE 8-21-03

Applicants Information

Applicant: Guilford Pools Address: Phone: 8555339 Owner: Keith Sebastian Address: Phone: 685-0364

Development Information

NEW HOUSE ACCESSORY MODULAR SWMH DBMH MULTIFAMILY/DUPLEX RENOVATION ADDITION (TYPE)

OTHER TYPE: 18x36 Inground Pool Residential Specifications: 3 # of Bedrooms Total # of Rooms # of Occupants Basement Fixtures # of Stories Size of Structure (sq ft)

Non Residential Type: Commercial Industrial Other # of Employees # of Fixtures Plumbing # of Stories Size of Structure (sq ft) Restaurant # of seats: Church w/kitchen

Water Information: New Well Existing Well Public Community Well

Sewage Disposal: Conventional Chamber Trench Polystyrene Aggregate Low Pressure Pipe Lg. Diameter Pipe PTI Multi-pipe Drip Irrigation PPBPS Pre-Treatment Other (specify)

Directions: 421 S Exit Hwy 62 turn left/turn right Liberty Rd./turn left old Julian Rd. / House located on right ~ 1 3/4 mi.

A plat or site plan (A.K.A. plot plan) must accompany this application. Clearly stake and flag all property lines, corners and the corners of all structures.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, 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 rules. The owner/applicant is solely responsible for compliance with the applicable governing regulations.

OWNER/APPLICANT SIGNATURE: DATE: 8/21/03

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET _____ OF _____
PROPERTY I.D. # _____
DATE: _____
COUNTY: GUILFORD
ADDRESS: _____
SEPTIC # _____
WELL # _____
BUILDING PERMIT # _____

SUBDIVISION: _____
SECTION/PHASE: _____
LOT # _____

FACTORS		PROFILES												
		1	2	3	4	5	6	7	8	9	10			
LANDSCAPE POSITION	.1940													
SLOPE (%)	.1940													
HORIZON 1 DEPTH														
Texture Group	.1941(A)(1)													
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 2 DEPTH														
Texture Group	.1941(A)(1)													
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 3 DEPTH														
Texture Group	.1941(A)(1)													
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 4 DEPTH														
Texture Group	.1941(A)(1)													
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
SOIL WETNESS	.1942													
RESTRICTIVE HORIZON	.1944													
SAPROLITE	.1943/.1956													
CLASSIFICATION	.1948													
LONG TERM ACCEPTANCE RATE	.1955													
AVAILABLE SPACE (1945):														
OTHER FACTORS (1946):		SITE LONG TERM ACCEPTANCE RATE:												
OTHER FACTORS (1946):		SYSTEM TYPE:												
SITE CLASSIFICATION (1948):														
EVALUATED BY:		OTHERS PRESENT:												
COMMENTS:														

Lot # _____



201 South Eugene Street
Greensboro, NC 27401

AUGUST 22, 2003

KEITH SEBASTIAN
4353 OLD JULIAN RD
JULIAN, NC 27283

REF: 4353 OLD JULIAN RD
18X36 INGROUND POOL 10' OFF REAR OF HOUSE

DEAR KEITH SEBASTIAN,

ON 08-22-03, A REPRESENTATIVE FROM THIS OFFICE VISITED YOUR PROPERTY FOR THE PURPOSE OF INSPECTING A PROPOSED IMPROVEMENT, AS REFERENCED ABOVE. THE INSPECTION VERIFIES THAT THE LOCATION OF THE IMPROVEMENT MEETS THE MINIMUM GUIDELINES SET FORTH IN THE RULES AND REGULATIONS.

THIS INFORMATION HAS BEEN FORWARDED TO THE GUILFORD COUNTY PLANNING AND DEVELOPMENT OFFICE. PLEASE CONTACT THEM TO FIND OUT WHEN YOU MAY PICK UP YOUR BUILDING PERMIT.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT THIS OFFICE AT 641-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 9:00 A.M.

SINCERELY,

A handwritten signature in black ink that reads "Robley Clark, RS". The signature is written in a cursive style with a large, prominent "R" at the beginning.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: RES ADDITION/REMODEL SEPTIC INSP NUMBER: 0308327
DATE PRINTED 08/21/03

PROPERTY ADDRESS: 4353 OLD JULIAN RD
DIRECTIONS:

PROPERTY OWNER/ADDRESS PHONE: H 336 685-4227 W
KEITH SEBASTIAN TAX #: 06 04-0239-0 0229-00 035
4353 OLD JULIAN RD LOT SIZE: 0.000 ACRES
JULIAN, NC 27283
SUBDIV/M HOME PARK NAME LOT # SEC # NEW SUB/LOT REC PRIOR 83?
001

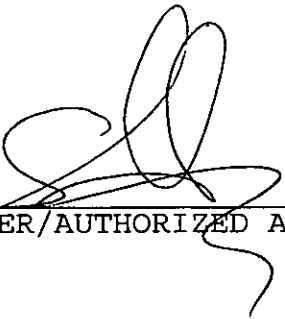
PROPOSED
WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: 3 NO RES: 0 BASEMENT: PLUMBING: FIXTURES:
TYPE ADDN, SZ&LOC: * SEPTIC CHECK FOR SWIMMING POOL 18X36/INGROUND/
BUILDING CONTRACTOR:

EXISTING:
WATER SUPPLY: PRIVATE TYPE WELL: WELL HEAD ABOVE GROUND:
LOC:
SEWAGE DISPOSAL: YR INSTALLED:
LOC:
NO BDRMS: 3 NO RES: 0 BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

I HEREBY GRANT AUTHORIZED COUNTY AND/OR STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS AND EVALUATIONS TO DETERMINE COMPLIANCE WITH THE APPLICABLE RULES.

 8/21/03

OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
373-7613

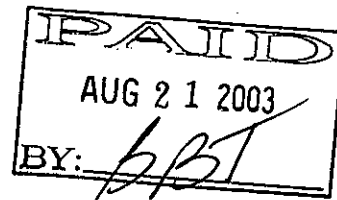
DATE 08/21/03
TIME 08.25
RECEIPT 0138466

PROPERTY ADDRESS 4353 OLD JULIAN RD

NAME KEITH SEBASTIAN
ADDR 4353 OLD JULIAN RD
CITY JULIAN ST NC ZIP 27283

TYPE CHARGE		REFERENCE	AMOUNT
EXISTING SEPTIC SYSTEM INSPECT	5121	0308327	100.00
		TOTAL	100.00

MAKE CHECK PAYABLE TO: GUILFORD COUNTY





GUILFORD COUNTY

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

WATER QUALITY UNIT

JANUARY 25, 2001

RIGDON R. SMITH
4417 OLD JULIAN RD
JULIAN, NC 27283

REF: 4353 OLD JULIAN RD

DEAR RIGDON R. SMITH,

ON 01-24-01, A REPRESENTATIVE FROM THIS OFFICE VISITED YOUR PROPERTY AS REFERENCED ABOVE, FOR THE PURPOSE OF A VISUAL INSPECTION OF THE SUBSURFACE SEWAGE TREATMENT AND DISPOSAL SYSTEM. THE RESULTS ARE AS FOLLOWS:

AN ABOVE GROUND INSPECTION OF THIS SITE WAS MADE AND NO VISIBLE MALFUNCTION OF THE SEWAGE SYSTEM WAS OBSERVED AT THIS TIME. THIS IS AN EXISTING SYSTEM THAT HAS BEEN COVERED FOR SOME TIME AND ACTUAL UNDERGROUND CONSTRUCTION OF THE SYSTEM CANNOT BE OBSERVED AT THIS TIME. THIS REPORT DOES NOT CONSTITUTE A WARRANTY AND IN NO WAY GUARANTEES THE FUNCTIONING OF THE SEPTIC TANK SEWAGE DISPOSAL SYSTEM. THIS REPORT DOES NOT NEGATE OR SUPERSEDE ANY ZONING RESTRICTION OR RESTRICTED COVENANTS IN THE CHAIN OF TITLE. IT IS THE RESPONSIBILITY OF THE OWNER OF THIS PROPERTY TO DETERMINE WHETHER OR NOT SUCH RESTRICTIONS APPLY.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT THIS OFFICE AT 373-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 9:00 A.M.

SINCERELY,

B. Patraus, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: RESIDENTIAL SEPTIC SYSTEM CHECK NUMBER: 0101958
DATE PRINTED 01/08/01

PROPERTY ADDRESS: 4353 OLD JULIAN RD
DIRECTIONS:
ALAMANCE CHURCH RD, TR OLD JULIAN RD, HOUSE ON LEFT

PROPERTY OWNER/ADDRESS PHONE: H 336 685-4227 W
RIGDON R. SMITH TAX #: - - -
4417 OLD JULIAN RD LOT SIZE: 0.000 ACRES
JULIAN, NC 27283
SUBDIV/M HOME PARK NAME LOT # SEC # NEW SUB/LOT REC PRIOR 83?

PROPOSED
WATER SUPPLY: WATER USAGE INCREASE: N POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

EXISTING:
WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND: Y
LOC: LEFT REAR
SEWAGE DISPOSAL: YR INSTALLED:
LOC: FRONT
NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

I HEREBY GRANT AUTHORIZED COUNTY AND/OR STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS AND EVALUATIONS TO DETERMINE COMPLIANCE WITH THE APPLICABLE RULES.

OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE



GUILFORD COUNTY
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

Date _____

Name Sebastian, Keith
address 4353 Old Julian Rd

On _____ a well and septic tank system inspection was made at
_____. The following conditions were found:

Well does ___ does not ___ meet standards set by the Guilford County
Regulations Governing Construction of wells.

Comments: _____

Water sample results confirm:

Positive ___ Negative ___ presence of coliform bacteria.

Comments: _____

Septic tank system showed: no visible visible ___ signs of malfunction on
this date.

Comments: System approved when installed
on Nov. 7, 1990

Should you have any questions regarding this report, please feel free to call
our office.

Melissa Hill, R.S.
Sanitarian

12/27/90
Date

301 North Eugene Street
P.O. Box 3508
Greensboro, N. C. 27401
Phone: (919) 373-3771

SOIL/SITE EVALUATION

Owner	SMITH, RIGDON R.		Location	OLD JULIAN RD		
	Area 1	Area 2	Area 3			
1. Approx dimensions of area						
2. Sanitarian/Date	CAC RSC 1-30-90					
3. Slope and Topography Inclinometer Reading	S (PS) (U)	S PS U	S PS U			
4. Soil Structure						
5. Soil Texture Soil Textural Group	S PS I II III (IV)	S PS I II III IV	S PS I II III IV			
6. Clay Minerology: Slightly Expansive Expansive	S (U)	S U	S U			
7. Soil Wetness: Depth to Water Table Munsell Color	S PS (U)	S PS U	S PS U			
8. Soil Depth	S PS (U)	S PS U	S PS U			
9. Available Repair (100%)	S (U)	S U	S U			
10. Site Classification	S PS (U)	S PS U	S PS U			
11. Long-Term Acceptance Rate	_____	_____	_____			

12. Type of System	Comments
<p>Diagram</p> <p>X1 0-12" SL VERY WET. 12" + CLAY 2:1 G.M.</p> <p>X2 0-20" SL 20" + CLAY 2:1 G.M.</p> <p>X3 0-14 SL 14" + CLAY 2:1 G.M.</p> <p>X4 0-BS 8"-12" SCL 12" + CLAY 2:1 18" G.M.</p> <p>X5 0-12" SL VERY WET 12"-18" SCL 18" + G.M. & CLAY 2:1 PERCHED WATER TABLE @ 6"</p> <p>X6 0-20" VERY WET 20" + CLAY 2:1 22" + G.M.</p>	<p>X7 0-10" L 10" + GLEY (SOLID)</p> <p>X8 0-8" SCL 8"-36" SL SLOPE @ THIS BORING 15% NOTHING TO GO WITH THIS BORING</p>

HOUSE STAKED OUT

REAR HALF OF LOT GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Application for Soil Evaluation & Improvement Permit

Owner: SMITH, RIGDON R. Current Address: 4417 OLD JULIAN RD Telephone: 685-4227
Property Address: _____ Legal Description: LOT#1 RIGDON R. SMITH
Tax # ~~164473~~ 01-0239-0 Bk 000-00 Site Location: ALAMANCE CH RD TR COBLE CH RD
TR OLD JULIAN RD PAST WATCHTOWER LOT ON LEFT ACROSS FROM 4361 OLD JULIAN RD
Requested by: RIGDON R. SMITH - OWNER FOR JAN SEBASTIAN Telephone: 685-4227
(Name & Relationship to Owner) DAUGHTER
Lot size 1.39 AC House size 40x50 Number of Bedrooms 3 Number of Bath 2
Basement Yes ___ No ___ Fixtures: ___ Yes ___ No ___ NO. ___ Garbage Disposal Total Fix ___
New Repair ___ Addition ___ Mobile Home ___ Accessory Use ___
Commercial ___ No. Employees ___ Describe _____

I hereby make application to the Guilford County Department of Public Health for a site evaluation for an on-site wastewater disposal system for the property described and authorize health department representatives to go on such property for evaluation purposes. I agree that the contents of this application are true. I understand that the Improvement Permit is valid for 5 years and is subject to revocation if site plan or the intended use changes.

Owner or Authorized Agent: R/S for Rigdon R. Smith Date 1-18-90

I AGREE TO DO OR PROVIDE THE FOLLOWING

Planning & Development Remarks/Approval: APPROVED PRELIMINARY 1-12-90 JIM MORRISON

Planning & Development Signature: _____ Date _____
(Office Use) (Office Use)

Site Plan Letter of Permission
Deed & Approved Preliminary Plan Floor Plan

- Stake all corners of lot; use at least 3 foot stakes with flags that can be easily seen. If stakes are not clearly visible from all areas of the lot, I will mark side lines.
- Stake off location of house, mobile home, structure and well
- Bush hog, clear or clean large uncontrolled vegetation on area to be evaluated in order for sanitarian to have access. Do not cut large trees or cut top soil off lot.
- Call Water and Sewer Unit (373-7613 Greensboro or 884-7758 High Point) when lot is ready for evaluation.

OFFICE USE
SITE EVALUATION REPORT

Factors	Suitable	Unsuitable
1. Slope/Landscape position	_____	<input checked="" type="checkbox"/>
2. A. Soil Texture Group	_____	<input type="checkbox"/>
B. Soil Texture	_____	<input type="checkbox"/>
3. Soil Drainage (wetness)	_____	<input checked="" type="checkbox"/>
4. Soil Depth	_____	<input type="checkbox"/>
5. Restrictive Horizon	<u>NONE</u>	<input type="checkbox"/>
6. Available Space	_____	<input checked="" type="checkbox"/>

Comments: _____

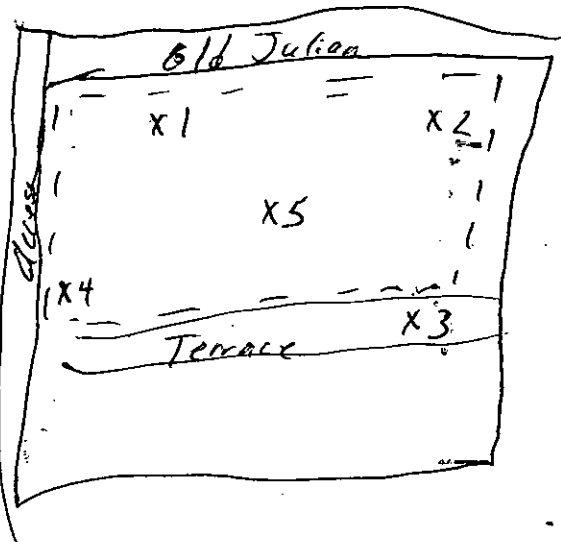
Signature: R. Scott Thomas Date 1/31/90

If an Improvement Permit is denied, the Applicant has the right to an informal review by this Department and the right to appeal under G.S. 130A-24 and to have the appeal held in Guilford County.

Owner <i>Risda Smith</i>	Location <i>Old Outlay Rd.</i>		
	Area 1	Area 2	Area 3
1. Approx dimensions of area	<i>14-15 ft</i>		
2. Sanitarian/Date <i>3/1/60</i>	<i>JLT</i>		
3. Slope and Topography Inclinometer Reading <i>3-6%</i>	<u>S PS U</u>	<u>S PS U</u>	<u>S PS U</u>
4. Soil Structure	<i>aB</i>		
5. Soil Texture Soil Textural Group	S PS I II <u>III IV</u>	S PS I II III IV	S PS I II III IV
6. Clay Minerology: Slightly Expansive Expansive	<u>S</u> U	S U	S U
7. Soil Wetness: Depth to Water Table Munsell Color	<u>S PS</u> U	S PS U	S PS U
8. Soil Depth	<u>S PS</u> U	S PS U	S PS U
9. Available Repair (100%)	<u>S</u> U	S U	S U
10. Site Classification	<u>S PS</u> U	S PS U	S PS U
11. Long-Term Acceptance Rate	<i>3 gpd.</i>		

12. Type of System

Diagram



Comments

- X1 0-14 Tilled
14-28 B
28-36 BC
- X2 0-14 Tilled
14-36 B
- X3 0-14 Tilled
14-24 B
24-30 BC
30+ C
- X4 0-20A
20-30AB
30-36+ B
- X5 0-14 Tilled
14-26 B
26-36 BC



GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
373-7613

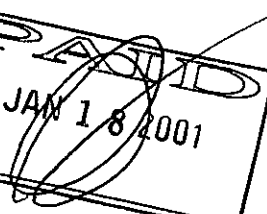
DATE 01/08/01
TIME 15.17
RECEIPT 0102686

PROPERTY ADDRESS 4353 OLD JULIAN RD

NAME RIGDON R. SMITH
ADDR 4417 OLD JULIAN RD
CITY JULIAN ST NC ZIP 27283

TYPE CHARGE	REFERENCE	AMOUNT
EXISTING SEPTIC SYSTEM INSPECT 5121	0101958	70.00
	TOTAL	70.00

MAKE CHECK PAYABLE TO: GUILFORD COUNTY

PAID
JAN 18 2001
BY: 

3-20-90

Ken,

This lot is a
configuration of a
previously ^{pre.} approved lot.
Please check your records.

Thanks.

Jim M.

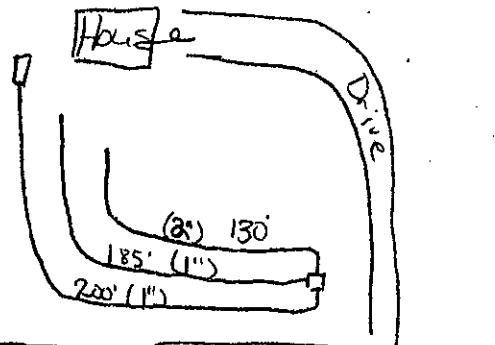
CERTIFICATE OF COMPLETION
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
SEPTIC TANK INSPECTION CERTIFICATE

Name 4353 OLD JULIAN RD Keith Sebastian Date 11-7-90

Location ALAMANCE CH RD T/R OLD JULIAN lot on left

Installation 1000 gal 510' line 3' dia Contractor Young

PLAT



old Julian Rd

Remarks tank date 1-13-90
3 BR 7-11 Fixtures

Approved

Disapproved

Melissa Hill / Kellie D. Hill BS
 (Sanitarian)

Building Permit No. 55884

Health Department Permit No. 001323

PERMIT TO CONSTRUCT OR REPAIR A WELL

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

Permit Date: 6/15/90

Well Owner(s) Address: 4353 Old Julian

Well Owner: Sebastian,

Well Contractor: _____

Pump Installer: _____

House Mobile Home _____ Business _____ Other _____

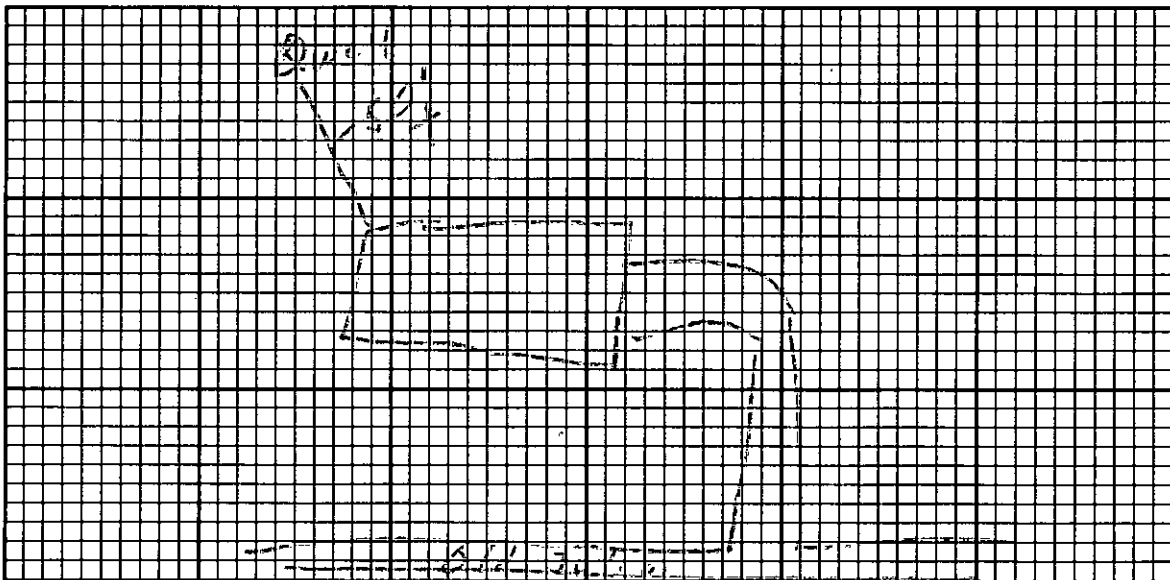
Casing Type: _____ Casing Diameter: _____

Nature of repairs (if applicable) _____

Above information certified by: Keith Sebastian

This permit expires one year from date of issue. Signed: [Signature]
Sanitarian

Location diagram of well to include lot size and shape, location of building, septic tank, streams, privies, etc.



Paid Amount: \$ 80⁰⁰ Date: 6/15/90 Receipt #: 6605 Rec'd by: [Signature]

IMPROVEMENT PERMIT
Guilford County Department of Public Health
Septic Tank System

№ 001323

Grid _____

Address: 4353 Old Julian Rd. Name Sebastian,

Location: Alamance Ch Rd. TR Old Julian

Lot Size: 1.24ac House Size: _____ Number of Bedrooms: 3

Basement: Yes _____ No Fixture: _____ Yes No Number: _____

Garbage Disposal _____ Yes No Number of Baths 1.5 Total Fixtures: 7-11

New well Existing Well _____ Public _____

New Repair _____ Addition _____ Mobile Home _____ Accessory Use _____

Above information certified by: Kiril Sebastian

Following is the minimum specification for sewage disposal system on above captioned property. Subject to final approval by the Health Director and compliance with local zoning and building regulations.

System: Conventional LPP _____ T&J _____ Other _____

Size of Tank: 1000 Pump System _____ Yes No System Size 510'

Setback Off Road Center: 130' Set Up Off Rear: _____ Offset 30' left

Remarks: Re investigated. Loading Rate 0.35
6/15/90 JCT

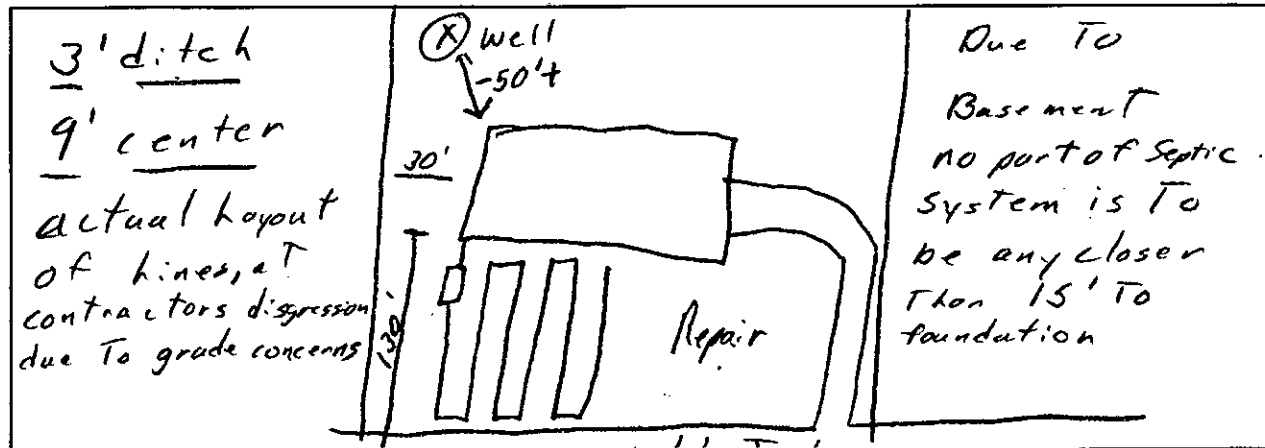
3' ditch Shallow Trench 24" Total depth - 6" gravel under Pipe - Cover pipe
width 12" gravel Total + 2"

Permit: Granted Denied _____ Signed: [Signature]

this permit expires five years from 6/15/90, and is subject to revocation if site plans or the intended use changes.

Drawing Top soil is good. There for (Shallow Trench)
however, Soil passes 36" Line so Deeper Trenches are ok.

Floor Plan
Reviewed 6/15/90 JCT 3 BR

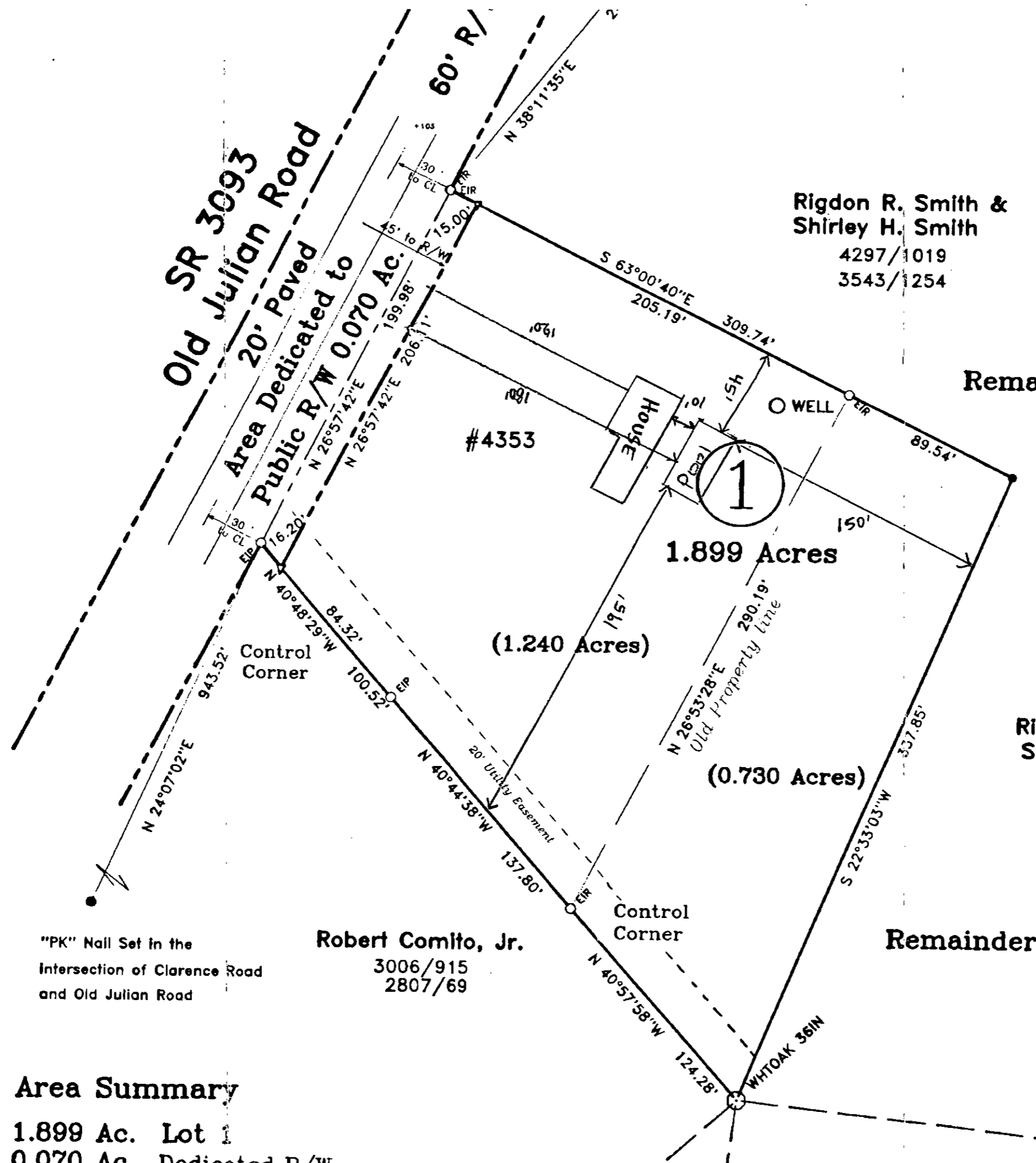


Fees Due \$ 95.00 Fees Paid \$ 95.00 Date: 6/15/90 Receipt # 6605 Rec'd by [Signature]

GUILFORD COUNTY
PLANNING & DEV.

PERMIT # 143223
ZONING AG
MIN. LOT WIDTH 150
MIN. SETBACKS
FRONT 40'
SIDE STREET _____
SIDE YARD 15'
REAR 30'
APPROVED BY [Signature]
DATE 8-21-03

Rigdon R. Smith &
Shirley H. Smith
4297/1019
3543/254



Remainder 11.45

Rigdon R. Smith
Shirley H. Smith
4297/1019
3543/1254

Remainder 11.45 Acres

"PK" Nail Set in the
Intersection of Clarence Road
and Old Julian Road

Robert Comito, Jr.
3006/915
2807/69

Area Summary
1.899 Ac. Lot 1
0.070 Ac. Dedicated R/W