

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. (Incl)	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, inspected - ok - (C) sent 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

Depth	Material	Method	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.	_____

Water Production Zones

Depth: _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft.
Yield: _____ 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

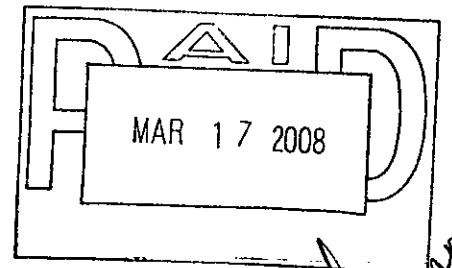
Invoice #: 62796

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*

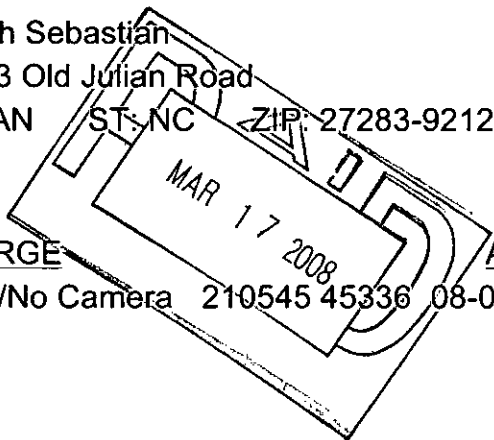


GUILFORD COUNTY RECEIPT

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 DIVISION OF ENVIRONMENTAL HEALTH
WELL INSPECTION CHECKLIST**

Owner's Name: KEITH SEBASTIAN Well Driller: _____
 Location: 4353 OLD JULIAN Type of Well: _____

Installation/Repair/Abandonment of Well: Approved Disapproved

by: _____ Date: _____
 Sanitarian

Sanitarian Initials & Date

		New	Repair	Abandon
1.	Well Site (V-A) accessible for maintenance _____ well drained (no flooding) _____ 25' from watertight sewer line _____ 100' from septic system _____ 10' from property line _____ 50' from termiticided bldg. foundation _____ Comments: _____			
2.	Permit (IV) No. <u>0714</u> Comments: _____	JCT 6.15.90		
3.	Casing (V-C) Material: <u>GALV STEEL</u> 20' minimum depth <input checked="" type="checkbox"/> 'act. depth _____ steel installed at bottom? <u>ALA</u> _____ drive shoe used? _____ terminates 12" (min.) above land surface _____ Comments: _____	36' 16" JN 6.27.90		
4.	Grouting (V-D) pressure (1-1/2" annular space) _____ pumped (1-1/2" annular space) _____ poured (3" annular space) _____ 20' depth (minimum) _____ Comments: _____			
5.	Identification Tag (V-G) Total depth _____ ft. Yield _____ gpm _____ Inside dia. _____ in. Static level _____ ft. _____ Screened int. _____ Date completed _____ (gravel) Casing Depth _____ Comments: _____			

*STATIC
LEVEL 11'*



GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT

0308327

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

Street Address: 4353 Old Julian Rd. Property Information Clay Tax Map: 04-0239-0229-635

Development Name _____ Section/Phase _____ Lot # 1 Deed Book: 140 Plat Book: 90

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

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

Zoning Information

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

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

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

Applicants Information

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

Development Information

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

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: Exit 421 S 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):		OTHERS PRESENT:												
EVALUATED BY:														
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.

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

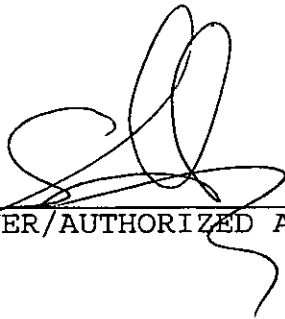
PROPOSED
WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: 3 NO RES: 0 BASEMENT: PLUMBING: FIXTURES:
TYPE ADDN, SZ&LOC: * SEPTIC CHECK FOR SWIMMING POOL 18X36/INGROUND/
BUILDING CONTRACTOR:

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

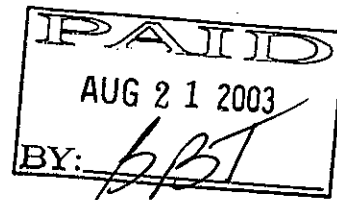
DATE 08/21/03
TIME 08.25
RECEIPT 0138466

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 RSG 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" VER? 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: _____

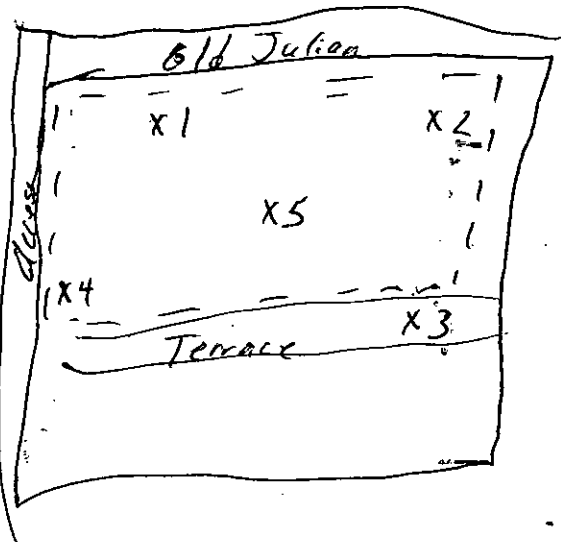
Signature: R. Scott Thomas Date 1/31/90

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 Outing 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

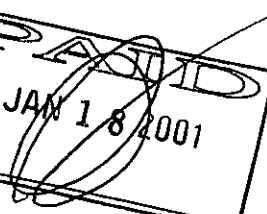
DATE 01/08/01
TIME 15.17
RECEIPT 0102686

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.

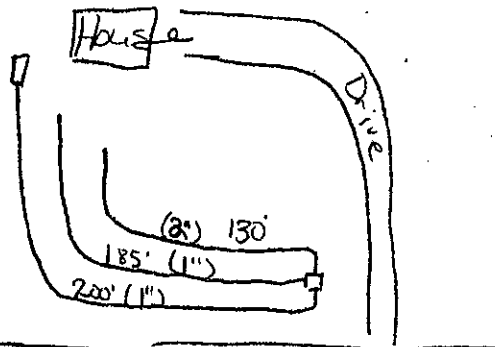
CERTIFICATE OF COMPLETION
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
SEPTIC TANK INSPECTION CERTIFICATE

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



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 _____

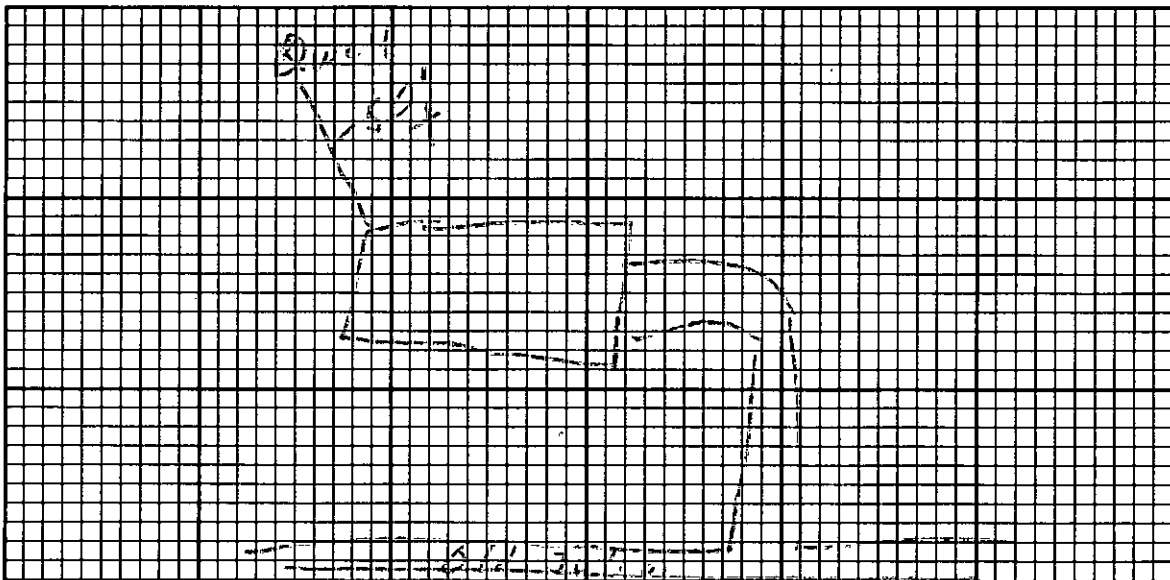
Casing Type: _____ Casing Diameter: _____

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

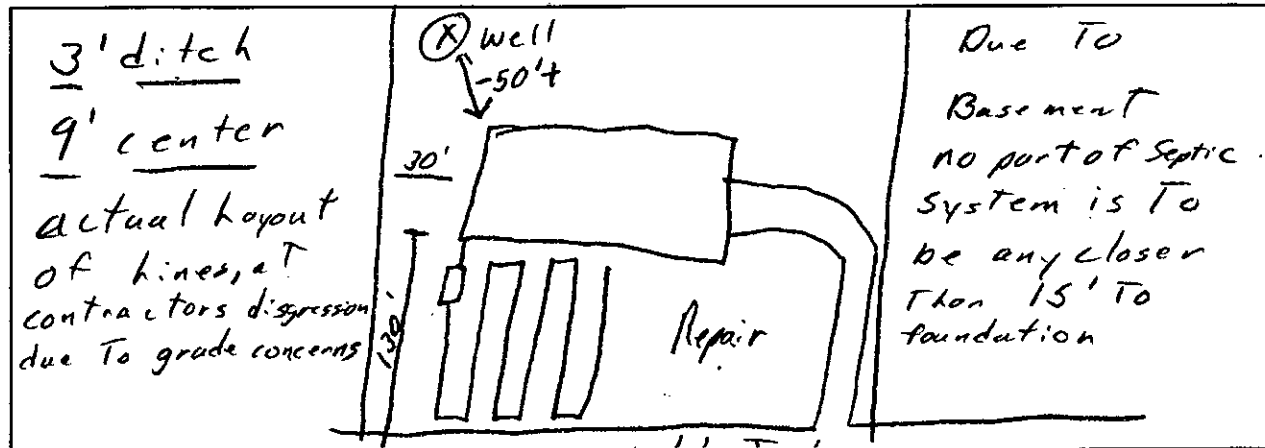
3' ditch Shallow Trench 24" Total depth - 6" gravel under Pipe - Cover pipe
width 12" gravel Total + 2"

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

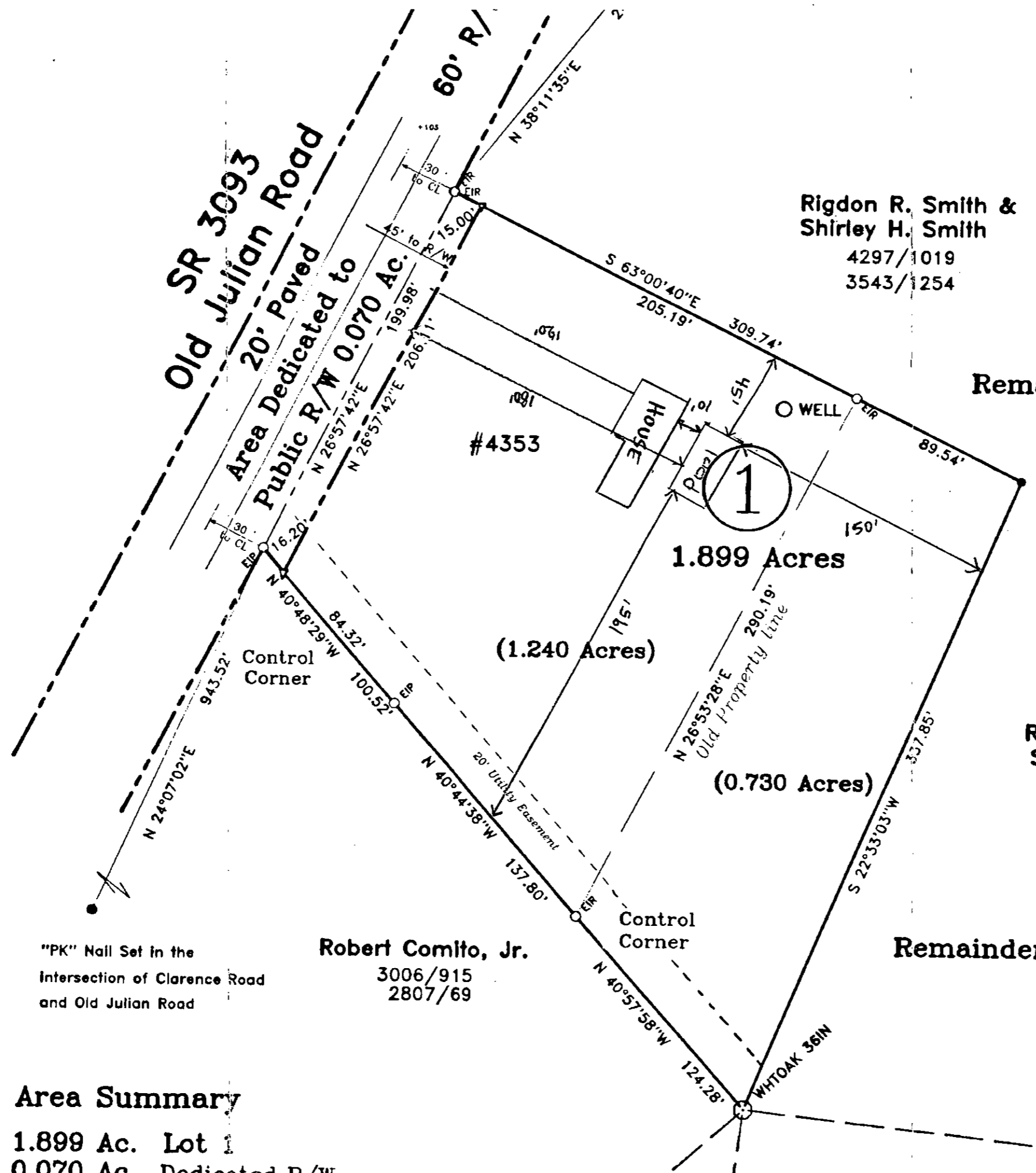


Fees Due \$ 95⁰⁰ Fees Paid \$ 95⁰⁰ Date: 6/15/90 Receipt # 6605 Rec'd by [Signature]

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

1.899 Acres

(1.240 Acres)

(0.730 Acres)

Remainder 11.45 Acres

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

Robert Comito, Jr.
3006/915
2807/69

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

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

Surveyor's Certification -- Purpose of Plat

I, Sherie M. Willard, certify that this plat is of an actual field survey made under my direct supervision (Deed Ref. as shown); That the boundaries not surveyed are clearly indicated as dashed lines drawn from information found (Deed Ref. as shown); That the ratio of precision as calculated is 1:302,750; That this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, license number and seal this 11 day of November, 2000.

This survey creates a subdivision of land within the area of Guilford County that has an ordinance that regulates parcels of land.

L-3385 Professional Land Surveyor

Certificate of Ownership and Dedication

The undersigned hereby acknowledge that the land shown on this plat is within the subdivision regulation jurisdiction of Guilford County and this plat and allotment to be _____ free act and deed and hereby dedicate to public use as streets and easements, forever all areas so shown or indicated on said plat.

Signed _____
Signed _____
Attest _____

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

This plat does not require certificate of approval by the Division of Highways as provided in N.C.G.S. 136-102.6, subsection(g).

Signed _____ Date _____
Planning Director

Planning Department Guilford County, North Carolina
Approved by the Planning Department of Guilford County, North Carolina on the _____ day of _____, 2000 pursuant to Article V of Guilford County Development Ordinance.

Signed _____ Date _____
Planning Director

Review Officer Guilford County, North Carolina

I, _____, Review Officer of Guilford County, certify that the plat or map to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

Register of Deeds Guilford County, North Carolina

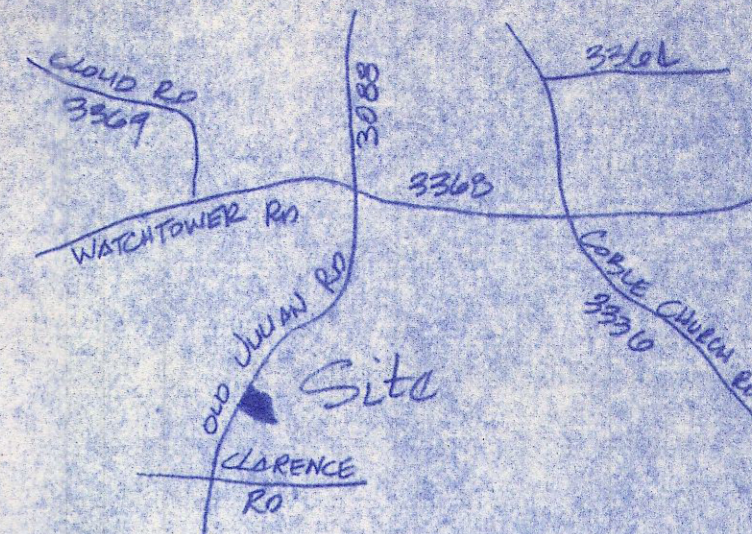
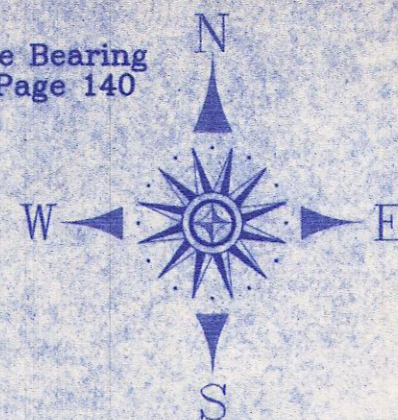
This plat was recorded on this day _____, 2000 and registered in the office of the Register of Deeds for Guilford County, North Carolina in Plat Book _____, Page _____

Katherine Lee Payne, Register of Deeds

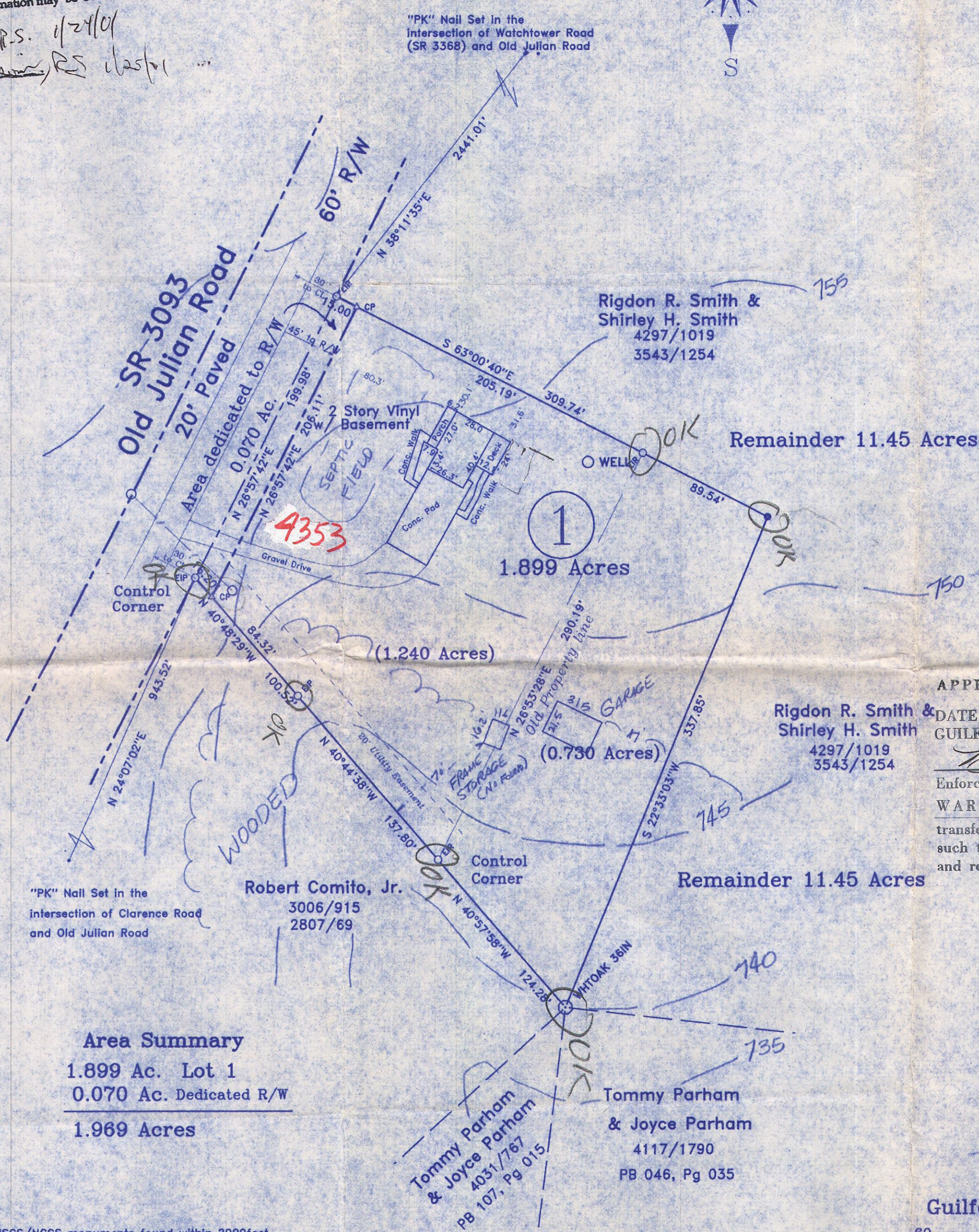
Certificate of Health Department Approval: (Preliminary Plat)
This preliminary plat was reviewed by the Guilford County Health Department. Specific lot information may be obtained by contacting the Health Department.

Date: 11/24/00
Signature: [Signature]

Reference Bearing
PB 97, Page 140



Vicinity Map (1" = 2000")



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

NOTES

- No USGS/NCGS monuments found within 2000feet.
- Traverse adjustment method - Least Squares
- Tax Map Ref. - ACL-06-4-239-229-35 & part of 10.
- Deed Reference: PB 97, Pg 140, 3543/1254, 3803/516.
- Area by coordinates.
- Zoning - AG.
- This property is not located in a watershed.
- This property is not located in a flood hazard area as determined by the Department Of Housing and Urban Development . FEMA Panel No. 370111 0215 B, Dated 6/4/80.
- County Topo 5' Contour Interval (if shown).

Existing Lot known as Lot 1 of Rigdon R. Smith Plat, recorded in PB 97, Pg. 140 and a portion of property described in Db 3543, Page 1254. Guilford County Register of Deeds.

LEGEND

- EIP Existing iron pipe
- EIR Existing iron rod
- NIR New iron rod
- NS Nail Set "PK"
- Stone Found Stone
- △ CP Computed point
- Axle Existing axle
- RRS Railroad Spike Found

APPROVED PRELIMINARY PLAT

DATE 12/22/00
GUILFORD COUNTY PLANNING DIVISION

[Signature]
Enforcement Officer

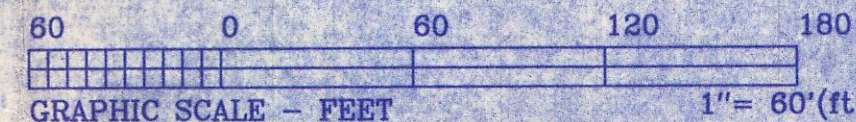
WARNING: It is illegal to sell or transfer lots shown on this plat until such time that a final plat is approved and recorded.



Preliminary Plan
Keith Alan Sebastian & Jan Smith Sebastian

4353 Old Julian Road
Clay Township

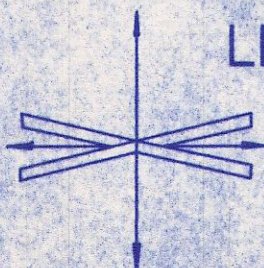
Guilford County North Carolina



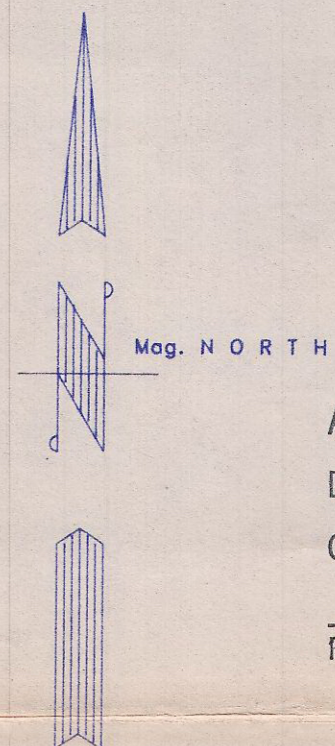
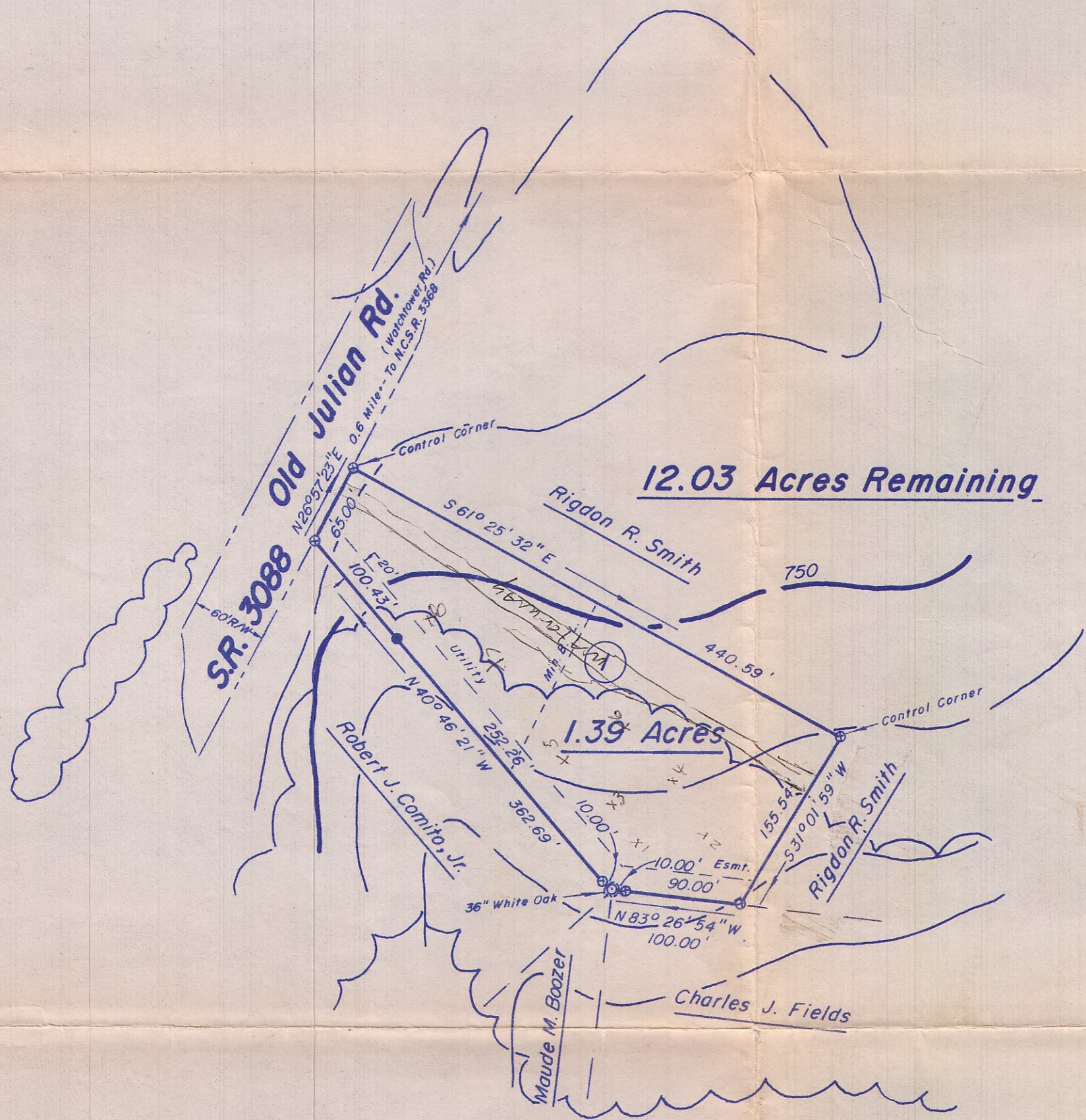
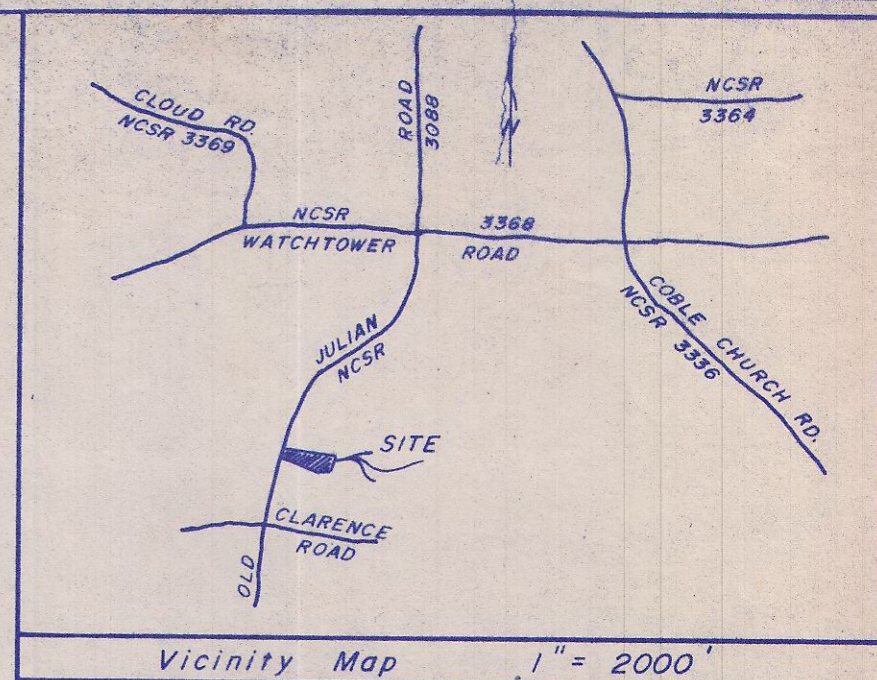
Owners: Rigdon R. Smith (336)885-4227
4417 Old Julian Rd.
Julian, NC 27283
Keith and Jan Sebastian
4353 Old Julian Rd.
Julian, NC 27283

Survey Dates November 17, 2000. Job No. 001117RS

LEVEL CROSS SURVEYING



668 Marsh Country Lane
Randleman, N.C. 27317
Ph. (336) 495-1713
Fax (336) 495-1745



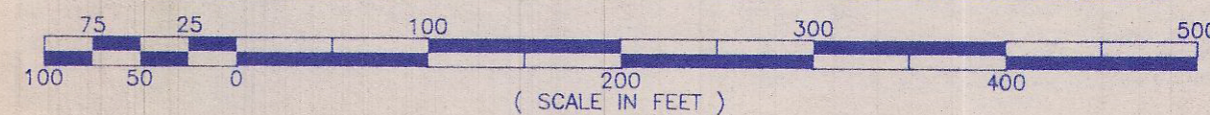
APPROVED PRELIMINARY PLAN
 DATE 1-12-90
 Guilford County Planning Board
James W. Morrison
 Representative-Guilford County Planning Dept.

PRELIMINARY
NOT FOR RECORDATION CONVEYANCE OR SALES

- Survey For -

Rigdon R. Smith

4417 Old Julian Rd. - Julian, N.C. 27283
 Clay Township Guilford County
 Scale: 1"=100' North Carolina December 19, 1989



- Surveyed & Mapped By -

G. Thomas Moore
 Registered Land Surveyor L-1221
 114 W. Swannanoa Ave. Suite 2
 P.O. Box 1086
 Liberty, N.C. 27298
 Phone (919) 622-4638
 Ref. Job: 1436-1

The approved recorded areas were evaluated under August 1, 1988 rules and regulations and are valid until such time that these rules change. This approval does not constitute an improvement permit.

Lot No.	Application Rate	Available Area (sq. ft.)	Type Of System	Date	Sanitarian
1	Lot	Denied	unsuitable	1/31/90	RS6/CAC

lot #1 soil is unsuitable for a subsurface sewage treatment and disposal system

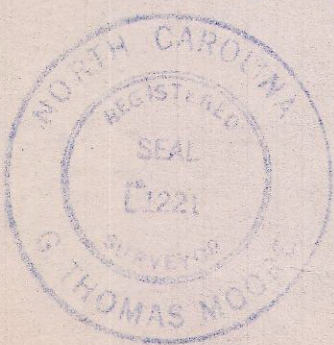
2/3/90
 Kenneth Carter, P.E.
 NOTE: No Geodetic

- Legend**
- Existing Iron Pin
 - ⊗ New Iron Pin

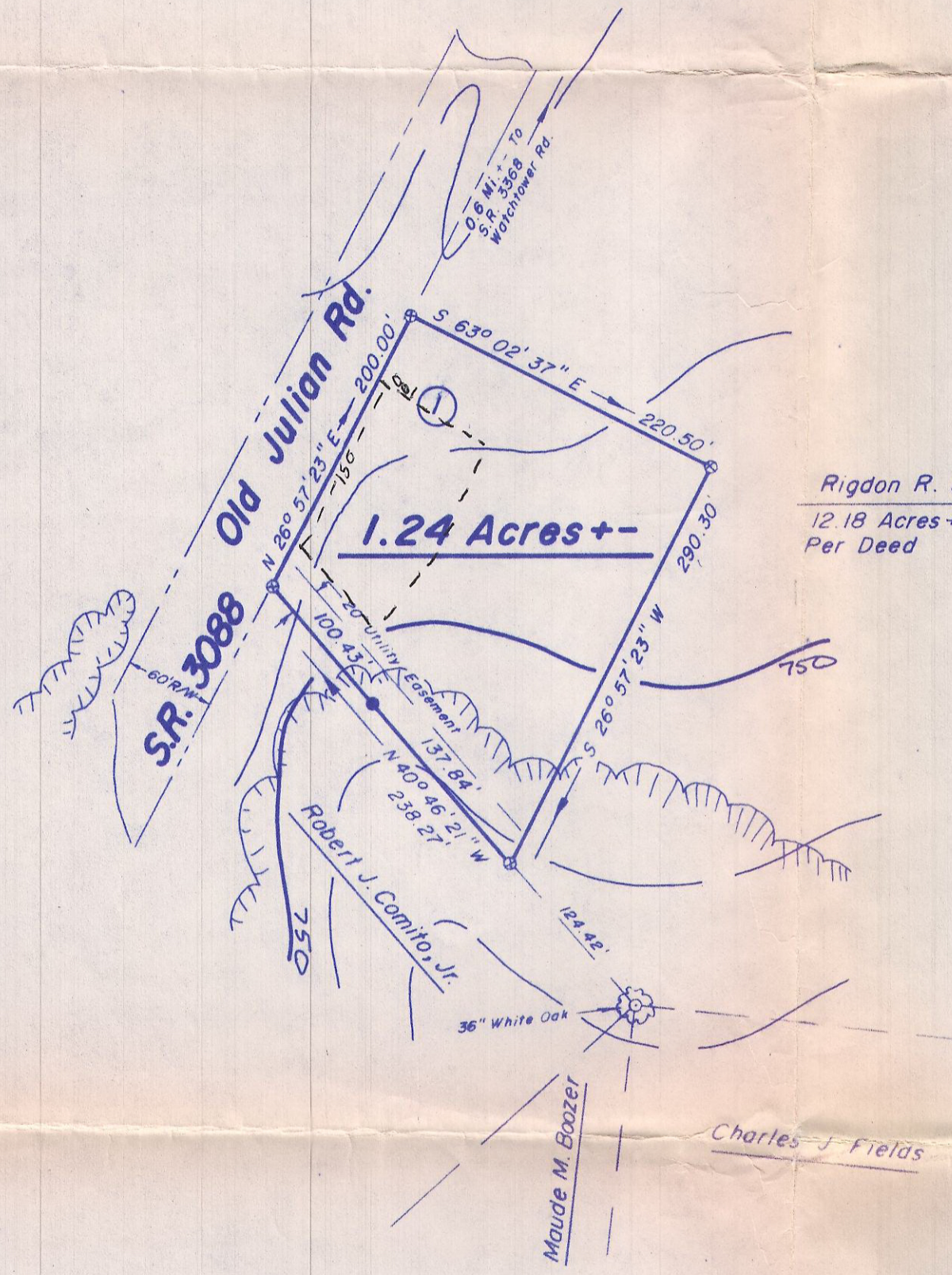
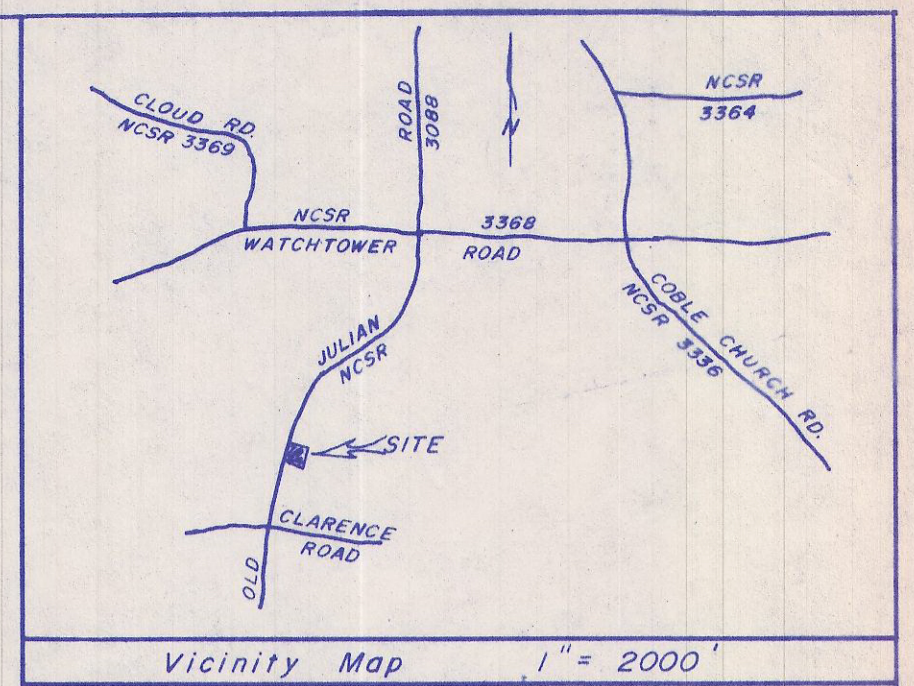
Monument within 2000' of property.

Tax Map
 ACL-4-239
 Block No. 229
 Lot No. 10
 Topo J-10
 Zone A-1

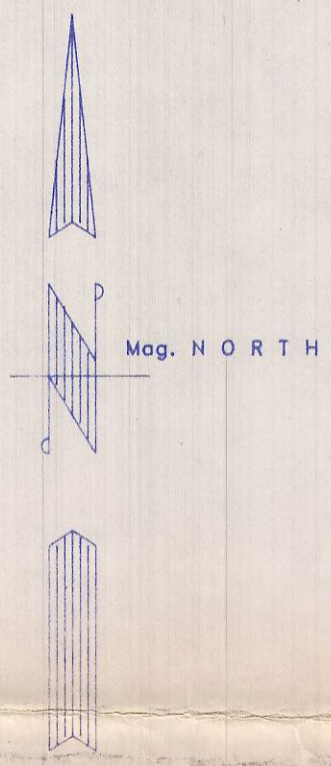
Larry A. Leach, MPS, RS
 2/3/90



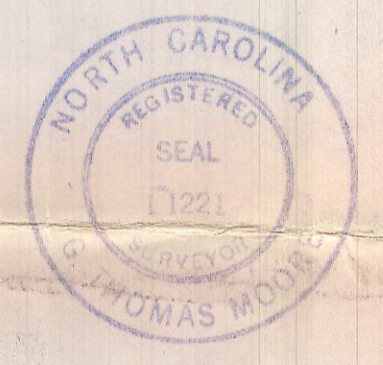
1990-09



Rigdon R. Smith
12.18 Acres +- Remaining
Per Deed



APPROVED PRELIMINARY PLAN
DATE 3-20-90
Guilford County Planning Board
James W. Morrison
Representative-Guilford County Planning Dept.



The approved recorded areas were evaluated under August 1, 1988 rules and regulations and are valid until such time that these rules change. This approval does not constitute an improvement permit.

Lot No.	Application Rate	Available Area (sq. ft.)	Type Of System	Date	Sanitarian
1	.3 gal/ft ²	14-15,000	Conventional	3/22/90	ULT

lot #1 has soil suitable for a conventional septic tank system in area noted
3/22/90
Kenneth L. Carter

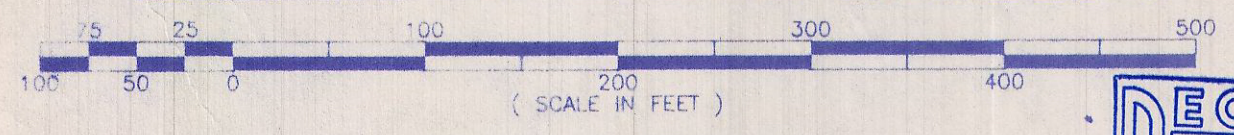
Tax Map
ACL-4-239
Block No. 229
Lot No. 10
Topo J-10
Zone A-1

NOTE: No Geodetic Monument within 2000' of property.

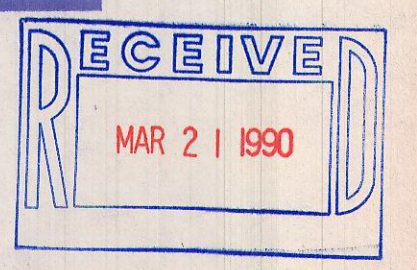
Legend
● Existing Iron Pin
○ New Iron Pin
3/21/90
Larry A. Leach, MPS, RS

PRELIMINARY
NOT FOR RECORDATION CONVEYANCE OR SALES

Survey For
Rigdon R. Smith
4417 Old Julian Rd. - Julian, N.C. 27283
Clay Township Guilford County
Scale: 1" = 100' North Carolina December 19, 1989



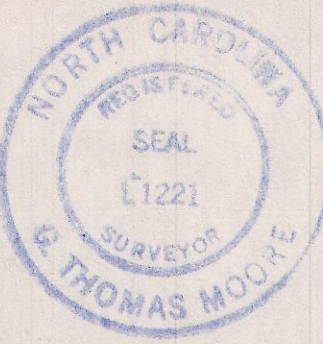
Surveyed & Mapped By
G. Thomas Moore
Registered Land Surveyor L-1221
114 W. Swannanoa Ave. Suite 2
P.O. Box 1086
Liberty, N.C. 27298
Phone (919) 622-4638
Ref. Job: 1436-1



1990-009

GUILFORD COUNTY, NORTH CAROLINA

I, G. Thomas Moore, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 3543 PAGE 1254, ETC.) (OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ... PAGE ... THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47.30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 4TH DAY OF APRIL, A.D., 1990. ERROR OF CLOSURE 1"-10,000"



SEAL OR STAMP SURVEYOR L-1221 REGISTRATION NUMBER

NORTH CAROLINA, Randolph County, I, A Notary Public of the County and State Aforesaid, certify that G. Thomas Moore, a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 4th day of April, 1990.

SEAL-STAMP MY COMMISSION EXPIRES June 30, 1990

THE UNDERSIGNED HEREBY ACKNOWLEDGE(S) THIS PLAT AND ALLOTMENT TO BE FREE ACT AND DEED AND HEREBY DEDICATE(S) TO PUBLIC USE AS STREETS, PLAYGROUND, PARKS, OPEN SPACES, AND EASEMENTS FOREVER ALL AREAS SO SHOWN OR INDICATED ON SAID PLAT AND AUTHORIZE(S) THE CITY OF GREENSBORO TO RECORD THIS PLAT IN THE OFFICE OF THE REGISTER OF DEEDS OF GUILFORD COUNTY, NORTH CAROLINA.

SIGNED

WHEN GRADE OF ADJACENT PROPERTY DOES NOT CONFORM TO THE STREET GRADE, AN EASEMENT IS EFFECTIVE FOR THE PURPOSE OF SLOPING EMBANKMENTS FROM STREET GRADE LEVEL AT THE PROPERTY LINE HAVING A SLOPE RATIO OF TWO FEET HORIZONTAL FOR EACH FOOT OF VERTICAL DIMENSION.

APPROVED BY THE PLANNING BOARD OF THE CITY OF GREENSBORO, N.C. ON THE DAY OF

19 PROVIDED THAT THE PLAT IS REGISTERED IN THE OFFICE OF THE REGISTER OF DEEDS OF GUILFORD COUNTY, N.C. WITHIN THIRTY DAYS FROM DATE OF THIS APPROVAL.

DIRECTOR OF PLANNING AND EXECUTIVE SECRETARY OF PLANNING BOARD

CITY CLERK

THE UNDERSIGNED HEREBY ACKNOWLEDGE(S) THAT THE LAND SHOWN ON THIS PLAT IS WITHIN THE SUBDIVISION, REGULATION JURISDICTION OF THE BOARD OF COMMISSIONERS OF GUILFORD COUNTY AND THIS PLAT AND ALLOTMENT TO BE FREE ACT AND DEED, AND HEREBY DEDICATE(S) TO PUBLIC USE AS ROADS, STREETS, AND EASEMENTS, FOREVER ALL AREAS SO SHOWN OR INDICATED ON SAID PLAT.

SIGNED Rigdon R. Smith ATTEST Joseph S. Moore

APPROVED BY THE BOARD OF COMMISSIONERS OF GUILFORD COUNTY, N.C. ON THE DAY OF 19 PROVIDED THAT THE PLAT IS REGISTERED IN THE OFFICE OF THE REGISTER OF DEEDS OF GUILFORD COUNTY, N.C. WITHIN THIRTY DAYS FROM THE DATE OF THIS APPROVAL.

SIGNED CHAIRMAN (SEAL)

DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION

APPROVED DISTRICT ENGINEER

DATE

THIS PLAT DOES NOT REQUIRE A CERTIFICATE OF APPROVAL BY THE DIVISION OF HIGHWAYS AS PROVIDED IN G.S. 136-102.6, SUBSECTION (g).

SIGNED PLANNING DIRECTOR DATE

APPROVED BY THE PLANNING DEPARTMENT OF GUILFORD COUNTY, NORTH CAROLINA, ON 19 PURSUANT TO SECTION 10-B OF THE GUILFORD COUNTY SUBDIVISION ORDINANCE.

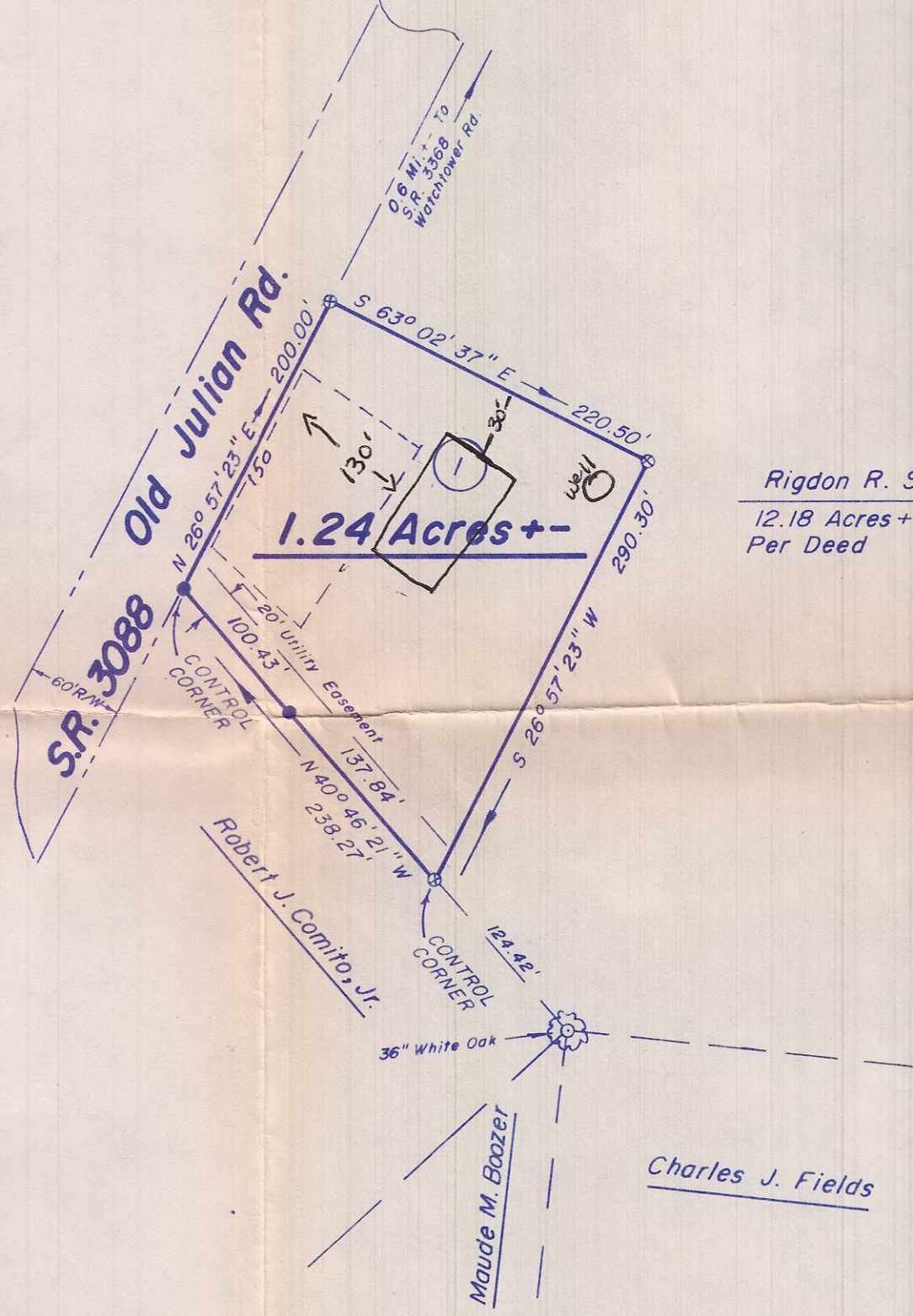
PLANNING DIRECTOR

NORTH CAROLINA GUILFORD COUNTY

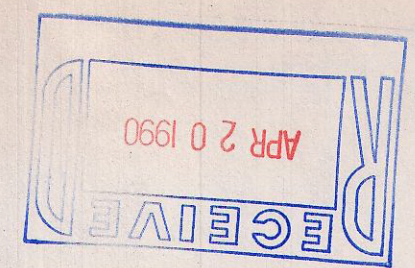
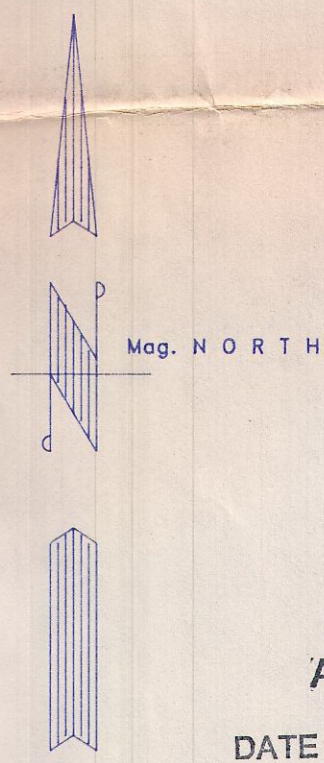
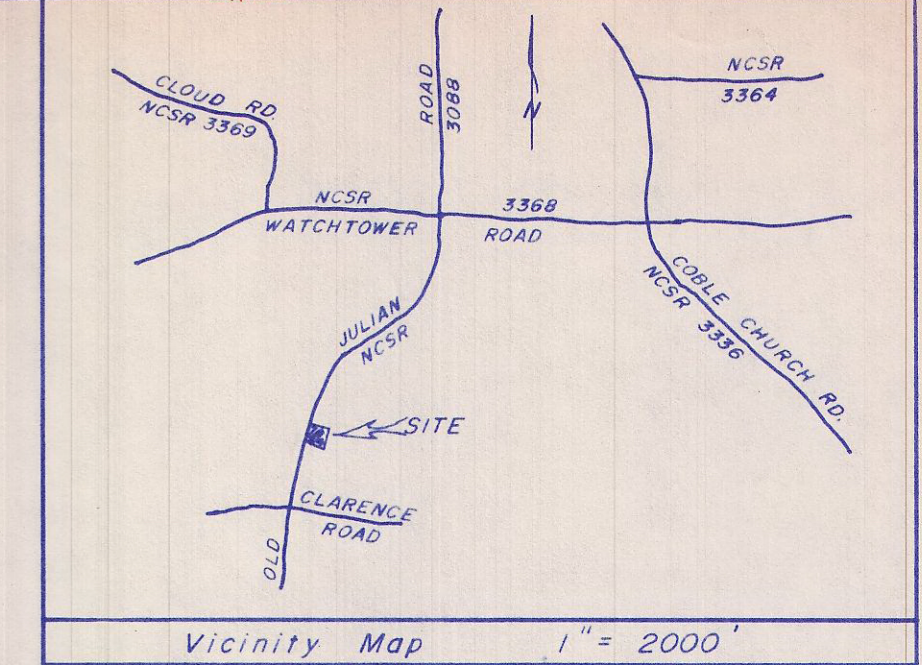
THE FOREGOING CERTIFICATE OF A NOTARY PUBLIC IS CERTIFIED TO BE CORRECT. THIS THE DAY OF 1990

REGISTER OF DEEDS

DEPUTY REGISTER OF DEEDS



Rigdon R. Smith 12.18 Acres +- Remaining Per Deed

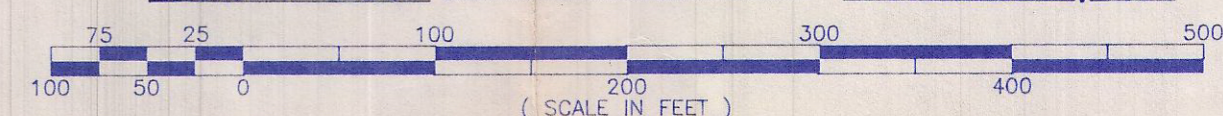


APPROVED FINAL PLAN DATE 4-9-90 PLAT BOOK 97 PAGE 140 James W. Morrison PLANNING DIRECTOR

FINAL Survey For

Rigdon R. Smith

4417 Old Julian Rd. - Julian, N.C. 27283 Clay Township Guilford County Scale: 1"=100' North Carolina December 19, 1989



Surveyed & Mapped By

G. Thomas Moore Registered Land Surveyor L-1221 114 W. Swannanoa Ave. Suite 2 P.O. Box 1086 Liberty, N.C. 27298 Phone (919) 622-4638 Ref. Job: 1436-1

The approved recorded areas were evaluated under August 1, 1988 rules and regulations and are valid until such time that these rules change. This approval does not constitute an improvement permit.

Table with 6 columns: Lot No., Application Rate, Available Area (sq. ft.), Type Of System, Date, Sanitarian. Row 1: 1, .3gpd/ft^2, 14-15,000, Conventional, 3/22/90, J.L.T.

Lot No. 1 has soil suitable for a conventional septic tank system in area noted. 3/22/90 Kenneth L. Carter, R.S.

Tax Map ACL-4-239 Block No. 229 Lot No. 10 Topo J-10 Zone A-1

NOTE: No Geodetic Monument within 2000' of property.

Legend Existing Iron Pin New Iron Pin

Larry A. Leach, MPS, R.S. 3/21/90