

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

NUMBER: 11-04-SCHR-01344

APPLICATION TYPE: Building / Guilford County / Health Residential / Septic Complaints and Repairs

PROPERTY ADDRESS: 5117 BAILEY RD, GREENSBORO, NC 27406

APPLICANT: Applicant

RUTH H CAUSEY

Phone:

T H SR&VIDA S CAUSEY&J L &MARY

Phone:

C TUTTLE TRS TUTTLE LIVING TR

Fax:

5117 BAILEY RD

Email:

GREENSBORO, NC 27406-0000

OWNER

CAUSEY RUTH H L/T &

Phone:

T H SR&VIDA S CAUSEY&J L &MARY

C TUTTLE TRS TUTTLE LIVING TR

5117 BAILEY RD

GREENSBORO, NC 27406-0000

CALL B4 GOING -
JERRY TATNE 674.2545

PARCEL NUMBER: 060402430029800013

Subdivision:

Phase: Lot:

Lot Size: acres

Recorded prior to 1983?:

Directions: OFF MCCONNELL RD

EXISTING

Water Supply:

Location:

Septic System:

Location:

PROPOSED

Bedrooms:

Residents:

Water Supply:

Addition Type:

Facility Type:

Dining Area: sq ft

Building Size: sq ft

Floor Drains:

Employees/Seats:

Industrial Process:

Kitchen:

Shifts:

COMMENTS:

UNSURE OF BEDROOMS - REPAIR CALLED IN BY NICK WARD

IMPORTANT

OWNER/AUTHORIZED AGENT SIGNATURE

DATE



Environmental Health Division
 Water Quality Section
 201 S. Eugene St.
 Greensboro, NC 27401
 (336) 641-7613



Authorization for Wastewater System Construction

Address: 5117 BAILEY RD, GREENSBORO, NC 27406

Permit Number: 11-04-SCHR-01344

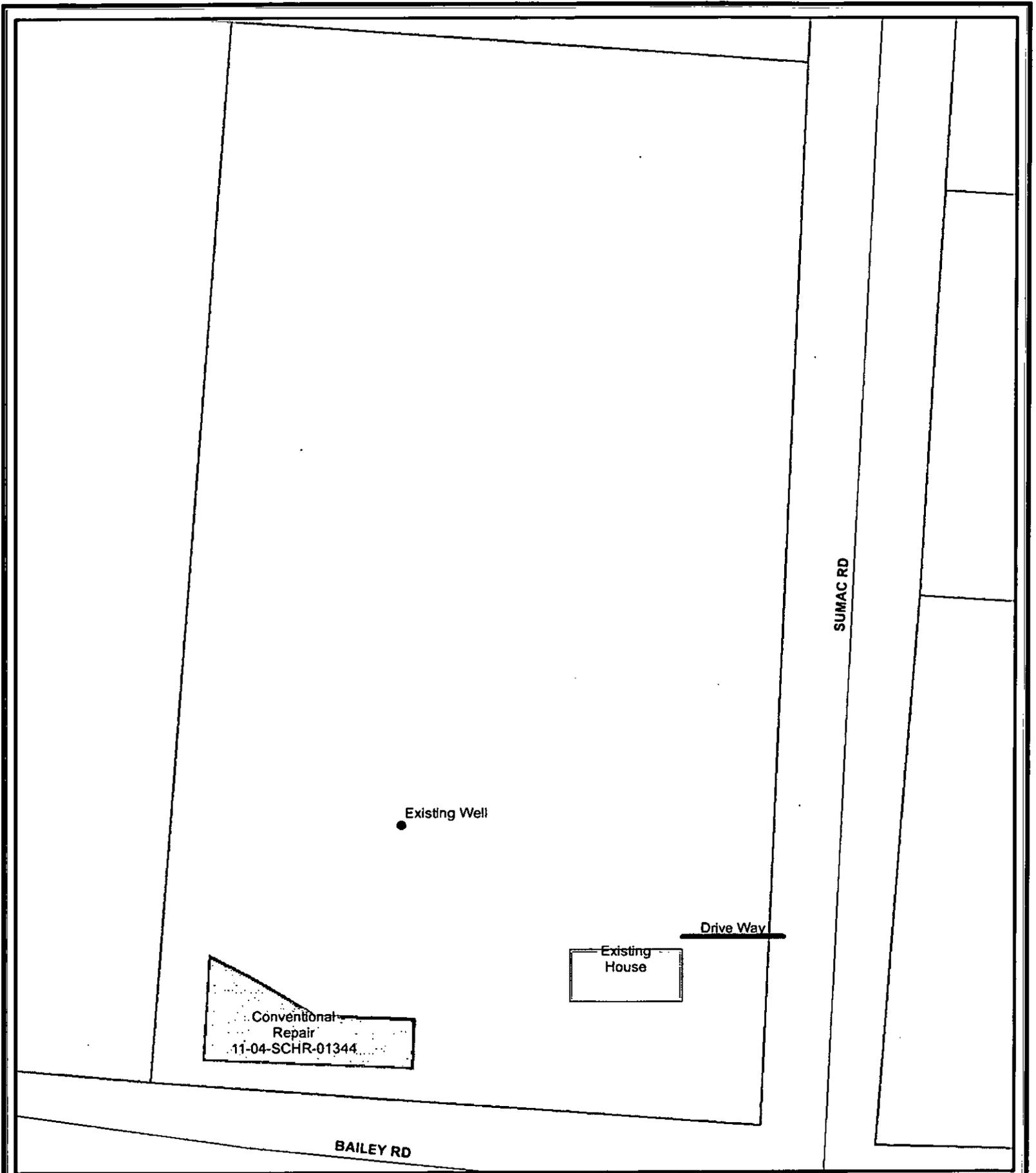
This Construction Authorization shall be valid. The area designated for a Subsurface Sewage Treatment and Disposal System shall not be graded and appropriate measures shall be taken to prevent vehicular traffic, erosion, or any other disturbance to the site. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this Authorization.

System Type:		Wastewater Flow:	360	GPD
Repair System Type:	2a - Conventional	Facility Type:	Residence	
Trench Length:	440	Bedrooms:	3	
Trench Depth:	36		in to 36 in	
Trench Width:	36	Site Requirements:		
Gravel Depth:	12	Setback:	ft off of the	
Trench Separation:	9	Offset:	ft off of the	
Soil Cover:	24	Setup:	ft off of the Rear	
Septic Tank Size:	EXISTING	Basement:	No	
Pump Tank Size:	N/A	Well Site:		
Dosing Volume:	N/A	Repair Area Maintained:		

Authorization Issued: Kerry Joe Johnson REHS Date Issued: 5.6.11
 Environmental Health Specialist

Owner or Authorized Agent: _____ Date: _____
 Owner or Authorized Agent

- Comments:
- * check condition of existing tank and tee and repair or replace as needed
 - * install 440' of gravel trench on contour in designated area
 - * maintain maximum possible distance from well (no less than 50')
 - * dam off old system if encountered during installation
 - * no reduction in line length granted for type 3g system use
 - * call with questions regarding installation - 641-3628 or 451-7337



Legend	
	Septic Tank
	Well Inspection
	Septic Trench
	Septic Area
	Soil Evaluation
	Land Features
	Bldgs
	Unsuitable Area
	Streets
	Parcels

5117 Baily Rd

80 30 0 60 Feet

DISCLAIMER:
 All geographic features represented on this map are provided solely as a reference tool and guide. Guilford County Environmental Health and GIS Departments, and its vendors make no warranty to its accuracy, all data sets and



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



Operation Permit

Address: 5117 BAILEY RD, GREENSBORO, NC 27406

Permit Number: 11-04-SCHR-01344

Contractor:
 WARD BROTHERS

Filter Type	Polylock	Product Name	Gravel
Septic Tank Size	1000 GAL	Trench Length	440 FT
Septic Tank Type	existing hppp-1000 stb-156	Trench Width	36 IN
		Wastewater Flow	360 GPD

Comments:

Drainfield Approval: K. Joe Job REHS Date: 8.26.11
 Environmental Health Specialist

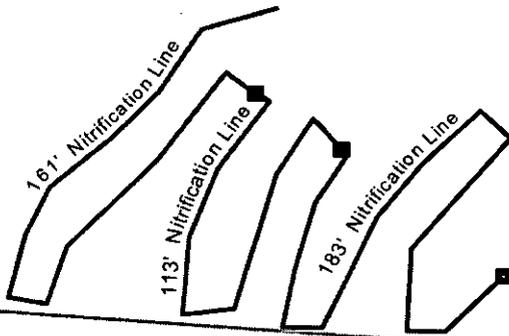
Tank Approval: N/A Date: _____
 Environmental Health Specialist

Operational Permit Approval: K. J. J. REHS Date Issued: 8.26.11
 Environmental Health Specialist

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.

5117 BAILEY RD

SUMAC RD



BAILEY RD

5112 BAILEY RD

5114 BAILEY RD

Legend

- Septic Tank
- Well Inspection
- Septic Trench
- Soil Evaluation
- Land Features
- Bldgs
- Unsuitable Area
- Streets
- Parcels



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5117 Bailey Rd

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 in a manner that will facilitate the shedding of rain water and prevent ponding of water over the field.

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.

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

NUMBER: 08-08-SCHR-04764

APPLICATION TYPE: Building / Guilford County / Health Residential / Septic Complaints and Repairs

PROPERTY ADDRESS: 5117 BAILEY RD, GREENSBORO, NC 27406

APPLICANT: Applicant

J. L. & Mary C. Tuttle
5117 Bailey Road
GREENSBORO, NC 27406-0000

Phone: 674-2545
Phone:
Fax:
Email:

OWNER

J. L. & Mary C. Tuttle
5117 Bailey Road
GREENSBORO, NC 27406-0000

Phone: 674-2545

PARCEL NUMBER: 060402430029800013

Subdivision:

Phase: **Lot:**

Lot Size: acres

Recorded prior to 1983?:

Directions: Alamance Church Rd. T/L Bailey Rd.

EXISTING

Water Supply: Unknown

Location: left rear

Septic System:

Location:

PROPOSED

Bedrooms:

Residents:

Water Supply:

Addition Type:

Facility Type:

Dining Area: sq ft

Building Size: sq ft

Floor Drains:

Employees/Seats:

Industrial Process:

Kitchen:

Shifts:

COMMENTS:

IMPORTANT

OWNER/AUTHORIZED AGENT SIGNATURE

DATE

Environmental Health Division
Water Quality Section
201 S. Eugene St.
Greensboro, NC 27401
(336) 641-7613

Operation Permit

Address: 5117 Bailey Rd, Greensboro, NC 27406

Permit Number: 08-06-SCHR-04764

System Type: 2a - Conventional

Product Name:

Wastewater Flow: 360 GPD

Contractor: D&Y

Trench Length: ft

Trench Width: in

Filter Type: Polylok Filter

Septic Tank Size: 1000 gal

Septic Tank Type: HPPP-1000 STB-156

Pump Tank Size: gal

Pump Tank Type:

Comments:

D&Y repaired and installed septic tank – HPPP-1000, STB-156, 6/25/08 and Polylok Filter.

Drainfield Approval:

Lucas Van Eyle Jr.

Date:

8/22/08

Environmental Health Specialist

Tank Approval:

Lucas Van Eyle Jr.

Date:

8/22/08

Environmental Health Specialist

Operation Permit Approval:

Lucas Van Eyle Jr.

Date Issued:

9/4/08

Environmental Health Specialist

This System is in compliance with Article 11 of G.S. Chapter 130A, Section .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

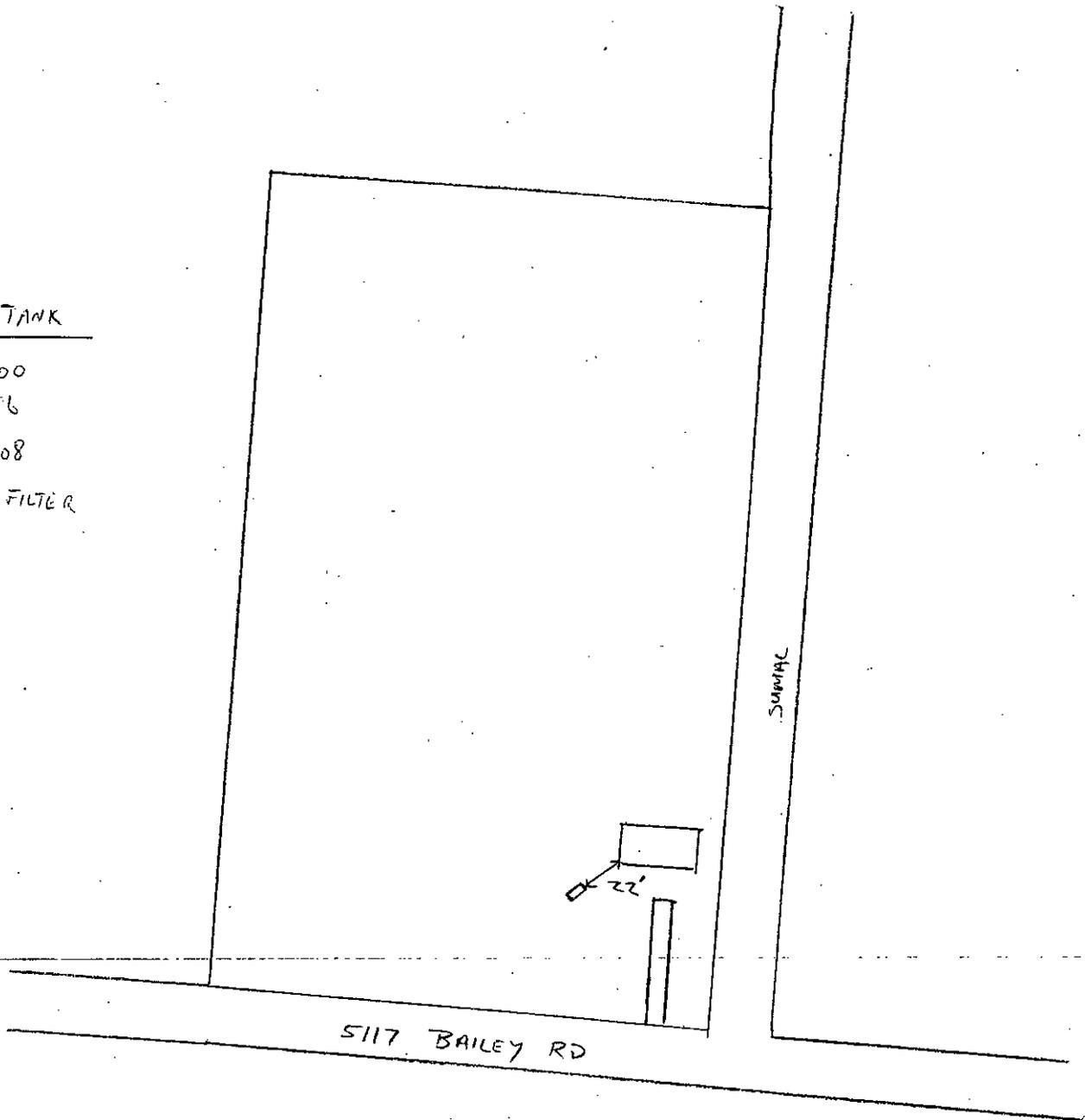
SEPTIC TANK

HPPP-1000

STD-156

6/25/08

POLYLOK FILTER



Legend: Well _____ Nitrification Line _____ Solid Line

\\Stepdown

Permit:
GUIL_BLDG_08-06-SCHR-04764

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

NUMBER: 08-05-SAHR-02605

APPLICATION TYPE: Building / Guilford County / Health Residential / Addition Remodel

PROPERTY ADDRESS: 5117 BAILEY RD, GREENSBORO, NC 27406

Septic

APPLICANT: Applicant

John East
2518 W Preddy Blvd.
GREENSBORO, NC 27407

Phone: 336-299-5611
Phone:
Fax:
Email:

OWNER

CAUSEYRUTH H L/T &
J L & MARY C TUTTLE
5117 BAILEY RD
GREENSBORO, NC 27406-0000

Phone: 336-674-2545

PARCEL NUMBER: 060402430029800013

Subdivision:

Phase: **Lot:**

Lot Size: acres

Recorded prior to 1983?:

Directions: MLK Drive to Alamance Church Road, cross
new I-85, 4 miles T/L onto Bailey, property on right

EXISTING

Water Supply:

Location: front

Septic System: Yes

Location: rear

PROPOSED

Bedrooms:

Residents:

Water Supply:

Addition Type: **Bedroom No Increase Total**

Facility Type:

Dining Area: sq ft

Building Size: sq ft

Floor Drains:

Employees/Seats:

Industrial Process:

Kitchen:

Shifts:

COMMENTS:

Septic check for MH switchout 5-1-08/tbb

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



400 W. Market Street
Greensboro, NC 27301

May 5, 2008

John East
2518 W Preddy Blvd.
GREENSBORO, NC 27407

Ref: 5117 BAILEY RD, GREENSBORO, NC 27406
Addition released as per application and field staking.

Dear John East,

On May 2, 2008 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 "David Stubblefield". The signature is written in a cursive style with a large, prominent initial "D".

Environmental Health Specialist

CC: Water Quality Unit Manager
Property File

GUILFORD COUNTY
PLANNING & DEV.

~~305~~ 305'

PERMIT # 08-05-GCRP-02603

ZONING RS40/AG

MIN LOT WIDTH 150 (LOR)

MIN. SETBACKS _____

FRONT _____

SIDE STREET _____

SIDE YARD _____

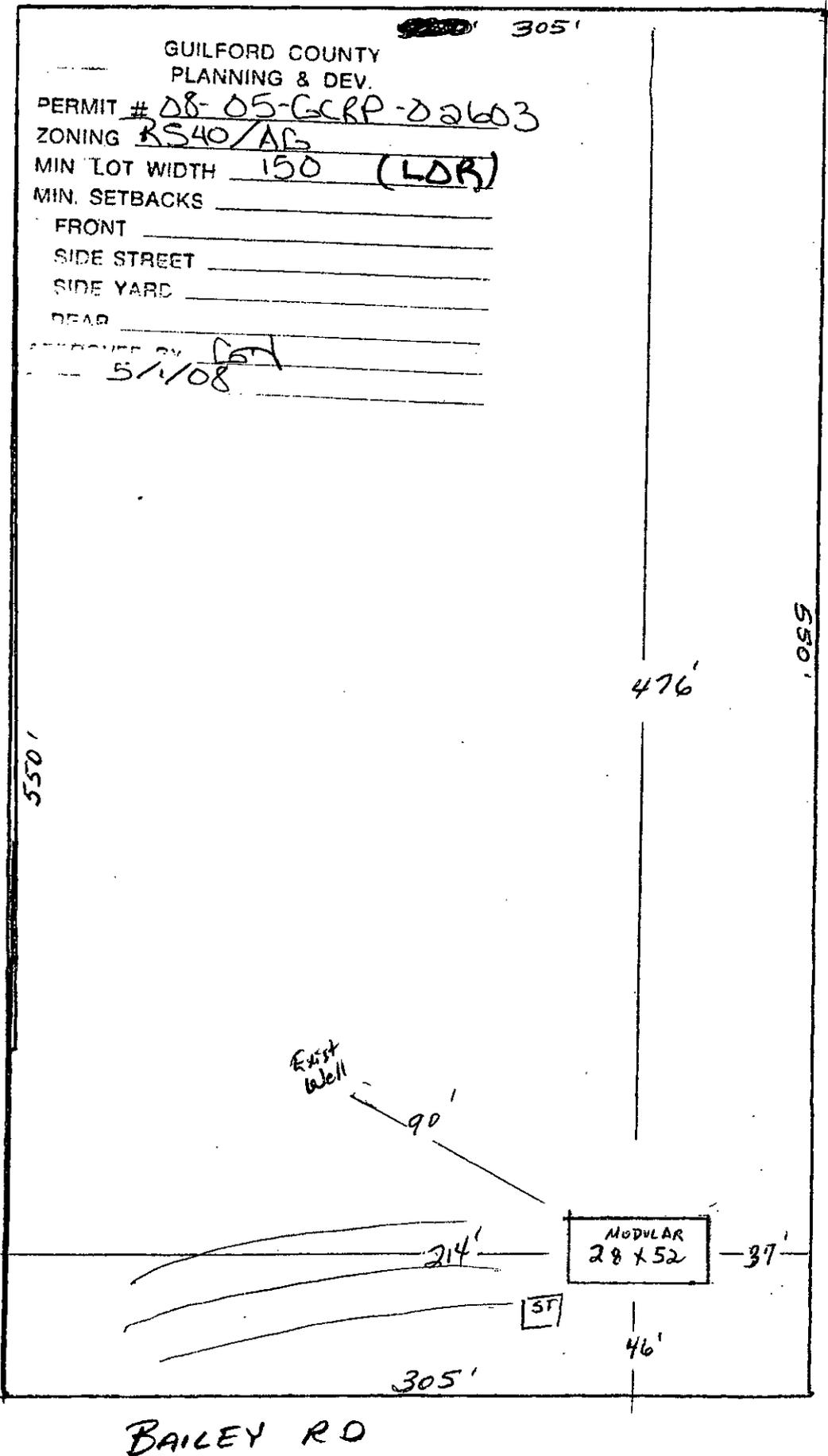
REAR _____

APPROVED BY [Signature]

5/1/08

SCALE
1" = 60'

5117 Bailey Rd
Greensboro



530'

SUMAC

530'

476'

EXIST Well

90'

214'

30'

MODULAR
28 x 52

37'

46'

305'

BAILEY RD

Guilford County, NC



Old Parcel Number	060402430029800013	Condo Book	
Parcel Number	0124414	Condo Page	
PIN	8801290523	Total Assessed Value	\$150,800
Owner Name	TUTTLE, JERRY L ; TUTTLE, MARY C	Total Building Value	\$99,000
Mailing Address 1	5117 BAILEY RD	Total Out Building Value	\$0
Mailing Address City	GREENSBORO	Total Land Value	\$51,800
Mailing Address State	NC	Total Deferred Value	\$0
Mailing Address Zip	27406	Building Count	1
Property Address	5117 BAILEY RD	Building Number	1
Legal Desc 1	Lot # 3.85 AC CAUSEY SR.30&4	Year Built	2008
Land Units	3.8500	Heated Area	1394
Deed Book	006846	Bedrooms	3
Deed Page	02740	Bathrooms	FULL:2 HALF: 0
Plat Book		Use Code	RESIDENTIAL
Plat Page		Appraisal Model Code	SFR

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Map Scale
1 inch = 200 feet

CALL BY GOING



**GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT**

(H)

08-05-GCRP-02603

Building Permit: _____ Improvement Permit (Septic) **08-05-SANR-02605** Improvement Permit (Well) _____

Property Information

Street Address: **5117 Bailey Rd** Twp: _____ Tax Map: _____
 Development Name _____ Section/Phase _____ Lot # **1** Deed Book: **4571-1031-32** Plat Book: _____
 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: **RS40/AG** Conditional Use (Describe): _____ Overlay (Circle): _____ Watershed: _____ WCA: _____
 MH SR HD AR FH _____

Building Setbacks (Zoning): Street: **40** Side Street: **40** Side Yard: **15** Rear: **30**
 Comments: **septic check to locate 3bedrms on frame modular will remove existing Bldg on property**

PLANNING DEPARTMENT OFFICIAL: **[Signature]**

Applicants Information

Applicant: **John East - Oakwood Homes** Address: **2518 W Preddy** Phone: **362-6751**
 Owner: **JL Fuggle & Mary C.** Address: **5117 Bailey Rd** Phone: **674-2545**

Development Information

NEW HOUSE ACCESSORY MODULAR SWMH DBMH MULTIFAMILY/DUPLEX RENOVIATION ADDTION (TYPE) _____

OTHER TYPE: _____
 Residential Specifications: **3** # of Bedrooms **6** Total # of Rooms **2** # of Occupants
 Basement Fixtures **1** # of Stories **28152** Size of Structure (sq ft) **1400**

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: **MLK to Alamance Church Rd, cross New I-85 - 4 miles left on Bailey**

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: **John East** DATE: **5-1-08**

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

SUBDIVISION: _____
SECTION/PHASE: _____
LOT # _____

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

11111-80-20

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):	OTHER	SITE LONG TERM ACCEPTANCE RATE:									
FACTORS (1946):		SYSTEM TYPE:									
SITE CLASSIFICATION (1948):		OTHERS PRESENT:									
EVALUATED BY:											
COMMENTS:											

Lot # _____