

PROPERTY SERVICE CHART

S/T Permit: _____ Date: _____
 Name: _____
 Well Permit: _____ Date: _____
 Name: _____
 Subd: _____ Sec. _____ Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
Well Site	Well OK to right feet - Issue new + abandonment permits. Pull application for add'n (carport) No fee. Look at septic	4/15/94	LKH
	When on site for casing/grout abandonment must be faxed to High Point. No S.T. malf @ well site visit		
	New Permit - 9404464 Abandonment - 9404494	4/18/94	LKH
casing grout	casing 64' PVC SDR 21 @ grout 22' annulus pump-pour	4/21/94	JAE
Abandonment	CS & Press from top of concrete - James Crest	4/25/94	JWC
Add'n	Comp. Application generated and addition released. Letter faxed to High Point. Letter mailed to owner	4/27/94	LKH
Well Head ✓	Well head OK - ROC correct Comp. Updated - Letter Mailed	5/10/94	LKH
	1982-1983 - S. Leonard C.O.B. 632-9688 FAX #		
	system may be renovated w/ solid PVC home owner to do work	4/18/97	JBC



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: REPAIR RESIDENTIAL SEPTIC SYSTEM NUMBER: 9703450
DATE PRINTED 03/31/97

PROPERTY ADDRESS: 2530 WILLARD RD
DIRECTIONS:
WENDOVER AVE. T/L EASTCHESTER. T/L HICKSWOOD T/R WILLARD RD.

PROPERTY OWNER/ADDRESS PHONE: H W 919 632-9882
GRANT SWAIN TAX #:
2530 WILLARD ROAD LOT SIZE: 0.000 ACRES
HIGH POINT, NC 27265
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: REAR
SEWAGE DISPOSAL: CONVENTIONAL SEPTIC SYSTEM YR INSTALLED: 1982
LOC: FRONT
NO BDRMS: 3 NO RES: 3 BASEMENT: Y PLUMBING: N FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):
SYSTEM BACKING OUT AT THE TANK.

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
ENVIRONMENTAL HEALTH DIVISION
WATER QUALITY UNIT

MAY 10, 1994

GRANT SWAIN
2530 WILLARD ROAD
HIGH POINT, NC 27265

REF: 2530 WILLARD RD

DEAR

THIS LETTER CERTIFIES THAT TO THE BEST OF MY KNOWLEDGE, THE CONSTRUCTION OF THE WELL AT YOUR PROPERTY AS REFERENCED ABOVE, WAS CONSTRUCTED ACCORDING TO THE GUILFORD COUNTY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING THE CONSTRUCTION, REPAIR AND ABANDONMENT OF WELLS. THE RECORD OF CONSTRUCTION HAS BEEN RECEIVED AND THE WELL DRILLER HAS CERTIFIED THAT ALL WORK WAS DONE IN ACCORDANCE WITH THE AFOREMENTIONED RULES AND REGULATIONS.

IF YOU WISH TO HAVE A SAMPLE OF WATER FROM THE NEW WELL ANALYZED FOR THE PRESENCE OR ABSENCE OF COLIFORM BACTERIA YOU WILL NEED TO MAKE APPLICATION TO THE DIVISION OF ENVIRONMENTAL HEALTH, GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH AT 301 NORTH EUGENE STREET IN GREENSBORO. THE FEE FOR THIS SERVICE IS \$43.00.

THE WATER PERMITTING, INSPECTING, AND SAMPLING PROGRAMS AND POLICIES OF THE GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH ARE DESIGNED TO DOCUMENT THAT THE AFOREMENTIONED RULES AND REGULATIONS ARE COMPLIED WITH IN ORDER TO PROTECT THE PUBLIC HEALTH AND GROUNDWATER RESOURCES IN GUILFORD COUNTY. SUCH PROGRAMS AND POLICIES DO NOT GUARANTEE POTABLE WATER QUALITY OR ADEQUATE WATER QUANTITY IN ANY WELL.

IF YOU HAVE ANY QUESTIONS, CONCERNING WELL REGULATIONS, THE RECORD SUBMITTED BY YOUR CONTRACTOR CONCERNING YOUR WELL, OR HOW TO TEST OR TREAT YOUR WATER, PLEASE DO NOT HESITATE TO CONTACT US.

SINCERELY YOURS,

Laura Honeycutt, P.S.
ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE

/SMW

(910) 855-7659

454-4961

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4434 W. Wendover Avenue
Greensboro, NC 27407

GRANT SWAIM
Owner/Operator

James Cross
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
P.O. Box 3508, Greensboro, NC 27401

WALKER
ONLY
Jm
4-26-94

RECORD OF CONSTRUCTION, REPAIR OR ABANDONMENT OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: D E Y Reg. No.: 770

Address of Well Location: 2530 Willard Rd

Well Owner: Grant Sedain Well Permit Number: 9404464

Casing Type: 3DR-21 Casing Depth: 64 ✓

Water Bearing Zones: 80 ft. 95 ft. 163 ft. _____ ft.

Total Depth of Well: 180 ft. Static Water Level: 20 ✓ ft.

Well Yield: 8 ✓ gal/min Date Completed: 4-27-94 ✓

Grout Type: Portland Method of Placing Grout: Pump

Pump Installation Contractor: _____ Reg. No.: _____

Pump Depth/Pumping Water Level: _____ ft.

Brand of Pump Installed: _____ Pump Size and Type: _____

Nature of Repair (if applicable): _____

Method of Abandonment (if applicable): _____

I do hereby certify that this well was constructed, repaired, or abandoned in accordance with, and meets the requirements of, the Guilford County Board of Health Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells in effect on this date, and that a copy of this record has been provided to the well owner.

Contractor's Signature: Billy You Date: 4-26-94

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

RECORD OF CONSTRUCTION, ~~REPAIR OR ABANDONMENT~~ OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: _____ Reg. No.: _____

Address of Well Location: 2530 Willard Rd

Well Owner: Grant Swain ^{ABANDONMENT} Well Permit Number: 9404464

Casing Type: _____ Casing Depth: _____

Water Bearing Zones: _____ ft. _____ ft. _____ ft. _____ ft.

Total Depth of Well: _____ ft. Static Water Level: _____ ft.

Well Yield: _____ gal/min Date Completed: _____

Grout Type: _____ Method of Placing Grout: _____

Pump Installation Contractor: Jame Oress Reg. No.: 996

Pump Depth/Pumping Water Level: 140 ft.

Brand of Pump Installed: Red Jacket Pump Size and Type: 1/2 Sub

~~4/24/94-26 STAT - 38 ft - 184' DEPT - 64' DIA - 6 1/4"~~

Nature of Repair (if applicable): _____

Method of Abandonment (if applicable): Existing well chlorinated & filled w/ concrete - Chk'd by Health Dept 5/10/94

I do hereby certify that this well was constructed, repaired, or abandoned in accordance with, and meets the requirements of, the Guilford County Board of Health Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells in effect on this date, and that a copy of this record has been provided to the well owner.

Contractor's Signature: Jame Oress Date: 4-25-94

MESSAGE CONFIRMATION

SESSION NO. = 740

04/26/94 09:05
ID=GUILFORD COUNTY PLANNING

DATE	TIME	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
04/26	09:04	00'38"	910 883 3419	G3 -S	01	OK	0000



GUILFORD COUNTY
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
WATER QUALITY UNIT

APRIL 26, 1994

GRANT SWAIN
2530 WILLARD ROAD
HIGH POINT, NC 27265

REF: 2530 WILLARD RD
OK FOR 24' X 20' CARPORT/ GARAGE TO RIGHT REAR

DEAR

ON 04-25-94, 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 WHERE A BUILDING PERMIT MAY BE ISSUED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT THIS OFFICE AT 373-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 10:00 A.M.

SINCERELY,

Laura Honeycutt, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



GUILFORD COUNTY
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
WATER QUALITY UNIT

APRIL 26, 1994

GRANT SWAIN
2530 WILLARD ROAD
HIGH POINT, NC 27265

REF: 2530 WILLARD RD

DEAR

THIS LETTER CERTIFIES THAT TO THE BEST OF MY KNOWLEDGE, THE ABANDONMENT OF THE WELL AT YOUR PROPERTY AS REFERENCED ABOVE, WAS ABANDONED ACCORDING TO THE GUILFORD COUNTY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING THE CONSTRUCTION, REPAIR AND ABANDONMENT OF WELLS. THE RECORD OF CONSTRUCTION HAS BEEN RECEIVED AND THE WELL DRILLER HAS CERTIFIED THAT ALL WORK WAS DONE IN ACCORDANCE WITH THE AFOREMENTIONED RULES AND REGULATIONS.

IF YOU HAVE ANY QUESTIONS, CONCERNING WELL REGULATIONS, THE RECORD SUBMITTED BY YOUR CONTRACTOR CONCERNING YOUR WELL, OR HOW TO TEST OR TREAT YOUR WATER, PLEASE DO NOT HESITATE TO CONTACT US.

SINCERELY YOURS,

Bill Carter, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE

/SMW

201 South Eugene Street • P.O. Box 3508 • Greensboro, North Carolina 27402
373-7613 - 884-7613 • Water Quality



Fax
Letter
to High Point

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: RES ADDITION/REMODEL SEPTIC INSP NUMBER: 9404498
DATE PRINTED 04/18/94

PROPERTY ADDRESS: 2530 WILLARD RD
DIRECTIONS:
WENDOVER AVE. T/L PENNY ROAD. T/R WILLARD ROAD.

PROPERTY OWNER/ADDRESS	PHONE: H	W
GRANT SWAIN	TAX #:	- - -
2530 WILLARD ROAD	LOT SIZE: 0.000	ACRES
HIGH POINT, NC 27265		
SUBDIV/M HOME PARK NAME	LOT #	SEC # NEW SUB/LOT REC PRIOR '83

PROPOSED
WATER SUPPLY: PRIVATE WATER USAGE INCREASE: N POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: 3 NO RES: 0 BASEMENT: PLUMBING: FIXTURES:
TYPE ADDN, SZ&LOC: 24' X 20' CARPORT/GARAGE TO RIGHT REAR
BUILDING CONTRACTOR:

EXISTING:
WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND: Y
LOC: RIGHT REAR
SEWAGE DISPOSAL: SINGLE FAMILY/480GPD OR LESS YR INSTALLED:
LOC: FRONT
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.

OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE

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

RECORD OF CONSTRUCTION, REPAIR OR ABANDONMENT OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: _____ Reg. No.: _____

Address of Well Location: _____

Well Owner: _____ Well Permit Number: 940494

Casing Type: N/A Casing Depth: _____

Water Bearing Zones: _____ ft. _____ ft. _____ ft. _____ ft.

Total Depth of Well: _____ ft. Static Water Level: _____ ft.

Well Yield: _____ gal/min Date Completed: _____

Grout Type: _____ Method of Placing Grout: _____

Pump Installation Contractor: _____ Reg. No.: _____

Pump Depth/Pumping Water Level: N/A ft.

Brand of Pump Installed: _____ Pump Size and Type: _____

Nature of Repair (if applicable): _____

Method of Abandonment (if applicable): CLTD & FILLED BTM TO TOP W/ CONCRETE

I do hereby certify that this well was constructed, repaired, or abandoned in accordance with, and meets the requirements of, the Guilford County Board of Health Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells in effect on this date, and that a copy of this record has been provided to the well owner.

Contractor's Signature: _____ Date: _____

JAMOS
Clear

10/16/94
971111
LET'S GO
330



PERMIT TO ABANDON A WELL

NUMBER 9404494

DATE ISSUED 04/18/94

WELL OWNER(S) ADDRESS: 2530 WILLARD RD

WELL OWNER GRANT SWAIN

HOUSE Y MOBILE HOME BUSINESS OTHER

COMMENTS/ADDITIONAL SPECIFICATIONS

EXISTING WELL TO BE ABANDONED IN ACCORD WITH GUILFORD COUNTY RULES AND REGULATIONS REGARDING WELL CONSTRUCTION. SUBMIT RECORD OF CONSTRUCTION.

ABOVE INFORMATION CERTIFIED BY:

CR Jones
OWNER/AUTHOR. AGENT SIGNATURE DATE

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

SIGNED: Laura Honeycutt, R.S.
ENV. HEALTH SPECIALIST

LOCATION DIAGRAM OF WELL TO INCLUDE LOT SIZE AND SHAPE, LOCATION OF BUILDING, SEPTIC TANK, STREAMS, PRIVIES, ETC.

Break slab up and cut casing off to grade
and/or below grade if possible
Fill well with concrete.



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL WELL

NUMBER: 9404464
DATE PRINTED 04/15/94

PROPERTY ADDRESS: 2530 WILLARD RD

DIRECTIONS:

WENDOVER AVE. T/L PENNY RD. T/R WILLARD RD.

PROPERTY OWNER/ADDRESS	PHONE: H	W
GRANT SWAIN	TAX #:	- -
2530 WILLARD ROAD	LOT SIZE: 0.000	ACRES
HIGH POINT, NC 27265		
SUBDIV/M HOME PARK NAME	LOT #	SEC # NEW SUB/LOT REC PRIOR '83

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: N POWER ON: Y

LOC:

SEWAGE DISPOSAL:

LOC:

NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

EXISTING:

WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL: SINGLE FAMILY/480GPD OR LESS YR INSTALLED:

LOC:

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.



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: ABANDON RESIDENTIAL WELL

NUMBER: 9404494

DATE PRINTED 04/18/94

PROPERTY ADDRESS: 2530 WILLARD RD

DIRECTIONS:

WENDOVER AVE. T/L PENNY ROAD. T/R WILLARD RD. CROSS HICKSWOOD.
FIRST HOUSE ON LEFT.

PROPERTY OWNER/ADDRESS

PHONE: H W

GRANT SWAIN

TAX #: - - -

2530 WILLARD ROAD

LOT SIZE: 0.000 ACRES

HIGH POINT, NC 27265

SUBDIV/M HOME PARK NAME

LOT # SEC # NEW SUB/LOT REC PRIOR '83

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: N POWER ON: Y

LOC: RIGHT REAR

SEWAGE DISPOSAL:

LOC:

NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

EXISTING:

WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND: Y

LOC: RIGHT REAR

SEWAGE DISPOSAL: SINGLE FAMILY/480GPD OR LESS 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
ENVIRONMENTAL HEALTH DIVISION
WATER QUALITY UNIT

April 18, 1994

Grant Swain
2530 Willard Road
High Point, NC 27265

Re: 2530 Willard Road

Dear Mr. Swain,

It has come to the attention of the Guilford County Department of Public Health that there is an abandoned drilled well on the property at the referenced address which should be permanently abandoned. As stated in the Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells the abandonment of water supply wells must conform to such reasonable standards and requirements as may be necessary to protect the public health and ground water resources.

Enclosed is a permit to permanently abandon the referenced well. A copy of this permit must be on site during the abandonment procedures and signed by a representative of the Health Department when the abandonment has been completed as required. These rules and regulations also require that the person or firm abandoning any well will give a minimum two (2) hour oral notice to the Health Department prior to the permanent abandonment of any well in order to allow a representative of the Health Department to observe the abandonment procedures. The enclosed "Record of Construction" must be filled out, signed, and submitted to this department within fifteen (15) days after abandonment.

The well must be abandoned as required within thirty (30) days after receipt of this notice. If you have any questions concerning this notice or need assistance please do not hesitate to contact us at 373-7613.

Sincerely,

Carl C. Parsons, R.S.
Environmental Health Manager



GUILFORD COUNTY
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
WATER QUALITY UNIT

April 18, 1994

Grant Swain
2530 Willard Road
High Point, NC 27265

Re: 2530 Willard Road

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The well must be abandoned as required within thirty (30) days after receipt of this notice. If you have any questions concerning this notice or need assistance please do not hesitate to contact us at 373-7613.

Sincerely,

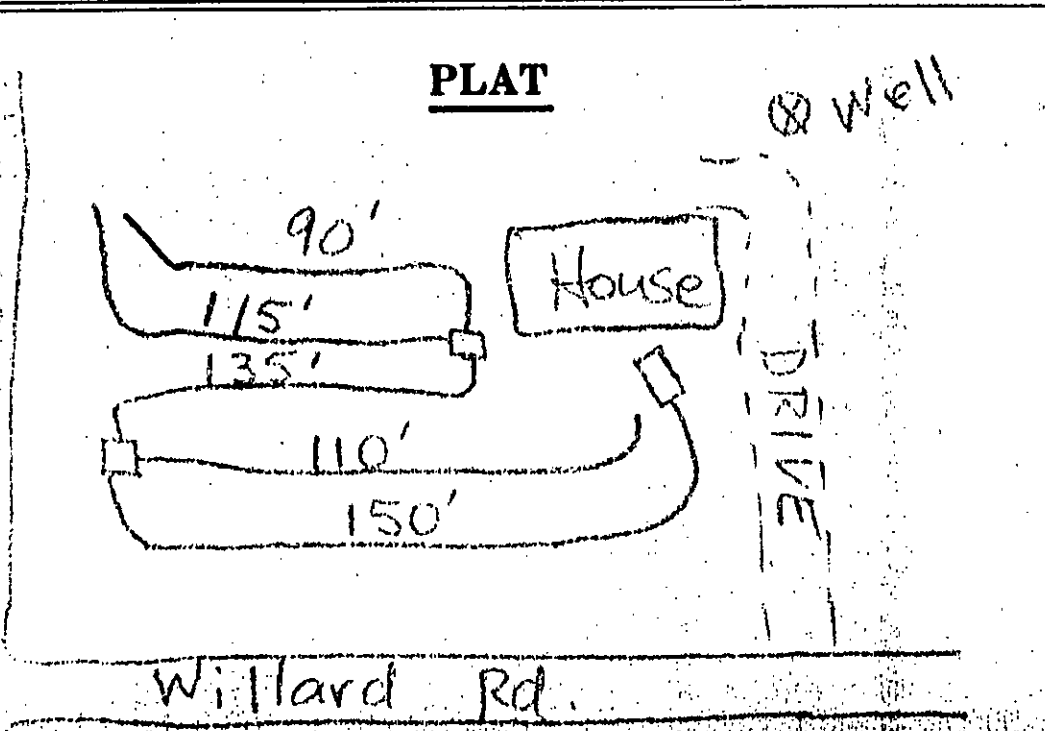
Carl C. Parsons, R.S.
Environmental Health Manager

9B-2A

23F

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

Name Swaim, Grant Date 3-27-80
 Location Lot #3, C.C. Willard & Henry Moorefield S/O - Deep River Rd
Bea RT Hickwood Rd. E on corner of Hickwood & Willard
 Installation 1200 gal. / 600' Contractor Gerald Leonard



Remarks

Approved

Disapproved

Lewis J. Weeks, R.S.

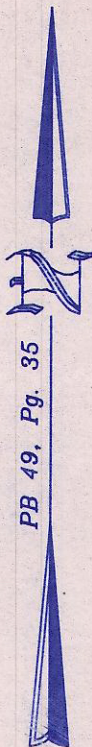
(Sanitarian)

City of

Building Permit No. 50881 High Point

Health Department Permit No. 007544

No inspection
on addition to
be done and faxed
until existing well
is abandoned



NOW OR FORMERLY
C. C. WILLARD

1

2

4

5



SCALE 1" = 30 FEET