

Application Date: 11-9-04  
Amount Paid: 200.00  
Receipt #: 28627

pd 425.00  
9-12-07

Tax Map #: A69  
Parcel #: 179

CR #  
1046  
(400.00  
2 sites)



**APPLICATION FOR SERVICES**

Services Requested	
<input checked="" type="checkbox"/> Improvements Permit (Recorded Lot) - \$200.00	<input type="checkbox"/> Well Permit (New/Replacement) - \$225.00
<input type="checkbox"/> Improvements Permit - \$150.00 (Mobile Home Replacement/Addition)	<input type="checkbox"/> Construction Authorization for Septic Systems - \$150.00/\$200.00
<input type="checkbox"/> Repair/Replace Existing System Permit	<input type="checkbox"/> Permit Revision Fee - \$75.00

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS INCORRECT, FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.**

1) Permit requested by: (Owner/agent/prospective owner): Thompson + Carter Realty Inc  
Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Business Phone: 336-597-2251

2) Name and address of current owner: SAME

3) Property Description: Lot size: .73 ac Township: Halloway Subdivision: Old Mill Run III Lot # 7  
Directions to the property (Including road names and numbers): 501 W to Mill Creek Church Rd - Left on Street Store Rd - Left on Torr Webb Rd - Left on Lerach Rd (D)

4) Proposed Use and Structure Description: answer each of the following questions:  
a) Proposed , Existing \_\_\_\_\_, Type of Structure: Single Family Dwelling Width: 26' Depth: 34'  
b) Number of Bedrooms: 3 Number of occupants or people to be served: 4  
c) Basement: Yes , No \_\_\_\_\_ Will there be plumbing in the basement? \_\_\_\_\_  
d) Garbage Disposal: Yes \_\_\_\_\_, No

5) Water Supply Type: Private  (new  or existing \_\_\_\_\_), Public \_\_\_\_\_, Community \_\_\_\_\_, Spring \_\_\_\_\_  
Are any wells on adjoining property? Yes \_\_\_\_\_ No  If yes, please indicate approximate location on the site plan.

6) Does your property contain previously identified jurisdictional wetlands? Yes \_\_\_\_\_ No

**PLEASE NOTE THE FOLLOWING:**

- > A PLAT OF THE PROPERTY OR SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION.
- > PROPERTY LINES AND CORNERS MUST BE CLEARLY MARKED.
- > THE PROPOSED LOCATION OF ALL STRUCTURES MUST BE STAKED OR FLAGGED.
- > THE SITE MUST BE READILY ACCESSIBLE FOR AN EVALUATION BY THE HEALTH DEPARTMENT STAFF.

I hereby make application to the Person County Health Department for a site evaluation for the on-site sewage disposal system for the above-described property. I agree that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand if the site is altered or the intended use changes, the permit shall become invalid.

Randall M. Thompson, Pres.  
Owner or Legal Representative

1-23-04  
Date



**PERSON COUNTY**  
Environmental Health

Tax Map A69 Parcel # 179  
Subdivision OLD MILL RUN III  
Phase/Section/Lot # 7

1/3

Applicant: THOMPSON AND CATTS  
Location: 501 N Mill Creek Rd. → (L) C Street Spore Rd  
→ (L) C TOM WEBB RD. → (L) C LONACRY LN.

**Improvement Permit**

Permit Valid for  Five Years  No Expiration  
Type of Facility: House New  Addition  Water Supply Well  
# of Occupants      # of Bedrooms 3 Projected Daily Flow 360 g.p.d.  
Proposed Wastewater System: INNOVATIVE w/PUMP Type: III b/g  
Proposed Repair: INNOVATIVE w/PUMP Type: III b/g  
Permit Conditions: FOLLOW SITE PLAN - ANY QUESTIONS CONTACT HEALTH DEPT.

PRE-INSTALLATION CONFERENCE REQUIRED #597-1790

Owner or Legal Representative Signature: X James Stockhill Date: 9-12-07  
Authorized State Agent: Shuld Kelly Date: 1-19-05

The issuance of this permit by the Health Department in does not guarantee the issuance of other permits. It is the responsibility of the applicant/property owner to in sure that all Person County Planning and Zoning and Building Inspections requirements are met. This Improvement Permit is subject to revocation if the site plan, plat or the intended use changes. The Improvement Permit is not affected by a change in ownership of the property. This permit was issued in compliance with the provisions of the North Carolina 'Laws and Rules for Sewage Treatment and Disposal Systems' (15A NCAC 18A .1900). Neither Person County nor the Environmental Health Specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

**Authorization to Construct Wastewater System (Required for Building Permit)**

\* See site plan and additional attachments (3).

Proposed Wastewater System: INNOVATIVE w/PUMP Type III b/g Wastewater Flow 360 g.p.d.  
New  Repair  Expansion  Soil LTAR: .3 g.p.d./ ft 2  
Type of Facility: House Basement  Yes  No

Wastewater System Requirements			
Tank Size: Septic Tank: <u>1000</u> gal	Pump Tank: <u>1000</u> gal	Grease Trap: <u>    </u> gal	
Drainfield: Total Area: <u>900</u> sq ft	Total Length <u>300</u> ft	Maximum Trench Depth <u>12</u> in	<u>upslope</u> <u>side</u>
Trench Width <u>3</u> ft	Minimum Soil Cover: <u>6</u> in	Minimum Trench Separation: <u>9</u> ft	
Distribution: <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Serial Distribution <input checked="" type="checkbox"/> Pressure Manifold			
Specifications: <u>LAYOUT AND METHOD OF DIST. TO BE DETERMINED AT PRE-INSTALLATION CONFERENCE.</u>			

Authorized State Agent: Shuld Kelly Date: 1-19-05  
Permit Expiration Date: 1-19-10

The type of system permitted is  Conventional  Innovative  Alternative. I accept the specifications of the permit.  
Owner/Legal Representative: X James Stockhill Date: 9-12-07  
PCHD7/30/2002

**SITE SKETCH**

Name THOMPSON + CATES  
 Subdivision OLD MILL RUN III  
David Kelly  
 Authorized State Agent

Tax Map # 469 Parcel # 179  
 Section/Lot# 7  
1-18-05  
 Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

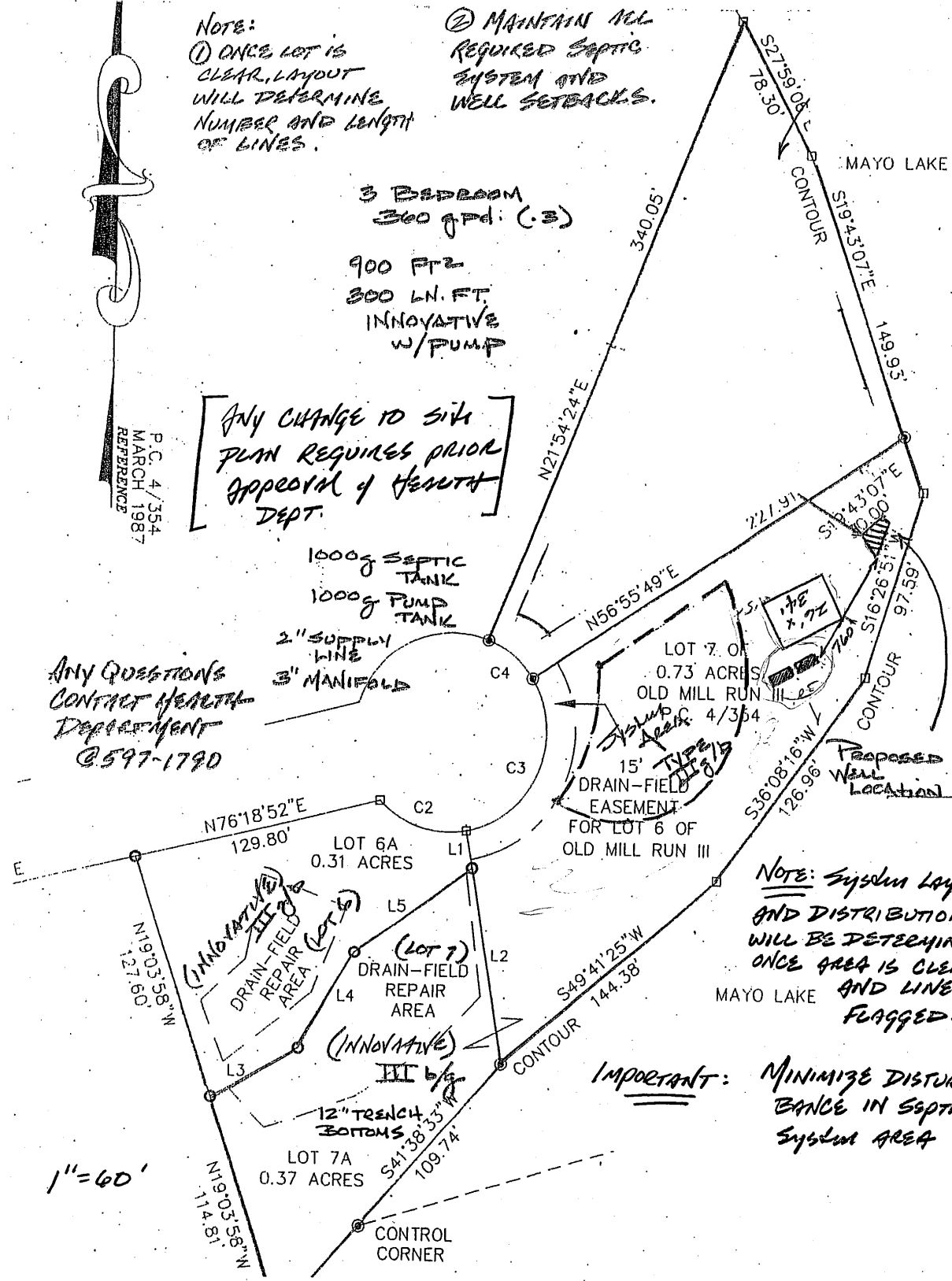


**NOTE:**  
 ① ONCE LOT IS CLEAR, LAYOUT WILL DETERMINE NUMBER AND LENGTH OF LINES.  
 ② MAINTAIN ALL REQUIRED SEPTIC SYSTEM AND WELL SETBACKS.

3 BEDROOM  
 360 gpd (.3)  
 900 FT<sup>2</sup>  
 300 LN. FT.  
 INNOVATIVE  
 W/PUMP

ANY CHANGE TO SITE PLAN  
 REQUIRES PRIOR APPROVAL OF HEALTH DEPT.

ANY QUESTIONS  
 CONTACT HEALTH DEPARTMENT  
 @ 597-1780



**NOTE:** SYSTEM LAYOUT AND DISTRIBUTION WILL BE DETERMINED ONCE AREA IS CLEAR AND LINES FLAGGED.

**IMPORTANT:** MINIMIZE DISTURBANCE IN SEPTIC SYSTEM AREA

1" = 60'



WELL PERMIT

PLEASE SEE ATTACHED PLAN FOR WELL SITE LAYOUT

Tax Map A69 Parcel # 179 Township: \_\_\_\_\_  
Applicant: JIM STECKSTILL  
Subdivision: OLD MILL LN PH 3 Lot # 7  
Location: OFF TOM WEBB RD

Type of Water Supply: 4 Individual \_\_\_ Community \_\_\_ Public

Requirements:

Site Approved By: MT }  
Grouting Approved By: MT } 10/25/07  
Well Log: MT  
Pump Tag: \_\_\_\_\_  
Well Tag: JS  
Air Vent: \_\_\_\_\_  
Hose Bib: \_\_\_\_\_ } 5-13-08  
Casing Height: \_\_\_\_\_  
Concrete Slab: \_\_\_\_\_

Liner: \_\_\_\_\_  
Installed by: \_\_\_\_\_  
Depth set: \_\_\_\_\_  
Grouted: \_\_\_\_\_  
Date: \_\_\_\_\_  
Water Sample: \_\_\_\_\_

Well Driller: EVANS

Well Approved by: [Signature] Date: 6-10-08

\*\*\*\*See Attached Site Sketch\*\*\*\*

- Wells must be 10 feet from property lines.
- Wells must be 100 feet from septic systems.
- Wells must be at least 25 feet from any building foundation.

Other conditions: FOLLOW SITE SKETCH



11 am

Well ID # 2030  
 Company Name Evans Well Drilling  
 Date Drilled 10-23-2007

Owner: Jim Stockstill Great Log  
 Location: off Tom Webb Rd Tax Map A69 Parcel # 179  
 Subdivision: old Mill Run P# #3 Lot 7

**Well Construction**

Distance From nearest Property Line (Minimum 10 feet) \_\_\_\_\_  
 Distance from Septic Systems (Minimum 60 feet) ✓  
 Total Depth: 415 ft Yield: 3 GPM Static Water Level: 25 ft  
 Water Bearing Zones: Depth 109 ft \_\_\_\_\_ ft \_\_\_\_\_ ft \_\_\_\_\_ ft

Casing:  
 Depth: From 0 to 84 ft Diameter: large in  
 Type: Galvanized Steel ✓  
 Weight: 13 Thickness: 1/8 Height above Ground: 1 in  
 Drive Shoe: ✓ Yes \_\_\_\_\_ No Any problems encountered while setting casing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If "yes" give reason: \_\_\_\_\_

Grout:  
 Nest \_\_\_\_\_ Sand/Cement ✓ Concrete \_\_\_\_\_ Gravel/Cement \_\_\_\_\_  
 Annular Space Width 3 inches Water in Annular Space \_\_\_\_\_ Yes ✓ No  
 Method of Grout: Pumped \_\_\_\_\_ Pressure \_\_\_\_\_ Poured \_\_\_\_\_ Depth \_\_\_\_\_ to \_\_\_\_\_ ft

Materials Used:  
 No. Bags Portland cement \_\_\_\_\_ Weight of 1 Bag 94 Pounds  
 If mixture (sand, gravel, cuttings) - Ratio 3 to 1  
 ID plates: ✓ Yes \_\_\_\_\_ No 4 x 4 slab ✓ Yes \_\_\_\_\_ No

Liner:  
 Depth: \_\_\_\_\_ Date installed: \_\_\_\_\_ Grout: \_\_\_\_\_ Installed by: \_\_\_\_\_

**Drilling Log**

**Location Drawing**

From	To	Formation
0	4	Red Clay
4	8	Sandy Soil
8	72	Shell Rock
72	84	Green Gravel
84	415	Green & Gray Gravel

I hereby certify that the above information is correct and that this well was constructed in accordance with regulations set forth by the Person County Health Department.

Signature of Contractor Michael Evans ID# 2030 Date 10-25-07

**Pump Installation**

Pump Installation Contractor \_\_\_\_\_ State Registration Number \_\_\_\_\_  
 Pump Depth: \_\_\_\_\_ ft Static Water Level: \_\_\_\_\_ ft  
 Pump Make & Model \_\_\_\_\_ Pump Size and Rating \_\_\_\_\_ hp \_\_\_\_\_ gpm

I hereby certify that this pump was installed and the well head completed according to the Person County Well Rules in effect on this date and that a copy of this record has been provided to the well owner.

Pump Installer Signature \_\_\_\_\_ Date: \_\_\_\_\_ PCHD rev 01/21/04



Tax Map A69 Parcel # 179  
 Subdivision Old Mill Run III  
 Phase/Section/Lot # PH 3 / Lot 7  
 # of Bedrooms 3

Applicant: Sim Stockstill  
 Location: Off Tom Webb Rd., Old Mill Run

# Operation Permit

E2-flow

System Type (In Accordance With Table Va): III 6/9

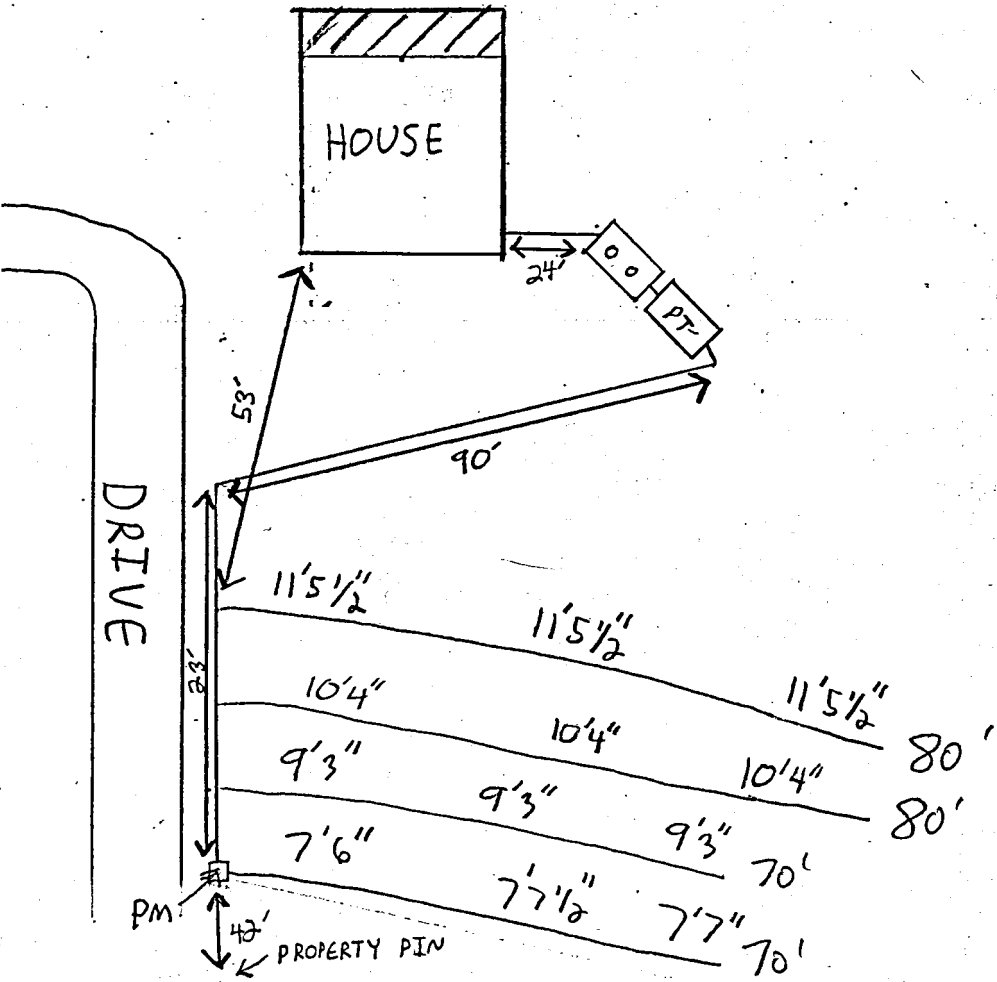
THIS SYSTEM HAS BEEN INSTALLED IN COMPLIANCE WITH APPLICABLE NORTH CAROLINA GENERAL STATUTES, RULES FOR SEWAGE TREATMENT AND DISPOSAL, AND ALL CONDITIONS OF THE IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION.

[Signature]  
 Authorized State Agent

6-10-08  
 Date

Installed By: S. Lewis

Date: 05/13/08



**SEPTIC TANK INSPECTION CHECKLIST (Type II - IV)**

ε2-flow

Tax Map # A69 Parcel # 179 System Type (Table Va) III b/g  
 Owner/Applicant Jim Stockstill Subdivision Old Mill Run III  
 Address/Location Off Tom Webb Rd. Old Mill Run Sec/Phase 3 Lot # 9

Septic Tank	Initial/Date	Nitrification Lines	Initial/Date
State ID/Date <u>STR-142/01-13-08</u>	<u>SBW 05/15/08</u>	Trench Width <u>3 ft.</u>	↓
Capacity <u>1000 gal.</u>	↓	Trench Depth <u>12 in.</u>	↓
Tee and Filter	↓	Trench Length <u>300 ft.</u>	↓
Baffle	↓	Trench Grade	↓
Sealant	↓	Trench Spacing	↓
Riser (if applicable)	↓	Rock Depth and Quality	<u>NA</u>
Tank Outlet Seal	↓	Dams/Stepdowns etc.	↓
Permanent Marker	↓	Pressure Laterals	↓
<b>Pump Tank</b>	↓	Hole Spacing	↓
State ID/Date <u>PT-85/04-02-08</u>	↓	Hole Size	↓
Capacity <u>1000 gal.</u>	↓	Pipe Sleeve	↓
Waterproof /Sealant	↓	Turn-ups/Protectors	↓
Riser	↓	<b>Required Setbacks</b>	
Water Tight	↓	From Wells	<u>SBW 05/15/08</u>
<b>Pump</b>		From Property lines	↓
Check Valve/Gate Valve		Structures/Basements	↓
Anti-siphon Hole		Ditches /Drainage Ways	↓
Floats/Switches		Surface Waters	↓
Alarm (visable and audible)		Public Water Supplies	↓
Electrical Components		Vertical Cuts (>2 ft.)	↓
Rate (gpm)		Water Lines	↓
Approved Pump Model		Vehicle Traffic	↓
Block Under Pump		Adjacent Systems	↓
Pump Removal Rope/Chain		Easements/Right of Ways	↓
<b>Distribution System</b>		<b>Other</b>	
Serial Distribution		Easements Recorded	
Pressure Manifold	<u>SBW 05/15/08</u>	Certified Operator Contract	
Low Pressure Pipe		Tri-Partate Agreement	
Appr. Pipe Material and Grade			
Valves			
<b>Comments</b>			



**Building Additions/ Mobile Home Replacements**

Tax Map #: A69 Parcel#: 179 Address: 160 Stillwater Ln.  
Roxboro NC 27574

Approval Requested for:  Mobile Home Replacement  
 Building Addition

Applicant Name: John Cook 40 Herman House  
Address: Same as above

Phone #'s: 336 598-2238

Permit Located:  Yes  No  
Installation Date: 5-13-2008 Design flow: 360 (gpd)

Current Contract with Certified Operator on file (if required): n/a

Water Supply:  Well  Public or Community

Wastewater system shows no visual evidence of failure on: 7-29-13 (date) *→ pump maint. inspect*  
(Applicant's signature if site visit is not required) John E. [Signature]

Comments: Permission to convert 12'x30' deck  
into sunroom.

**Addition/Replacement Approved**

Adam C. Jones  
Environmental Health Specialist

3-7-18  
Date



# PERSON COUNTY

Environmental Health

Tax Map A69 Parcel # 179  
Subdivision Old Mill Run III  
Phase/Section/Lot # PH 3 / Lot 7  
# of Bedrooms 3

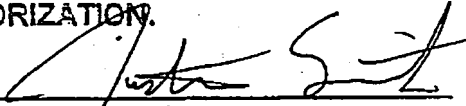
Applicant: Sim Stockstill  
Location: Off Tom Webb Rd., Old Mill Run

## Operation Permit

E2-flow

System Type (In Accordance With Table Va): III b/g

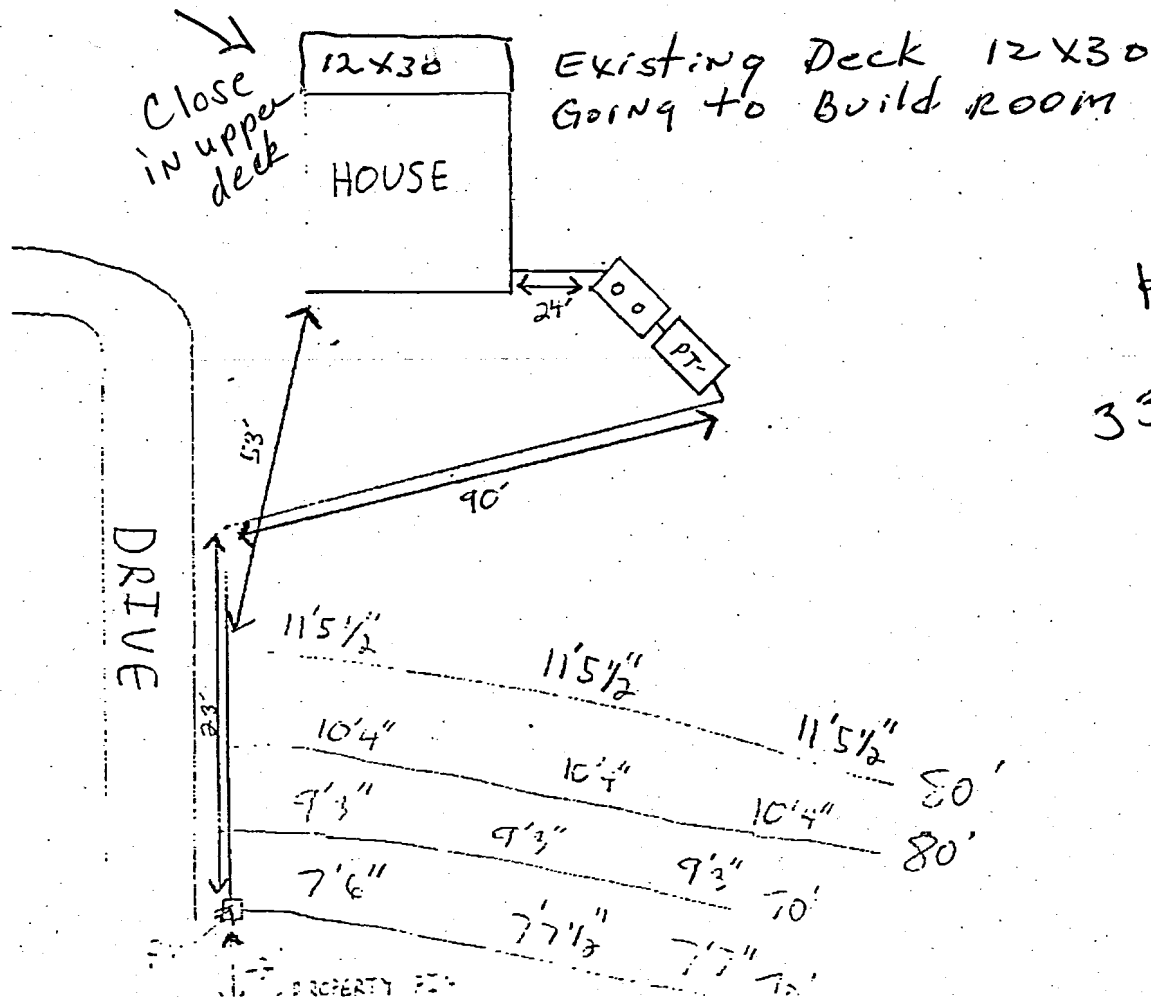
THIS SYSTEM HAS BEEN INSTALLED IN COMPLIANCE WITH APPLICABLE NORTH CAROLINA GENERAL STATUTES, RULES FOR SEWAGE TREATMENT AND DISPOSAL, AND ALL CONDITIONS OF THE IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION.

  
Authorized State Agent

6-10-08  
Date

Installed By: S. Lewis

Date: 05/13/08



Herman Rouse  
336-598-2238

**PERSON COUNTY HEALTH DEPARTMENT  
SUBSURFACE WASTEWATER SYSTEM MONITORING REPORT**

7-29-13  
Date of Inspection

5-13-08  
System Installation Date

A69  
Tax Map

179  
Parcel #

165 Stillwater Lane

Property Address

Instructions: Check yes or no for appropriate items and explain in space provided for remarks and comments. If an item is not applicable, indicate by "NA". If an item is not or cannot be evaluated, indicate by "N" and explain. Note that this monitoring form is not totally inclusive for all systems. All maintenance and monitoring items specified in the permit are to be carried out.

**INSPECTION RESULTS**

**COLLECTION SYSTEM:**

	YES	/	NO	
Evidence of leaks ?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	<u>REMARKS</u>
Tank risers accessible, free of infiltration and surface water diverted ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Septic tank needs pumping ?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Inches of solids: <u>6"</u>				
Septic tank filter cleaned ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	

**EFFLUENT DOSING SYSTEM:**

Required pumps present & functional ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	<u>REMARKS</u>
High water alarm operating properly ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Floats, valves, etc. in good condition ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Control panel & components in good condition ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Effluent free of excess solids ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Inches of solids(pump/dose tank): <u>0</u>				
Elapsed time readings ? <u>N/A</u>				
Counter readings ? <u>N/A</u>				
Drawdown rate: <u>30 gpm</u>				

**DISPOSAL FIELD:**

Evidence of effluent surfacing ?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	<u>REMARKS</u>
Evidence of effluent ponding in trenches ?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Surface water effectively diverted ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Diversions/swales properly maintained ?	<input type="checkbox"/>	/	<input type="checkbox"/>	
Vegetative cover maintained ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Protected from traffic/unauthorized uses ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Distribution devices in good condition ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Field free of settled or low areas ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	

**PRESSURE DISTRIBUTION SYSTEM:**

Turnups/cleanouts/valves/taps intact & accessible ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	<u>REMARKS</u>
Pressure head properly adjusted ?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	

**COMPLIANCE:**

Compliant	<input checked="" type="checkbox"/>
Non-compliant	<input type="checkbox"/>
Needs Maintenance	<input type="checkbox"/>

ADDITIONAL COMMENTS: System in good condition

EHS J. Smith