



**ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Operation Permit**

OP

Tax Map Number 1-2-45	GPIN 8767361472	Application Date 11/7/2007	Permit Number 1002OPWS10
Site Address 8238 PLEASANT HILL CHURCH RD. NEW HOUSE SNOW CAMP, NC 27349 MAGGIE ASHLEY LOT # 4			
Directions 49 SOUTH TO GREENSBORO CHAPEL HILL RD. TR PLEASANT HILL CHURCH RD. SMALL WHITE HOUSE ON THE LEFT			
Requestee SIFFORD STEPHEN & ROSEMARY 8238 PLEASANT HILL CHURCH RD SNOW CAMP, NC 27349 (336) 376-0541 Phone Fax Other (919) 855-7259 Email		Owner SIFFORD STEPHEN & ROSEMARY 8238 PLEASANT HILL CHURCH RD. SNOW CAMP, NC 27349 (919) 618-2198 Phone Fax Other Email	
Type of Structure	HOUSE	Basement	No
Proposed Wastewater System Type	Type II	Basement Plumbing	No
Proposed Repair System Type	Pump Type IIIb	Number of Bedrooms	5
Septic Tank Size	1000	Number of Occupants	4
Pump Required	No	Projected Daily Flow	600 GPD
Pump Tank Size	n/a	Type of Water Supply	Well
Grease Trap Required	No		
Grease Trap Size	n/a	Related IP	1002IMPR07 Issued: 12/17/2007
Total Length of Lines	600	Related AC	1002ACWS07 Issued: 12/17/2007
Distance to Foundation	15	Permit Valid For	Non-Expiring

Type of Wastewater System Installed	Type II
System Description	25% Reduction Septic System with Shallow Placement
System Distribution	Serial
Model Type	IQ4W - Infiltrator Quick 4 Standard W
System Type Code	IIA IIIG
Proposed Repair System Type	Pump Type IIIb
Proposed Repair System Description	Pump to Conventional Septic System
Proposed Repair System Distribution	n/a
Installer	MUELLER SEPTIC TANK CO INC
Date of Issuance	7/6/2010
Authorized State Agent	Susan Gwynn

Permit Conditions:

- I. Performance: System shall perform in accordance with Rule .1961
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.



RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2312

House well

1. WELL CONTRACTOR:

Chris J. Bullins

Well Contractor (Individual) Name

Raymond Brown Well Company

Well Contractor Company Name

STREET ADDRESS 1109 N Main Street

Danbury

NC

27016

City or Town

State

Zip Code

(336) 593-8239

Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

WELL CONSTRUCTION PERMIT# 43WELR08

OTHER ASSOCIATED PERMIT#(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 10-3-08

TIME COMPLETED 4:00 AM ☐ PM ☒

4. WELL LOCATION:

CITY: COUNTY Alamance

(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

(check appropriate box)

LATITUDE

LONGITUDE

May be in degrees, minutes, seconds or in a decimal format

Latitude/Longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

5. WELL OWNER

OWNER'S NAME Rosemary Sifford / Steve Sifford

STREET ADDRESS 8238 Pleasant Hill Church Road

NC

City or Town

State

Zip Code

()

Area code - Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 465

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 8 METHOD OF TEST sight

f. DISINFECTION: Type HTH Amount 10 OZ

g. WATER ZONES (depth):

From 70 To 72 From 430 To 435

From To From To

From To From To

7. CASING:

Depth	Diameter	Thickness/Weight	Material
From 0 To 44 Ft.	6 1/4	sdr 21	PVC
From To Ft.			
From To Ft.			

8. GROUT:

Depth	Material	Method
From 0 To 21 Ft.	cement	pour
From To Ft.		
From To Ft.		

9. SCREEN:

Depth	Diameter	Slot Size	Material
From To Ft.	in.	in.	
From To Ft.	in.	in.	
From To Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth	Size	Material
From To Ft.		
From To Ft.		
From To Ft.		

11. DRILLING LOG

From To Formation Description

0-8	red clay
8-30	sand rock
30-465	blue granite

12. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Chris J. Bullins 10-03-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chris J. Bullins
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 588.

Form GW-1a
Rev. 3/07



ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
New Well Permit Site Sketch - Final Well Location

Tax Map Number

1-2-45

GPIN

8767361472

Application Date

9/5/2008

Permit Number

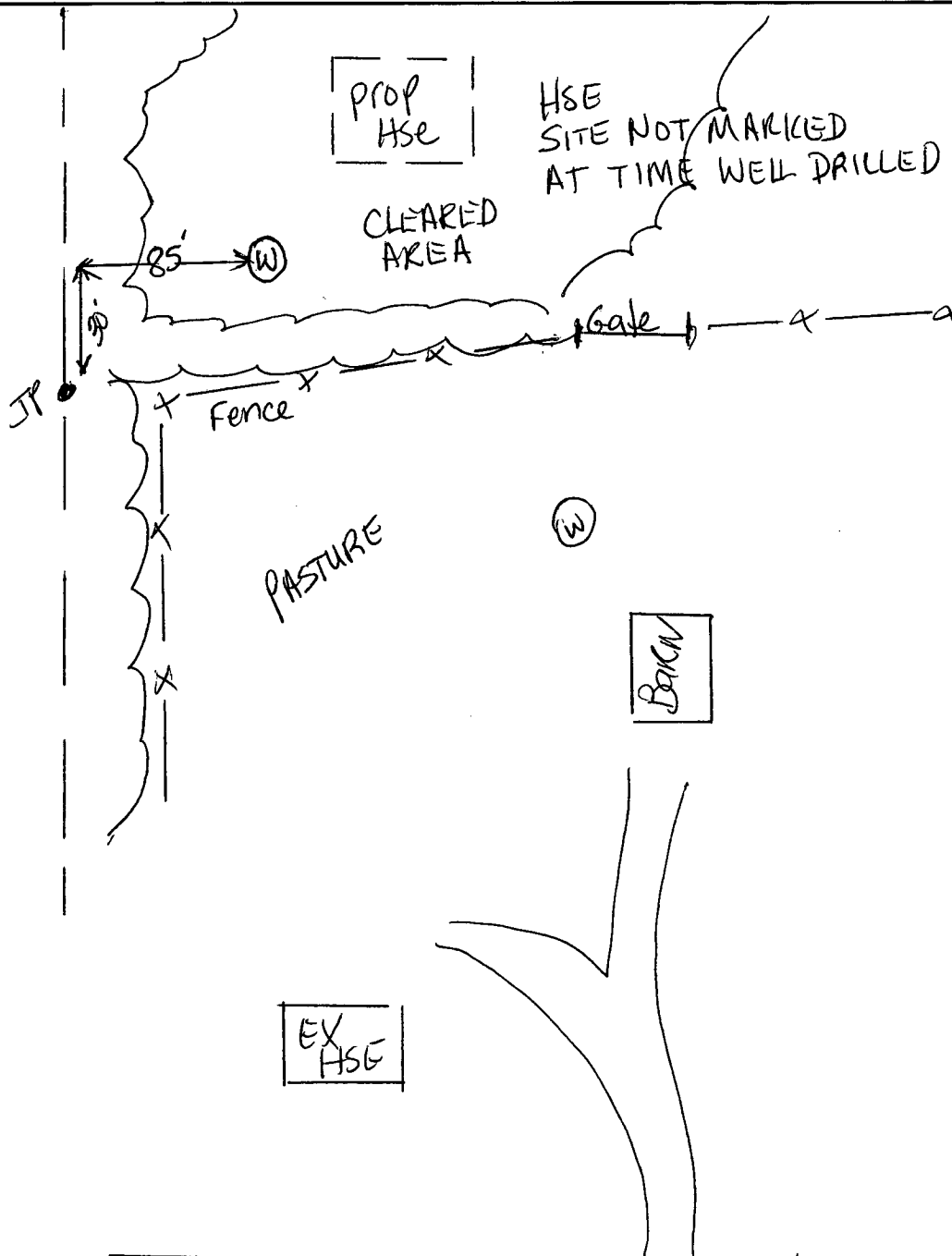
365WELN08

Site Address

8238 PLEASANT HILL CHURCH RD. SNOW CAMP, NC 27349

Well MUST be located 100' from sources of contamination, 25' from building foundations, streams, and bodies of water. Well casing, and source of water MUST be at least 40' minimum depth. Grout must be at least 20'/35' (Circle One). Property owner must comply with the Sedimentation Pollution Control Act of 1973.

FINAL WELL LOCATION



Inspected By:

Clement Moore R.S.

Date Inspected:

10-2-08



Cow well

***Non Residential* WELL CONSTRUCTION RECORD**
North Carolina Department of Environment and Natural Resources- Division of Water Quality
WELL CONTRACTOR CERTIFICATION # 2312

1. WELL CONTRACTOR:

Chris J. Bullins

Well Contractor (Individual) Name

Raymond Brown Well Company

Well Contractor Company Name

STREET ADDRESS 1109 N Main Street

Danbury

NC

27018

City or Town

State

Zip Code

(336) 593-8239

Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

WELL CONSTRUCTION PERMIT # (if applicable)

OTHER ASSOCIATED PERMIT # (if applicable)

3. WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☐ (list use) Cow well

DATE DRILLED 10-1-08

TIME COMPLETED 10:30 AM ☐ PM ☐

4. WELL LOCATION:

CITY: COUNTY Alamance

(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE

LONGITUDE

May be in degrees,
minutes, seconds or
in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and
attached to this form if not using GPS)

5. FACILITY: is the name of the business where the well is located.

FACILITY ID # (if applicable)

NAME OF FACILITY 8238 Pleasant Hill Church Road

STREET ADDRESS

City or Town

State

Zip Code

CONTACT PERSON Rosemary Sifford / Steve Sifford

MAILING ADDRESS

City or Town

State

Zip Code

()

Area code - Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 445

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐

c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*

*Top of casing terminated at/or below land surface may require
a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 5 METHOD OF TEST sight

f. DISINFECTION: Type HTH Amount 10 OZ

g. WATER ZONES (depth):

From 270 To 275 From To

From To From To

From To From To

7. CASING: Depth Diameter Thickness/Weight Material

From 0 To 47 Ft. 6 1/4 sdr 21 PVC

From To Ft.

From To Ft.

8. GROUT: Depth Material Method

From 0 To 25 Ft. Cement Pour

From To Ft.

From To Ft.

9. SCREEN: Depth Diameter Slot Size Material

From To Ft. in. in.

From To Ft. in. in.

From To Ft. in. in.

10. SAND/GRAVEL PACK:

Depth Size Material

From To Ft.

From To Ft.

From To Ft.

11. DRILLING LOG

From To

Formation Description

0-10

Red Clay

10-18

Sand Rock

18-445

Granite

12. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS
RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Chris J. Bullins 10-1-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chris J. Bullins
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 668.

Form GW-1b
Rev. 12/07



ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Replacement Well Permit Site Sketch - Final Well Location

Tax Map Number

1-2-45

GPIN

8767361472

Application Date

9/5/2008

Permit Number

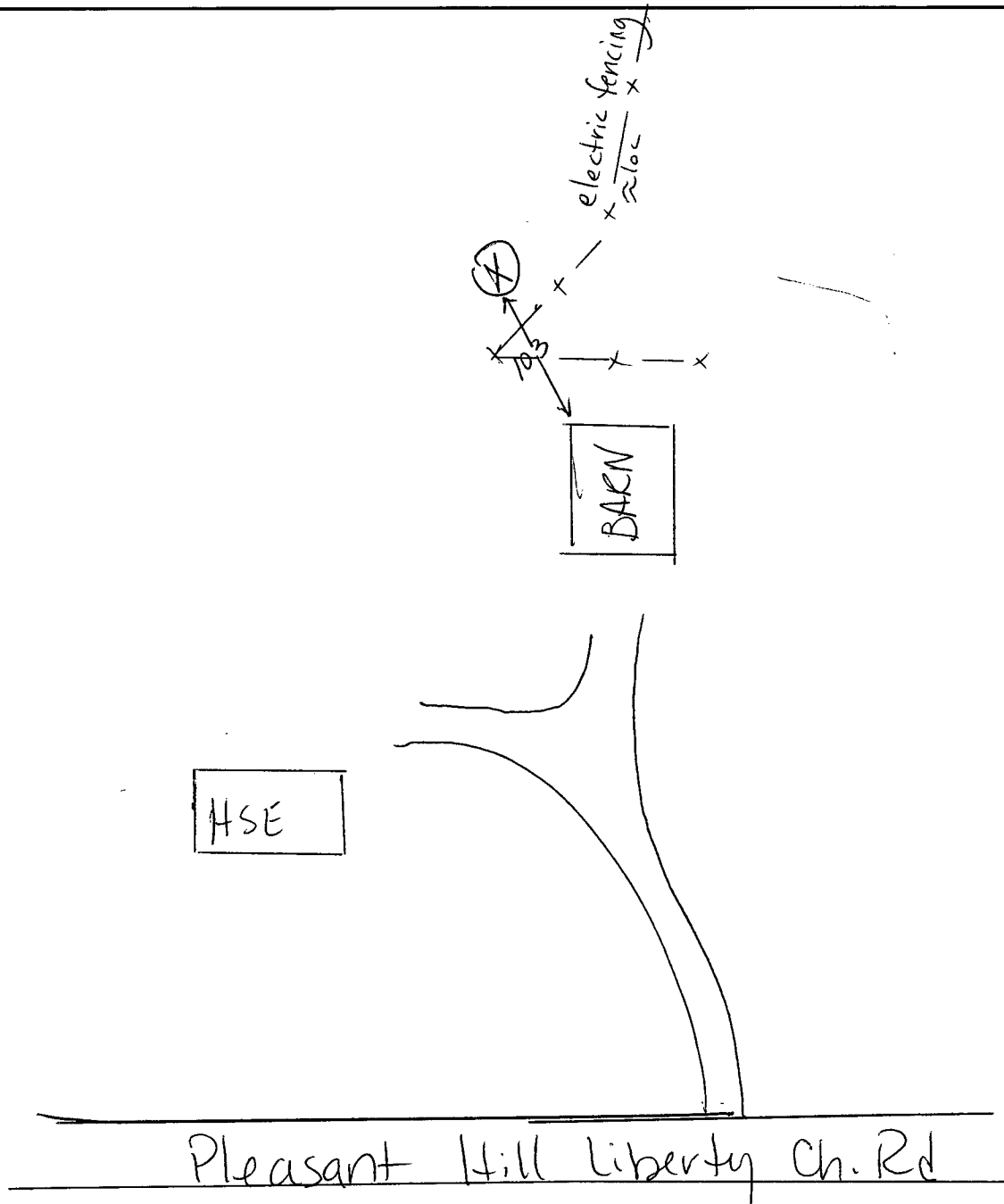
43WELR08

Site Address

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FINAL WELL LOCATION



Inspected By:

Oliver Moore R.S.

Date Inspected:

10-1-08

* See IP for repair area.
Repair area > 1,000' away
from initial system.

↑
To Pleasant Hill
Church Rd.

