

PROPERTY SERVICE CHART

ADDRESS

[illegible]

PROPERTY SERVICE CHART

0123467

7239 Bulb Rd

ADDRESS (Print)

S/T Permit:

Date:

Name:

Well Permit:

Date:

Name:

Subd:

Sec.

Lot

SERVICE	COMMENTS	DATE	SANITARIAN
Pump alarm	alarm moved to upstairs laundry room alarm functional, can't present Approved	3/25/04	EAE
well final	tags match ROC, well construction OK well approved	3/25/04	EAE
bacteria	no Cl ₂ , bacteria taken Results: P/A	7/28/04	EAE
Spate	Spate OK NO sign of mal function System installed	1/16/06	CWV
O&M	1-2" sludge No visual mal. Alarm not Audible	10/15/08	BGM/LVE
O&M	4" sludge, alarm in laundry room ok per homeowner, roots in pt, some minor settling of df	6/04/19	RPO
Report Sent	Mailed 3B report. Access + Asclm updated	6/13/19	RPO

PROPERTY SERVICE CHART

0123467

7239 Bulb EJ

ADDRESS (Print)

S/T Permit: _____

Date: _____

Name: _____

Well Permit: _____

Date: _____

Name: _____

Subd: _____ Sec. _____ Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
Soil Eval For SALE OF PROPERTY	AREA APPROVED +	10-31-97	RSS
SEPTIC PERMIT ISSUED		11-14-97	RSS <i>WDA 11/14/97</i>
BEDROOM ADDITION	REDEFINED BOUNDARY OF APPROVED AREA AND MARKED WITH RED FLAGS. APPROVED FOR 4 BRZ POLY- STYRENE AG BUT MAY GET CONV. WITH SYSTEM LAYOUT	9-9-02	RSS
ISSUED IP, WP, CA	RELEASED TO PFD	9-18-02	RSS
SYSTEM LAYOUT	APPROVED FOR CONVENTIONAL INITIAL, POLYSTY- RENE AGGREGATE REPAIR CA REVISED 10-22-02	10-21-02	RSS/RPD
Call	Spoke w/ Joe Thompson Permits Ready	10/23/02	BBT
PERMITS ALTERED	TO RUN PUMP LINE ALONG RIGHT PROPERTY LINE INSTEAD OF DAM. FAXED COPY TO JOE THOMPSON	12-27-02	RSS
grout well final	Jones - bentonite pumped, <i>(initials)</i> Weed pump & well stop & Ross	3/14/03	CRC
septic painted	Overlay - 710' x 3' in app'd area, 200' x 2" sch 40 supply line, PIA needed to final	9/12/03	CRC
	<i>(C)</i> sent well def letter to Jones	9/15/03	CRC
well final	same deficiencies @ 9/12/03	3/17/04	EAE
cover ✓ ↓ PIA	Cover smooth, alarm needs to be remounted, not in unfinished basement need clear 100% silicon caulk on conduit	3/17/04	EAE
call	called Blder John Reese of New Age C 382-7113 + relayed deficiencies	3/18/04	EAE

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: RES ADDITION/REMODEL SEPTIC INSP NUMBER: 0601506
DATE PRINTED 01/05/06

PROPERTY ADDRESS: 7239 BULB RD

DIRECTIONS:

421S, TL 62, TR OLD LIBERTY, TL BULB. PROP. ON RT.

PROPERTY OWNER/ADDRESS PHONE: H 336 685-9539 W
JEFFREY C. BIGGS TAX #: 06 04-0235-0 0226-00 015
821 ROLLINGWOOD DRIVE LOT SIZE: 0.000 ACRES
GREENSBORO, NC 27410
SUBDIV/M HOME PARK NAME LOT # SEC # NEW SUB/LOT REC PRIOR 83?
BLACKARD, A.C., SR, E 006

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: 0 NO RES: 0 BASEMENT: PLUMBING: FIXTURES:
TYPE ADDN, SZ&LOC: *30X50 DETACHED STORAGE BUILDING W/2ND FLOOR BONUS
BUILDING CONTRACTOR:

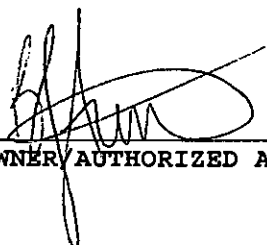
EXISTING:

WATER SUPPLY: PRIVATE TYPE WELL: D WELL HEAD ABOVE GROUND: Y
LOC: LTFT REAR
SEWAGE DISPOSAL: YR INSTALLED:
LOC: RT SIDE
NO BDRMS: 4 NO RES: 4 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.

 1-506

OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE



Guilford County Department of Public Health
Division of Environmental Health – Water Quality

Record of Septic System Inspection
Single Effluent Pump or Siphon

Owner Jeffrey Biggs

Operations Permit # 9709944

Address 7239 Bulb Rd

Date of Issue 9/12/03

Inspection Date 6/4/19

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	_____
	Is pump tank accessible to check pump, float, controls, etc.	Y	<u>4" sludge in pump tank</u>
	Do tanks show indication of infiltration?	Y	<u>roots in pump tank</u>
	Do tanks/risers show indication of structure damage?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
Pumps	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	_____
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
Drainfield	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	N	<u>some settling of drainlines</u>
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y	Y	_____
	Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS Remember to have tanks pumped every 3-5 years to prevent sludge accumulation from being pumped to drainfield - Roots in pump tank - Some settling of drainlines

Randy Duncan, REHS
Environmental Health Division
400 W Market St
Greensboro, NC 27401

336-641-7833
336-641-3730 FAX
rduncan@co.guilford.nc.us

Randy Duncan, REHS
Environmental Health Specialist

Legend: Y = Yes N = No NE = Not Evaluated



GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 157820 Improvement Permit (Septic) 0601506 Improvement Permit (Well) EXISTING

Property Information

Street Address: 7239 Bulb Road Twp: 06 Tax Map: 04-0235-0-0226-0-0-015
Development Name Section/Phase Lot # Deed Book: 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: 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:

PLANNING DEPARTMENT OFFICIAL: [Signature]

Applicants Information

Applicant: Reynolds Renovations Co. Address: PO Box 550 PG. NC 27313 Phone: 676-1937
Owner: Jeff Biggs Address: 7239 Bulb Rd Phone: Julia NC 27283

Development Information

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

OTHER TYPE:
Residential Specifications: # 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:

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 give 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: [Signature] DATE: 1-5-06

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 # _____

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 # _____



Guilford County Department of Public Health
Division of Environmental Health – Water Quality

Record of Septic System Inspection
Single Effluent Pump or Siphon

Owner Jeffery Biggs

Operations Permit # 9709944

Address 7329 Bulb Rd

Date of Issue 9/12/03

Inspection Date 10/15/08

Facility	Is facility being utilized in accordance with permit?	Y	_____
	Are there any apparent leaks in water using fixtures within facility?	N	_____
	Are roof drains, foundation drains, etc. diverted away from system?	Y	_____
Tankage	Are tanks properly fitted with risers or otherwise marked as rules prescribe?	Y	_____
	Are septic tank compartments accessible to check effluent quality, tees, filters.	N	NOT REQUIRED
	Is pump tank accessible to check pump, float, controls, etc.	Y	1-2" SLUDGE IN PUMP TANK
	Do tanks show indication of infiltration?	N	_____
	Do tanks/risers show indication of structure damage?	N	_____
	Is drainage properly diverted away from tanks?	Y	_____
Pumps	Is pump in place and working as permitted?	Y	_____
	Are float controls and alarms in place and appear to be working as permitted?	Y	Alarm not audible
	Does pump deliver appropriate volume/head dosage to manifold or drainfield?	Y	_____
	Are there any apparent leaks in valves, supply lines, manifolds, etc.?	N	_____
Drainfield	Is the drainfield properly landscaped to shed surface drainage and prevent ponding over the system?	Y	_____
	Does drainfield appear to be functioning properly without evidence of surface discharge present or past?	Y	_____
	Is repair area available? Y Has area been protected?	Y	_____

COMMENTS/SUGGESTIONS _____

K. Joe Johnson, R.S.
Environmental Health Division
201 S. Eugene St.
Greensboro, NC 27402

336-641-3628
336-641-3730 FAX
jjohnso0@co.guilford.nc.us

Benjamin B. Moncrief, R.S.
Environmental Health Program Specialist

Legend: Y = Yes N = No NE = Not Evaluated



AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PAGE 1 OF 2

NEW RESIDENTIAL SEPTIC SYSTEM
REF: 7239 BULB RD

PERMIT NO. 9709944

THIS CONSTRUCTION AUTHORIZATION SHALL BE VALID FOR FIVE (5) YEARS FROM THE ISSUE DATE OF THE IMPROVEMENT PERMIT (9-18-02).

THE AREA DESIGNATED FOR SUBSURFACE SEWAGE TREATMENT & 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 AUTHORIZATIONSYSTEM TYPE: SINGLE PUMP OR SIPHON TO A SHALLOW-TRENCH CONVENTIONAL SYSTEM
WASTEWATER FLOW: 000480 GPD
FACILITY TYPE: 0004 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

SITE REQUIREMENTS:

TRENCH LENGTH 710 FT.
TRENCH DEPTH 18 IN. TO 18 IN.
TRENCH WIDTH 36 IN.
GRAVEL DEPTH 12 IN.
TRENCH SEPARATION 9 FT. ON CENTER
SOIL COVER 6 IN. TO 6 IN.
TANK SIZE 1000 GALS.
PUMP TANK SIZE 1200 GALS.
DOSING VOLUME 310.0 GALS. TO 348.0 GALS.- SETBACK 300 OFF FRONT/BL POND
OFFSET 275 OFF LEFT/RIGHT
SETUP OFF REAR
BASEMENT Y/NWELL SITE AVAILABLE ☒
REPAIR AREA MAINTAINED ☒OTHER
PLUMB OUT FRONT OR SIDE OF HOUSE FOR TANKS; KEEP TANKS 100+ FT FROM WELL; IF THE SCH 40 PUMP LINE CROSSES UNDER DRIVE IT MUST BE AT LEAST 30" BENEATH SURFACE OR SLEEVED IN DUCTILE IRON PIPE; KEEP PUMP LINE AT LEAST 10 FT FROM HIGH WATER MARK OF POND; KEEP NITRIFICATION TRENCH BOTTOMS ON CONTOUR (LEVEL) AND MAINTAIN AN 18" DEPTH; *IMPORTANT--MAIN-TAIN 9 FT CENTERS TO PRESERVE REPAIR AREA--THERE IS NO ROOM TO SPARE;
USE SCH 40 PVC AT STEPDOWNS; POLYSTYRENE AGGREGATE REPAIR AREA
THE BOUNDARY OF THE APPROVED AREA IS MARKED WITH RED FLAGS--KEEP THESE FLAGS IN PLACE UNTIL SYSTEM INSTALLATION

NOTICE
This Plan Is Approved For
Health Purposes Only. This
Does Not Constitute Building
Or Zoning Approval.

09/18/02
ENV. HEALTH SPECIALIST DATE

REVISED AUTHORIZATION

R. Scott Smith Res. 10-22-02
ENV. HEALTH SPECIALIST DATE
OWNER/AUTHORIZED AGENT



AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PAGE 1 OF 2

NEW RESIDENTIAL SEPTIC SYSTEM
REF: 7239 BULB RD

PERMIT NO. 9709944

THIS CONSTRUCTION AUTHORIZATION SHALL BE VALID FOR FIVE (5) YEARS FROM THE ISSUE DATE OF THE IMPROVEMENT PERMIT (9-18-02).

THE AREA DESIGNATED FOR SUBSURFACE SEWAGE TREATMENT & 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: SINGLE PUMP OR SIPHON TO A POLYSTYRENE AGGREGATE SYSTEM
WASTEWATER FLOW: 000480 GPD
FACILITY TYPE: 0004 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

TRENCH LENGTH 535 FT.
TRENCH DEPTH 18 IN. TO 18 IN.
TRENCH WIDTH 36 IN.
GRAVEL DEPTH IN.
TRENCH SEPARATION 9 FT. ON CENTER
SOIL COVER 6 IN. TO 6 IN.
TANK SIZE 1000 GALS.
PUMP TANK SIZE 1200 GALS.
DOSING VOLUME 310.0 GALS TO 348.0 GALS.
OTHER

SITE REQUIREMENTS:

SETBACK 300 OFF FRONT ~~CL~~ POND
OFFSET 275 OFF LEFT RIGHT
SETUP OFF REAR
BASEMENT Y N

WELL SITE AVAILABLE ✓
REPAIR AREA MAINTAINED ✓

PLUMB OUT FRONT OR SIDE OF HOUSE FOR TANKS; KEEP TANKS 100+ FT FROM WELL; IF THE SCH 40 PUMP LINE CROSSES UNDER DRIVE IT MUST BE AT LEAST 30" BENEATH SURFACE OR SLEEVED IN DUCTILE IRON PIPE; INSTALL A POLYSTYRENE AGGREGATE SYSTEM (IWWS-95-3-R2) UTILIZING THE 2012 HORIZONTAL CONFIGURATION; KEEP NITRIFICATION TRENCH BOTTOMS LEVEL AND MAINTAIN 18" TRENCH DEPTH. A PERMEABLE COVER SHALL BE INSTALLED OVER THE AGGREGATE; NO EXCAVATION EQUIPMENT SHALL TRAVEL OVER THE SYSTEM; INSTALLATION SHALL BE DONE BY A CONTRACTOR AUTHORIZED IN WRITING BY THE MANUFACTURER; THE BOUNDARY OF THE APPROVED AREA IS MARKED WITH RED FLAGS--KEEP THESE FLAGS IN PLACE UNTIL SYSTEM INSTALLATION; IT MAY BE POSSIBLE TO INSTALL A SHALLOW-TRENCH CONVENTIONAL SYSTEM IN THIS AREA, WITH AN ALTERNATIVE SYSTEM REPAIR--A SYSTEM LAYOUT WOULD BE REQUIRED TO MAKE THIS DETERMINATION

R. Scott Smith D.S. 09/18/02
ENV. HEALTH SPECIALIST DATE

REVISED AUTHORIZATION

ENV. HEALTH SPECIALIST DATE

OWNER/AUTHORIZED AGENT



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

Improvement Permit

Permit No. 9709944

Address: 7239 BULB RD.

This Improvement Permit shall be valid ~~without expiration~~ five years from date issued upon a satisfactory showing to the health department that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that the wastewater system can be installed to meet the following requirements that were in effect on the date the Improvement Permit was issued.

Design Flow: 480 GPD

Facility Type: 4 BEDROOM HOUSE

Conditions: _____

Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. **This is not authorization to construct a wastewater system. The authorization for wastewater system construction with system specifications must be completed before any building permits or system installation can commence.**

R. Scott Smith R.S.

Env. Health Specialist

9-18-02

Date



IMPROVEMENT PERMIT

PAGE 1 OF 2

NEW RESIDENTIAL SEPTIC SYSTEM
REF: 7239 BULB RD

PERMIT NO. 9709944

THE IMPROVEMENT PERMIT SHALL BE VALID ~~WITHOUT EXPIRATION~~ ^{RSS} FIVE YEARS FROM DATE ISSUED UPON A SATISFACTORY SHOWING TO THE HEALTH DEPARTMENT THAT THE SITE AND SOIL CONDITIONS ARE UNALTERED, THAT THE FACILITY, DESIGN WASTEWATER FLOW, AND WASTEWATER CHARACTERISTICS ARE NOT INCREASED, AND THAT THE WASTEWATER SYSTEM CAN BE INSTALLED TO MEET THE FOLLOWING REQUIREMENTS THAT WERE IN EFFECT ON THE DATE THE IMPROVEMENT PERMIT WAS ISSUED.

SYSTEM TYPE: SEPTIC SYSTEM - PUMP
WASTEWATER FLOW: 000360 GPD
FACILITY TYPE: 0003 BEDROOM RESIDENTIAL

SYSTEM REQUIREMENTS:

TRENCH LENGTH 535 FT.
TRENCH DEPTH 18 IN. TO 18 IN.
TRENCH WIDTH 36 IN.
GRAVEL DEPTH 12 IN.
TRENCH SEPARATION 9 FT. ON CENTER
SOIL COVER 6 IN. TO 6 IN.
TANK SIZE 1000 GALS.
PUMP TANK SIZE 1000 GALS.
DOSING VOLUME 233.0 GALS. TO 262.0 GALS.
OTHER

SITE REQUIREMENTS:

SETBACK 400 OFF FRONT/CL
OFFSET 200 OFF LEFT RIGHT
SETUP OFF REAR
BASEMENT Y/N

* THE AREA APPROVED FOR THE SEPTIC SYSTEM IS FLAGGED WITH YELLOW/GREEN RIBBONS; IT IS RECOMMENDED THAT MORE PERMANENT MARKERS SUCH AS POLES BE PLACED IN THESE BORINGS UNTIL THE SEPTIC SYSTEM IS INSTALLED BECAUSE OUTSIDE THIS BOUNDARY THE SOIL IS UNSUITABLE

R. Scott Smith D.S. 11/14/97
ENV. HEALTH SPECIALIST DATE

THE AREA DESIGNATED FOR YOUR SUBSURFACE SEWAGE TREATMENT AND DISPOSAL AREA IS DENOTED ON THE IMPROVEMENT PERMIT. DO NOT GRADE OR DISTURB THIS AREA. DISTURBANCE OF THIS AREA, CHANGE OF SITEPLAN, OR CHANGE OF INTENDED USE COULD RESULT IN THE SUSPENSION OR REVOCATION OF THIS PERMIT.

OWNER/AUTHORIZED AGENT

DATE

THIS IS NOT AN AUTHORIZATION TO CONSTRUCT A WASTEWATER SYSTEM. THE AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BEFORE ANY BUILDING PERMITS OR SYSTEM INSTALLATION CAN COMMENCE.



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9709944

DATE PRINTED 10/07/02

PROPERTY ADDRESS: 7239 BULB RD

DIRECTIONS:

421-S, TO HWY 62-N, FOLLOW OLD LIBERTY RD. BELOW CEMATARY, TLBULB RD.

Contact: Joe Thompson
Mobile 382-7110

PROPERTY OWNER/ADDRESS

JEFF BIGGS

821 ROLLINGWOOD DR

GREENSBORO, NC 27410

SUBDIV/M HOME PARK NAME

PHONE: H 336 856-0568

W 336 274-3598

TAX #: 06 04-0235-0 0226-00 024

LOT SIZE: 25.390 ACRES

LOT # SEC # NEW SUB/LOT REC PRIOR 83?
006

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:

LOC:

SEWAGE DISPOSAL:

LOC:

NO BDRMS: 4 NO RES: BASEMENT: Y PLUMBING: Y FIXTURES:

EXISTING:

WATER SUPPLY: TYPE WELL: WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL: YR INSTALLED:

LOC:

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

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

IN ORDER TO ACCOMPLISH THE SITE EVALUATION, ALL LOT CORNERS AND LOT LINES MUST BE CLEARLY STAKED AND FLAGGED.

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. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

I HAVE READ THIS APPLICATION AND CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERMIT APPLIED FOR OR GRANTED SHALL BE VOID IF ANY OF THE INFORMATION PROVIDED IS FALSE.

OWNER/AUTHORIZED AGENT SIGNATURE DATE 10/7/02 COUNTY REPRESENTATIVE DATE



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9709944

DATE PRINTED 09/05/02

PROPERTY ADDRESS: 7239 BULB RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS
JEFF BIGGS
825 ROLLINGWOOD DR
GREENSBORO, NC 27410
SUBDIV/M HOME PARK NAME

(M) 215-9927
(OWNER) JEFF BIGGS
PHONE: H 336 856-0568
TAX #: 06 04-0235-0 0226-00 024
LOT SIZE: 25.390 ACRES

(M) 382-7110
JAC THOMPSON (BLDN)

LOT # SEC # NEW SUB/LOT REC PRIOR 83?
006

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:
LOC:
SEWAGE DISPOSAL:
LOC:
NO BDRMS: 4 NO RES: BASEMENT: Y PLUMBING: Y FIXTURES:

EXISTING:

WATER SUPPLY: TYPE WELL: WELL HEAD ABOVE GROUND:
LOC:
SEWAGE DISPOSAL: YR INSTALLED:
LOC:
NO BDRMS: NO RES: BASEMENT: PLUMBING: FIXTURES:

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

IN ORDER TO ACCOMPLISH THE SITE EVALUATION, ALL LOT CORNERS AND LOT LINES MUST BE CLEARLY STAKED AND FLAGGED.

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. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

I HAVE READ THIS APPLICATION AND CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERMIT APPLIED FOR OR GRANTED SHALL BE VOID IF ANY OF THE INFORMATION PROVIDED IS FALSE.

New Age Builders Inc.

Joseph T. Thompson, President
OWNER/AUTHORIZED AGENT SIGNATURE DATE

COUNTY REPRESENTATIVE DATE



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9709944

DATE PRINTED 09/25/97

PROPERTY ADDRESS: 7239 BULB RD

DIRECTIONS:

PROPERTY OWNER/ADDRESS

AC BLACKARD

7212 BULB RD

JULIAN, NC 27283

SUBDIV/M HOME PARK NAME

PHONE: H 910 685-4642 W

TAX #: 06 04-0235-0 0226-00 024

LOT SIZE: 25.390 ACRES

LOT # SEC # NEW SUB/LOT REC PRIOR '83
006

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:

LOC:

SEWAGE DISPOSAL:

LOC:

NO BDRMS: 3 NO RES: BASEMENT: N PLUMBING: N FIXTURES:

EXISTING:

WATER SUPPLY: TYPE WELL: WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL: YR INSTALLED:

LOC:

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

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

IN ORDER TO ACCOMPLISH THE SITE EVALUATION, ALL LOT CORNERS AND LOT LINES MUST BE CLEARLY STAKED AND FLAGGED.

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. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

I HAVE READ THIS APPLICATION AND CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERMIT APPLIED FOR OR GRANTED SHALL BE VOID IF ANY OF THE INFORMATION PROVIDED IS FALSE.

AC Blackard 9-25-97 CA
OWNER/AUTHORIZED AGENT SIGNATURE DATE COUNTY REPRESENTATIVE DATE



LAYOUT

GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 104638 Improvement (Septic) Permit: 9709944 Improvement (Well) Permit: 9709945

APPLICANT INFORMATION

Applicant: New Age Builders Inc. Address: 811 Lilly Ave Phone: 274-3598

Owner: Jeff and Susan Biss Address: 821 Rollingwood Dr. Giboro Phone: _____

PROPERTY INFORMATION

Street Address: 7239 Bulb Road Twp: 06 Tax Map: 04-0235-0-0226-0-0-015
Development Name: BLACKARD Section/Phase: CLAY Lot: 6 Deed Book: 126-34

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 issue permit. Contact NCDOT.

ZONING INFORMATION

Zoning: AG Conditional Use (describe): _____ Overlay (Circle) Watershed: _____ WCA: _____
MH SR HD AR FH _____
Building Setbacks (Zoning): _____ Street: _____ Side Street: _____ Side Yard: _____ Rear Yard: _____

COMMENTS:

DEVELOPMENT INFORMATION

☒ NEW ☐ RENOVATION ☐ ADDITION ☐ ACCESSORY
☒ HOUSE ☐ MODULAR ☐ DBMH ☐ SWMH ☐ MULTIFAMILY/DUPLEX
OTHER TYPE: _____

NON-RESIDENTIAL TYPE: ☐ COMMERCIAL ☐ INDUSTRIAL ☐ OTHER

Residential 4 # of Bedrooms Total # of Rooms # of Occupants
Specifications: ☒ Basement Fixtures # of Stories Size of Structure (sq.ft.)

Non-residential # of Employees # of Fixtures Basement
Specifications: Plumbing # of Stories Size of Structure (sq. ft.)

Water Supply: ☒ NEW WELL ☐ EXISTING WELL ☐ PUBLIC ☐ COMMUNITY WELL

Sewage Disposal: ☒ Conventional ☐ Chamber System ☐ Privy ☐ Low Pressure Pipe
☐ PPBPS ☐ Chemical Toilet ☐ Drip Irrigation ☐ Polystyrene Aggregate
☐ Pre-treatment ☐ Incinerating Toilet ☐ Lg. Diameter Pipe

OTHER (SPECIFY): _____

Directions to Property: _____

IMPORTANT (Sign Below)

Planning Department Official: [Signature]

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 proposed 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. I understand that any and all permits applied for or granted shall be void if any information provided is false. 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: [Signature]

DATE: 10/7/02

SUBDIVISION: _____
SECTION/PHASE: _____
LOT # _____

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

[illegible]

Lot #

8708
not in loop



GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 104638 Improvement 9709944 Improvement
(Septic) Permit: ✓ (Well) Permit: 9709945

APPLICANT INFORMATION 27298

Applicant: H.C. Blackard Jr Address: 7212 Bulb Rd Julian NC Phone: 910685464

Owner: Estate of Anne Pearl McInnis Blackard Address: 7234 Bulb Rd Julian NC Phone: 910685464

PROPERTY INFORMATION 06-04-0235-0226-024

Street Address: 7239 Bulb Rd Julian NC Twp: 27298 Tax Map: Page 34 126
Development Name: 27298 Section/Phase: 126-34 Lot: 126-34 Deed Book: 126-34 Plat Book: 126-34

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 issue permit. Contact NCDOT. 25.39 AC

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 Yard: 30

COMMENTS: Soil Eval

DEVELOPMENT INFORMATION

✓ NEW _____ RENOVATION _____ ADDITION _____ ACCESSORY
✓ HOUSE _____ MODULAR _____ DBMH _____ SWMH _____ MULTIFAMILY/DUPLEX
OTHER TYPE: _____

NON-RESIDENTIAL TYPE: _____ COMMERCIAL _____ INDUSTRIAL _____ OTHER

Residential _____ # of Bedrooms _____ Total # of Rooms _____ # of Occupants _____
Specifications: _____ Basement Fixtures _____ # of Stories _____ Size of Structure (sq.ft.) _____

Non-residential _____ # of Employees _____ # of Fixtures _____ Basement _____
Specifications: _____ Plumbing _____ # of Stories _____ Size of Structure (sq. ft.) _____

Water Supply: ✓ NEW WELL _____ EXISTING WELL _____ PUBLIC _____ COMMUNITY WELL

Sewage Disposal: ✓ Conventional _____ Chamber System _____ Privy _____ Low Pressure Pipe
_____ PPBPS _____ Chemical Toilet _____ Drip Irrigation _____ Polystyrene Aggregate
_____ Pre-treatment _____ Incinerating Toilet _____ Lg. Diameter Pipe
OTHER (SPECIFY): _____

Directions to Property: _____

IMPORTANT (Sign Below) Planning Department Official: _____

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 proposed 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. I understand that any and all permits applied for or granted shall be void if any information provided is false. 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: A.C. Blackard Jr DATE: 9-25-97

is back hoe is needed please see Mr. Blackard

SUBDIVISION: _____
SECTION/PHASE: _____
LOT # _____

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

FACTORS		PROFILES										11	
		1	2	3	4	5	6	7	8	9	10		
LANDSCAPE POSITION	.1940	R	R	R	R	R	R	R	R	R	R	R	R
SLOPE (%)	.1940	4	4	4	4	4	4	4	4	4	4	4	4
HORIZON 1 DEPTH		0-11	0-6	0-17	0-6	0-8	0-7	0-8	0-10	0-15	0-9	0-10	0-10
Texture Group	.1941(A)(1)	SCL	CL	SL	SCL	SCL	SCL	CL	C	SL	SCL	SCL	SCL
Consistence	.1941	fr	fr	fr	fr	fr	fr	fr	fi	fr	fr	fr	fr
Structure	.1941(A)(2)	qr		qr	qr	qr	qr		bK	qr	qr	qr	qr
Mineralogy	.1941(A)(3)	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE
HORIZON 2 DEPTH		11-17	6-22	17+	6+	8-15	7-16	8-16	10-36	15-22	9+	10-25	10-25
Texture Group	.1941(A)(1)	SCL+SP	C	SCL	SCL+SP	C	C	C	C+SP	SCL	C	C	C
Consistence	.1941	fi	fi	fi	vf	fi	vf	fi	fi	fr	vf	fi	fi
Structure	.1941(A)(2)	qr	bK	qr	bK	bK	bK	bK	bK		bK	bK	bK
Mineralogy	.1941(A)(3)	E	SE	E	E	SE	E	SE	SE	SE	E	SE	SE
HORIZON 3 DEPTH		17+	22-30			15-32		16-30	36+	22-26		25-43	25-43
Texture Group	.1941(A)(1)	SAP	C+SAP			C+SAP		C+SAP	SAP+C	SC		C+SAP	C+SAP
Consistence	.1941		fi			vf		fi		fi		fi	fi
Structure	.1941(A)(2)		bK			bK		bK		bK		bK	bK
Mineralogy	.1941(A)(3)		SE			SE		SE		SE		SE	SE
HORIZON 4 DEPTH			30+			32+		30+		26-30		43+	43+
Texture Group	.1941(A)(1)		SAP			SAP+C		SAP		SCL+SAP		SAP	SAP
Consistence	.1941									fi			
Structure	.1941(A)(2)									bK			
Mineralogy	.1941(A)(3)									SE			
SOIL WETNESS	.1942			17"	6"								
RESTRICTIVE HORIZON	.1944									30+			
SAPROLITE	.1943/.1956									SAP+C E			
CLASSIFICATION	.1948	U	PS	U	U	PSST	U	PS	PS	PSST	U	PS	PS
LONG TERM ACCEPTANCE RATE	.1955	—	.25	—	—	.175	—	.225	.225	.25	—	.225	.225
AVAILABLE SPACE (1945):													
OTHER FACTORS (1946): PS		SITE LONG TERM ACCEPTANCE RATE: .225											
OTHER FACTORS (1946): PS		SYSTEM TYPE SHALLOW TRENCH											
SITE CLASSIFICATION (1948): PS													
EVALUATED BY: RSS 10-31-97		OTHERS PRESENT:											
COMMENTS: A = 95' W X 137' L = 13000 ft ²													

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: 7239 Bulb Rd Completion Date: 3-14-03
Well Owner: Jeff Biggs Well Permit Number: 9709945
Well Contractor Company: Jones Well & Pump
Total Well Depth: 320 ft. Well Yield: 8 gpm Static Water Level: 30 ft.

Outer CasingMaterial: SDR-21Casing Diameter: 6 1/8 in. Casing Depth: 48 ft.**Formation Log**Depth From: 0 ft. To: 43 ft.Description Dirt**Inner Casing**

Material: _____

Depth From: 43 ft. To: 220 ft.Description Rock

Casing Diameter: _____ in. Casing Depth: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

Depth From: _____ ft. To: _____ ft.

GroutDepth From: 0 ft. To: 25 ft.Material: BentoniteMethod: pumped

Depth From: _____ ft. To: _____ ft.

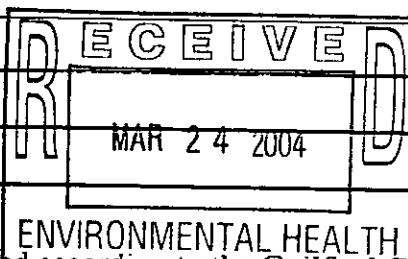
Depth From: _____ ft. To: _____ ft.

Water Production Zones

Depth: 160 ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft.
Yield: 8 gpm _____ gpm _____ gpm _____ gpm _____ gpm _____ gpm _____ gpm

Method of Repair: _____

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: Randall Jones State Number: 2704 Date: 3-19-04

Record of Pump Installation

Pump Installation Contractor: Same State Registration Number: 245
Pump Depth: 280 ft. Static Water Level: 30 ft.
Pump Brand: Red Jacket Pump Size and Rating: 3/4 hp 10 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: Randall Jones Date: 3-19-04



PERMIT TO CONSTRUCT A WELL

PAGE 1 OF 2

NUMBER 9709945

DATE ISSUED 09/18/02

PROPERTY ADDRESS: 7239 BULB RD

COMMENTS/SPECIFICATIONS

X STAY 100+ FT FROM SEPTIC TANK

ABOVE INFORMATION CERTIFIED BY:

Joe Thompson
OWNER/AUTHORIZED AGENT

DATE

NEW WELL AND WELL REPAIR PERMITS EXPIRE ONE YEAR FROM DATE OF ISSUE.
WELL ABANDONMENT PERMITS SHALL BE VALID WITHOUT EXPIRATION

SIGNED:

R. Scott Smith D.S.
ENVIRONMENTAL HEALTH SPECIALIST

LOCATION DIAGRAM OF WELL AREA TO INCLUDE LOT SIZE AND SHAPE; LOCATION OF BUILDINGS, SEPTIC SYSTEMS, SURFACE WATERS, EASEMENTS, ETC.

SEE PAGE TWO



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL WELL

NUMBER: 9709945

DATE PRINTED 09/25/97

PROPERTY ADDRESS: 7239 BULB RD
DIRECTIONS:

PROPERTY OWNER/ADDRESS

PHONE: H 910 685-4642 W

AC BLACKARD

TAX #: 06 04-0235-0 0226-00 024

7212 BULB RD

LOT SIZE: 0.000 ACRES

JULIAN, NC 27283

SUBDIV/M HOME PARK NAME

LOT #	SEC #	NEW SUB/LOT	REC PRIOR '83
006			

PROPOSED

WATER SUPPLY: PRIVATE WATER USAGE INCREASE: POWER ON:

LOC:

SEWAGE DISPOSAL:

LOC:

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

EXISTING:

WATER SUPPLY: TYPE WELL: WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL:

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.

OWNER/AUTHORIZED AGENT SIGNATURE	DATE	COUNTY REPRESENTATIVE	DATE
----------------------------------	------	-----------------------	------



400 W. Market Street
Greensboro, NC 27401

October 6, 2008

Jeffrey C Biggs
7239 Bulb Rd
Julian, NC 27283

Dear Property Owner:

RE: 7239 Bulb Rd

Our records indicate that you are the owner of an on-site sewage treatment and disposal system. With that ownership comes the responsibility for ensuring that your system is operated and maintained in a manner that prevents the occurrence of a public health or environmental hazard.

North Carolina "Laws and Rules for Sewage Treatment and Disposal Systems" 15A NCAC 18A .1900 mandates periodic inspection of types IIIb, IV, V and VI systems by the local health department. The type 3b system which serves your property must be inspected by this department **at least** once every five years. The purpose of these inspections is to provide system owners with technical support to help ensure proper maintenance for continued safe, effective operation of the system. Inspections may include: measurement of solid level depth in septic tank (**if accessible**), check condition of pump tank and appurtenances, observation of nitrification field area and any other monitoring as needed.

This letter serves as notice of our intent to conduct this state mandated inspection within 60 days of the date of this letter. Following this inspection you will receive a bill for this service. Please take the necessary steps to make all parts of the sewage treatment and disposal system area easily accessible. If you have circumstances which impede access to this area (fenced yard, dog lot, etc) or if you need additional information please contact me at 641-3628. I look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "K. Joe Johnson, R.S.".

K. Joe Johnson, R.S.
Environmental Health Program Specialist



201 South Eugene Street
Greensboro, NC 27401

JANUARY 11, 2006

JEFFREY C. BIGGS
821 ROLLINGWOOD DRIVE
GREENSBORO, NC 27410

REF: 7239 BULB RD
PROPOSED OUT BUILDING LOCATION APPROVED

DEAR JEFFREY C. BIGGS,

ON 01-10-06, 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, appearing to read "Cheryl Ahl". The signature is written in a cursive, flowing style.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



201 South Eugene Street
Greensboro, NC 27401

JULY 30, 2004

AC BLACKARD
7212 BULB RD
JULIAN, NC 27283

REF: 7239 BULB RD

DEAR AC BLACKARD :

ON 07-28-04, A REPRESENTATIVE FROM THIS OFFICE VISITED YOUR PROPERTY AS REFERENCED ABOVE, FOR THE PURPOSE OF COLLECTING A WATER SAMPLE FOR BACTERIOLOGICAL ANALYSIS. THE RESULTS OF THE WATER SAMPLE ARE AS FOLLOWS:

TOTAL COLIFORM PRESENT
FECAL COLIFORM ABSENT

THE PRESENCE OF THIS BACTERIA IN THE SAMPLE INDICATES THAT DISEASE PRODUCING BACTERIA COULD ALSO BE PRESENT AT TIMES IN THE WATER. IT IS OUR RECOMMENDATION THAT YOUR WELL AND WATER SYSTEM BE THOROUGHLY DISINFECTED AS SOON AS POSSIBLE.

X THIS WELL APPEARS TO BE PROPERLY PROTECTED. PLEASE CONTACT THIS OFFICE AFTER DISINFECTION, SO THAT A REPEAT SAMPLE MAY BE COLLECTED.

THIS WELL DOES NOT APPEAR TO BE PROPERLY PROTECTED. PLEASE SEE THE ATTACHED SHEET FOR THE NOTED DEFICIENCIES. NO ADDITIONAL BACTERIOLOGICAL SAMPLES WILL BE COLLECTED UNTIL THE DEFICIENCIES HAVE BEEN CORRECTED.

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,

Elisabeth A. Ellman, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



201 South Eugene Street
Greensboro, NC 27401
MARCH 25, 2004

AC BLACKARD
7212 BULB RD
JULIAN, NC 27283

REF: 7239 BULB RD

DEAR AC BLACKARD :

THIS LETTER CERTIFIES THAT TO THE BEST OF MY KNOWLEDGE, THE CONSTRUCTION OF THE WELL AT THE PROPERTY AS REFERENCED ABOVE, WAS CONSTRUCTED ACCORDING TO THE GUILFORD COUNTY WELL RULES. THE RECORD OF CONSTRUCTION HAS BEEN RECEIVED AND THE WELL CONTRACTOR HAS CERTIFIED THAT ALL WORK WAS DONE IN ACCORDANCE WITH THE AFOREMENTIONED RULES.

A SAMPLE OF WATER FROM A NEWLY APPROVED WELL WILL BE ANALYZED FOR THE PRESENCE OF COLIFORM BACTERIA. THIS DEPARTMENT OFFERS OTHER WATER ANALYSIS TESTS. THESE TESTS INCLUDE: INORGANIC CHEMICAL ANALYSIS, VOLATILE CHEMICALS, PESTICIDES, NUISANCE ORGANISM, AND OTHERS. PLEASE CONTACT THIS OFFICE FOR APPLICATION INFORMATION AND FEE SCHEDULE.

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 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.

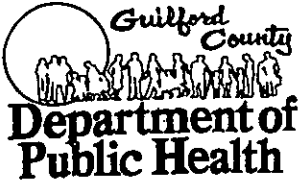
IF YOU HAVE ANY QUESTIONS CONCERNING WELL RULES, THE RECORD SUBMITTED BY YOUR CONTRACTOR, OR HOW TO TEST OR TREAT YOUR WATER, PLEASE DO NOT HESITATE TO CONTACT US.

SINCERELY,

Elizabeth A. Ellmore, R.S.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



201 South Eugene Street
Greensboro, NC 27401

SEPTEMBER 15, 2003

JONES WELL & PUMP
P O BOX 130
BROWN SUMMIT, NC 27214

REF: 7239 BULB RD

ON ~~09-18-02~~ ⁰³⁻¹⁷⁻⁰⁴ A REPRESENTATIVE FROM THIS OFFICE VISITED THE SITE OF THE NEW WELL WHICH WAS CONSTRUCTED AT THE PROPERTY REFERENCED ABOVE FOR THE PURPOSE OF MAKING A FINAL INSPECTION AND/OR COLLECTING A WATER SAMPLE. THE WELL'S CONSTRUCTION WAS INCOMPLETE IN THAT THE FOLLOWING DEFICIENCIES WERE NOTED:

- 1) PLEASE SEND IN WELL AND PUMP ROC'S
 - 2) NEED WELL AND PUMP TAGS FOR WELL
- PLEASE CALL WHEN ABOVE CORRECTION HAVE BEEN MADE FOR REINSPECTION;

Elizabeth 641-5749
WE WILL BE UNABLE TO ISSUE FINAL APPROVAL OF THE WELL'S CONSTRUCTION AND/OR COLLECT A WATER SAMPLE UNTIL SUCH TIME AS THE WELL CONSTRUCTION HAS BEEN COMPLETED. PLEASE ADVISE THIS OFFICE WHEN THESE DEFICIENCIES HAVE BEEN CORRECTED.

IF YOU HAVE QUESTIONS OR REQUIRE FURTHER ASSISTANCE, PLEASE CONTACT THIS OFFICE AT 641-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 9:00 A.M.

SINCERELY,

Robert Clark, R.S. Elizabeth A. Ellmore
deficiencies same @ 9/12/03

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



201 South Eugene Street
Greensboro, NC 27401

SEPTEMBER 15, 2003

JONES WELL & PUMP
P O BOX 130
BROWN SUMMIT, NC 27214

REF: 7239 BULB RD

ON 09-18-02, A REPRESENTATIVE FROM THIS OFFICE VISITED THE SITE OF THE NEW WELL WHICH WAS CONSTRUCTED AT THE PROPERTY REFERENCED ABOVE FOR THE PURPOSE OF MAKING A FINAL INSPECTION AND/OR COLLECTING A WATER SAMPLE. THE WELL'S CONSTRUCTION WAS INCOMPLETE IN THAT THE FOLLOWING DEFICIENCIES WERE NOTED:

- 1) PLEASE SEND IN WELL AND PUMP ROC'S
 - 2) NEED WELL AND PUMP TAGS FOR WELL
- PLEASE CALL WHEN ABOVE CORRECTION HAVE BEEN MADE FOR REINSPECTION;

WE WILL BE UNABLE TO ISSUE FINAL APPROVAL OF THE WELL'S CONSTRUCTION AND/OR COLLECT A WATER SAMPLE UNTIL SUCH TIME AS THE WELL CONSTRUCTION HAS BEEN COMPLETED. PLEASE ADVISE THIS OFFICE WHEN THESE DEFICIENCIES HAVE BEEN CORRECTED.

IF YOU HAVE QUESTIONS OR REQUIRE FURTHER ASSISTANCE, 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, appearing to read "Robby Clark, R.S.", written in a cursive style.

ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER
PROPERTY FILE



811 Lilly Avenue P.O. Box 9863 Greensboro, N.C. 27429 (336) 274-3598 FAX (336) 274-3599

10/14/02

Scott,

Please find enclosed the layout for
the lot at 7239 Butt Road in Julian.
We are ready to install the system so
please give me a call as soon as you're
ready -

Thanks,

Joe Thompson

274-3598 office
382-7110 - mobile

Alan Clapp
Soil Scientist
389 Clapp Farms Road
Greensboro, NC 27405

A. C. Blackard Jr.
7212 Bulb Road
Julian, NC 27283

Mr. Blackard:

On April 26, 1997 and May 3, 1997 I met you on the 65 acre property in Guilford County on Bulb Road. Soil borings were taken for the purpose of an on site-sewage disposal system in accordance with 15A 18A .1900 Rules for Sewage Treatment and Disposal Systems. Under state regulations, sites for subsurface sewage disposal systems (septic tank systems) are evaluated for landscape position and topography, soil characteristics (structure, mineralogy, texture), soil depth, soil wetness, restrictive horizons, and available space.

This site was evaluated for sites for proposed residences. Estimated sewage flow from a house is 120 gallons per bedroom per day. The available space required is a function of trench length, grade, and topographic features. I recommend 3,500 square feet per bedroom of area for drainfield. This will also allow for a repair field of equal size for use in the future. Septic fields are not designed as a permanent solution for sewage disposal however a properly maintained system will give many years of service.

The soils on this property as flagged with red surveyor's tape were found to be provisionally suitable with respect to the aforementioned soil/site criteria. The soils flagged with orange surveyor's tape were found to be unsuitable for a septic system. Borings flagged with yellow surveyor's tape were found to be usable for an alternative system such as lpp or drip disposal. Approximate locations of these borings are highlighted in the enclosed map.

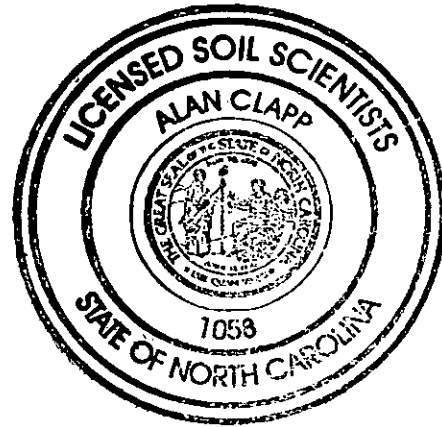
The areas flagged with red survey ribbon on the property are considered to be usable for a septic field and classified as provisionally suitable. Site #1 and Site #2 have soils that are colluvial (washed in) with soil depths ranging from 30- 36+". Sites #3 and #4 have provisionally suitable soils with soil depths greater than 30". Alternate areas were located with soil depths that are 24 -36+", however these areas were not contiguous and less than 5,000 square feet in area. No grading or land disturbing activities should be

allowed in these areas as it will affect the site suitability. These areas should accomodate a conventional septic system. As with any septic system, the local county health department must evaluate and permit any site prior to construction.

Please feel free to contact me if you have any further questions.

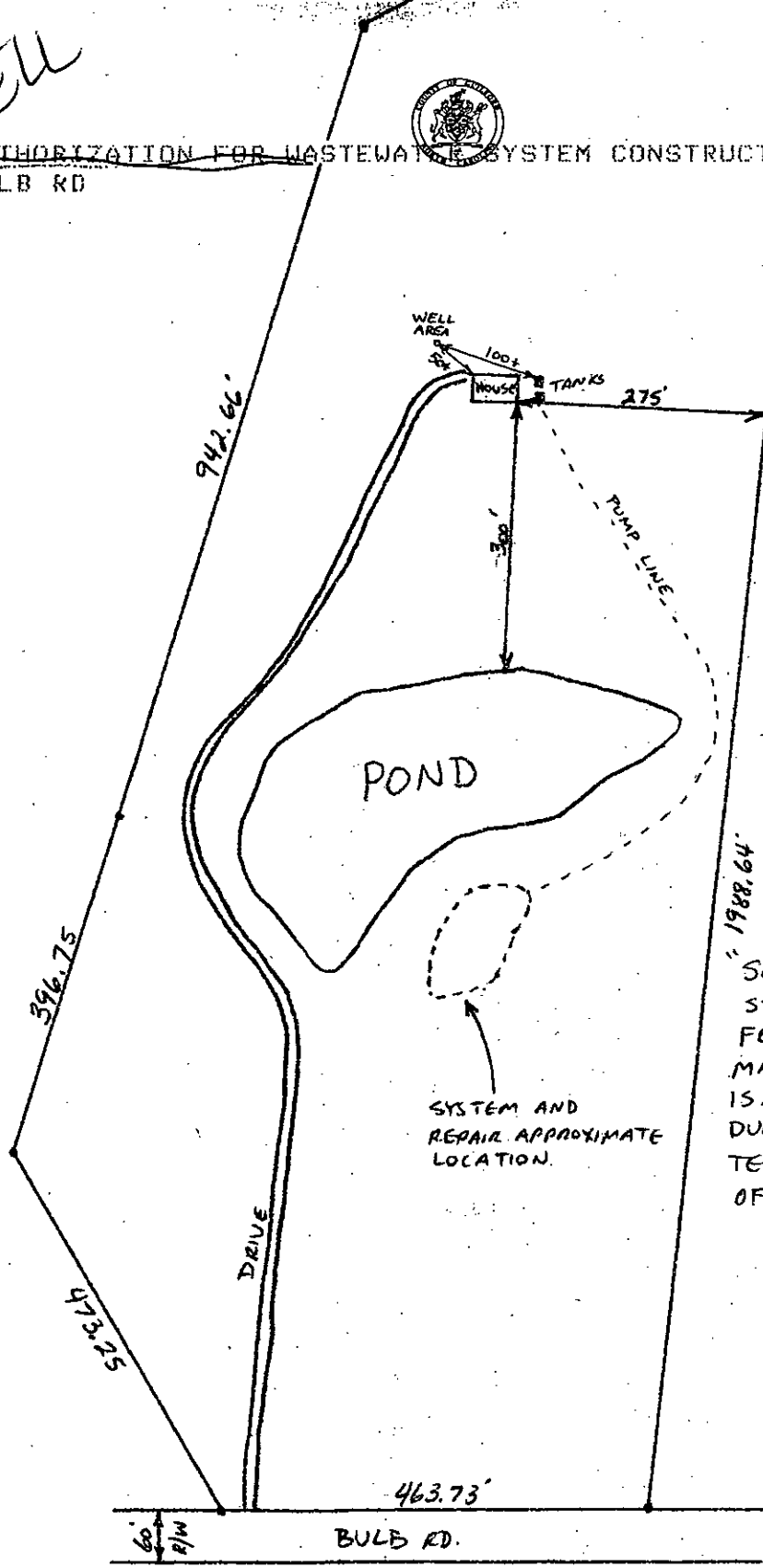
Alan Clapp

Alan Clapp
Soil Scientist



WELL

1"=200'



NOTICE

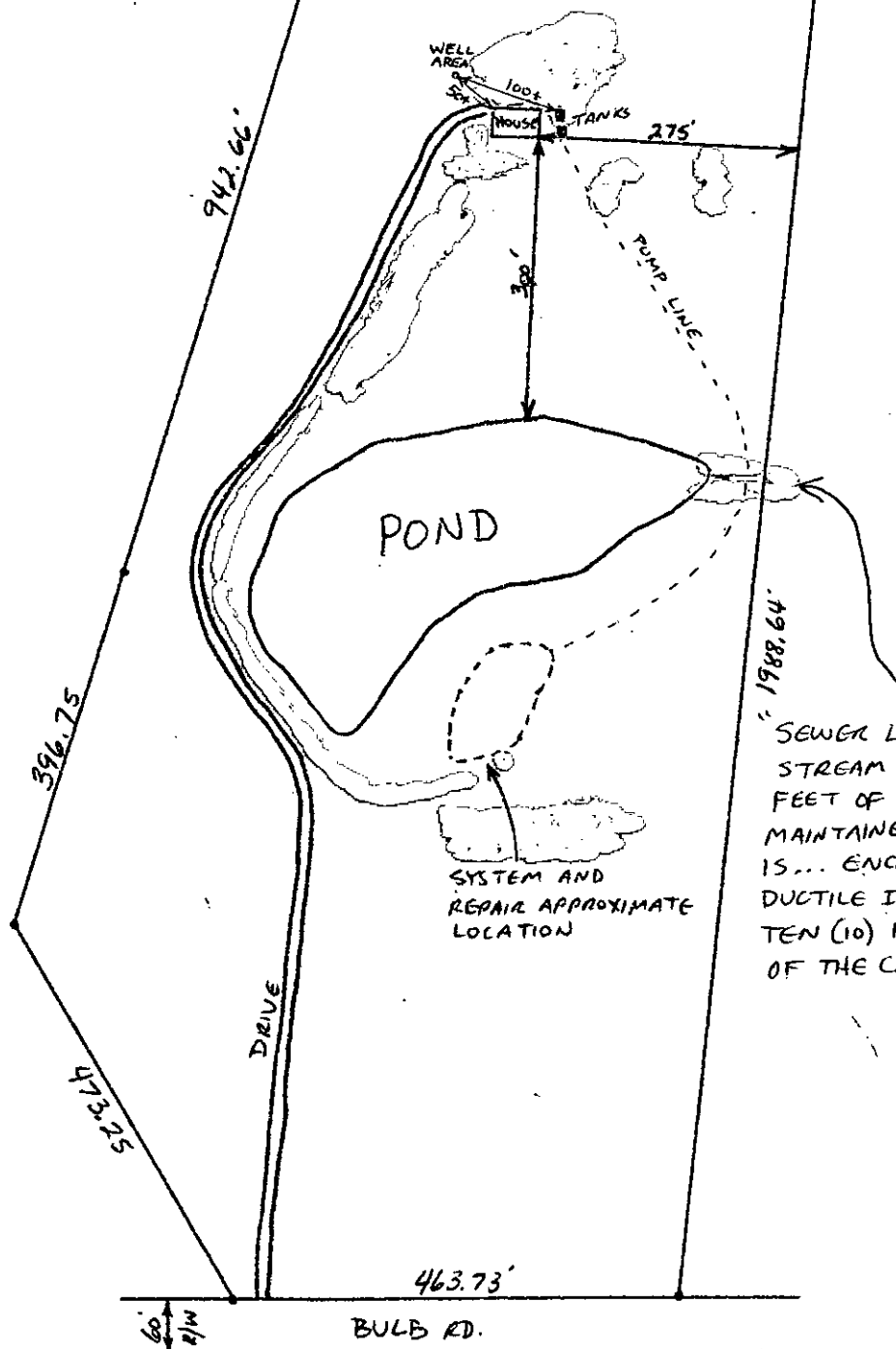
This Plan Is Approved For
 Health Purposes Only. This
 Does Not Constitute Building
 Or Zoning Approval.

SEWER LINES MAY CROSS A
 STREAM IF AT LEAST THREE (3)
 FEET OF STABLE COVER CAN BE
 MAINTAINED OR THE SEWER LINE
 IS... ENCASED IN CONCRETE OR
 DUCTILE IRON PIPE FOR AT LEAST
 TEN (10) FEET ON EITHER SIDE
 OF THE CROSSING"

SEPARATION REQUIREMENTS

- | | |
|--------------------------------------|------------------------------|
| HOUSE WITH BASEMENT - 15' | SEPTIC SYSTEM TO WELL - 100' |
| HOUSE WITHOUT BASEMENT - 5' | BUILDINGS TO WELL - 50' |
| SEPTIC SYSTEM TO PROPERTY LINE - 10' | WELL TO PROPERTY LINE - 10' |

1"=200'



NOTICE

This Plan Is Approved For
Health Purposes Only. This
Does Not Constitute Building
Or Zoning Approval.

SEWER LINES MAY CROSS A
STREAM IF AT LEAST THREE (3)
FEET OF STABLE COVER CAN BE
MAINTAINED OR THE SEWER LINE
IS... ENCASED IN CONCRETE OR
DUCTILE IRON PIPE FOR AT LEAST
TEN (10) FEET ON EITHER SIDE
OF THE CROSSING"

SEPARATION REQUIREMENTS

HOUSE WITH BASEMENT - 15'
HOUSE WITHOUT BASEMENT - 5'
SEPTIC SYSTEM TO PROPERTY LINE - 10'

SEPTIC SYSTEM TO WELL - 100'
BUILDINGS TO WELL - 50'
WELL TO PROPERTY LINE - 10'



OPERATION PERMIT

7239 BULB RD

IMPROVEMENT PERMIT #9709944
BUILDING PERMIT #0104638

SYSTEM TYPE: SINGLE PUMP OR SIPHON
WASTEWATER FLOW: 480 GPD 480 RMS
TRENCH LENGTH 710 FT WIDTH 36 IN
SEPTIC TANK: WMS1000/STB793;7/17/03
PUMP TANK: WMS1250/PT272;7/9/03

SEPTIC CONTRACTOR
OVERBEYS SEPTIC TANK SERVI
TANK SIZE 1000 GALS

PUMP: ZOELLER N-153

ALARM: APAC ALARM

MONITORING REQUIREMENTS: REVIEW ; INSPECTION/MAINTENANCE ; REPORTING
5 YRS. N/A N/A

REMARKS/CONDITIONS:

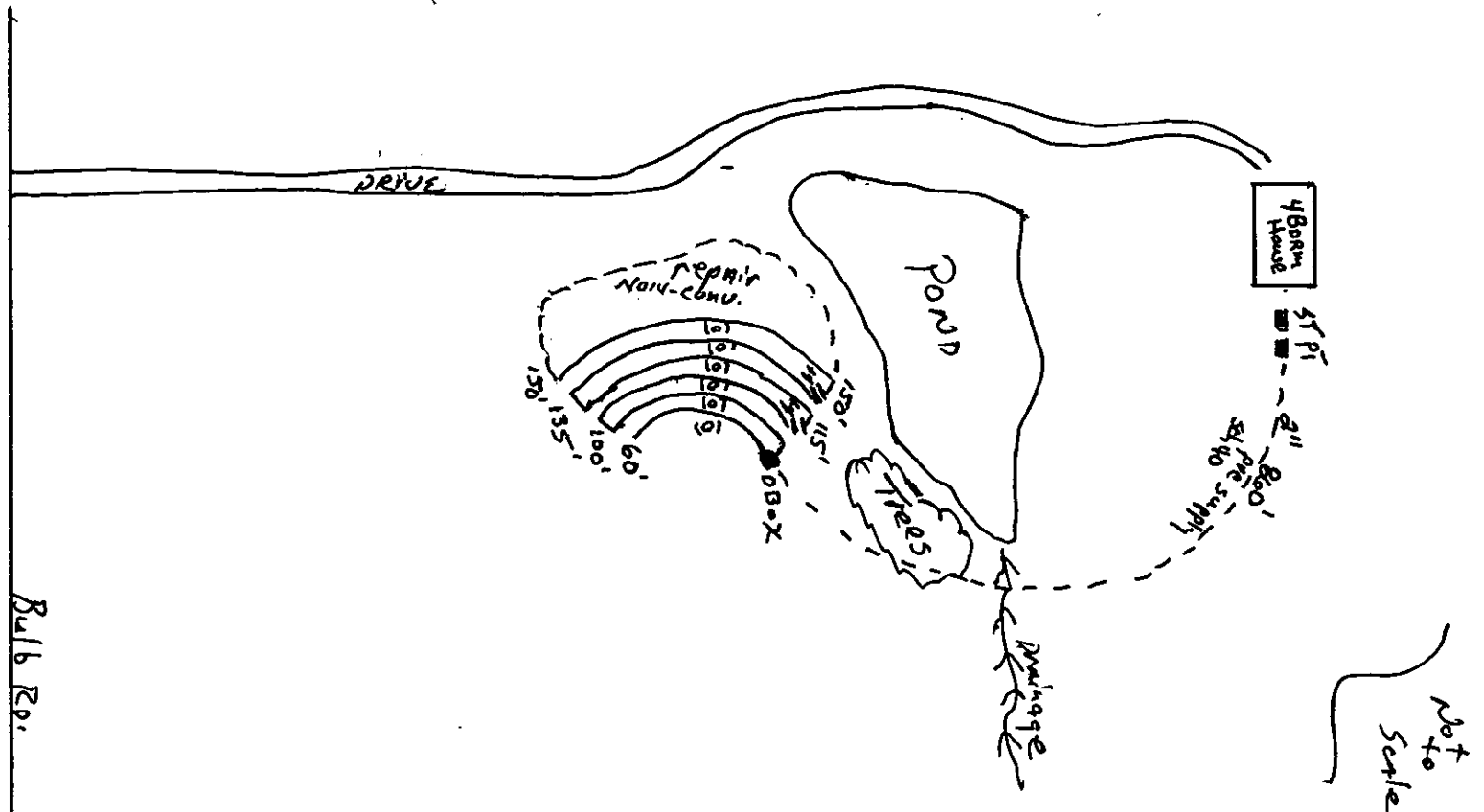
ESTABLISH GRASS OVER SYSTEM;CHECK AND CLEAN EFFLUENT FILTER AS NEEE
DO NOT DISTURB AREA OVER SYSTEM OR REPAIR AREA IN ANY WAY;DIVERT AN
DRAINAGE AROUND SYSTEM;PUMP TANKS EVERY 3-5 YEARS;

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 IMPROVEMENT PERMIT.

Tank & line Reilly Check 5/9/12/03, p/a -

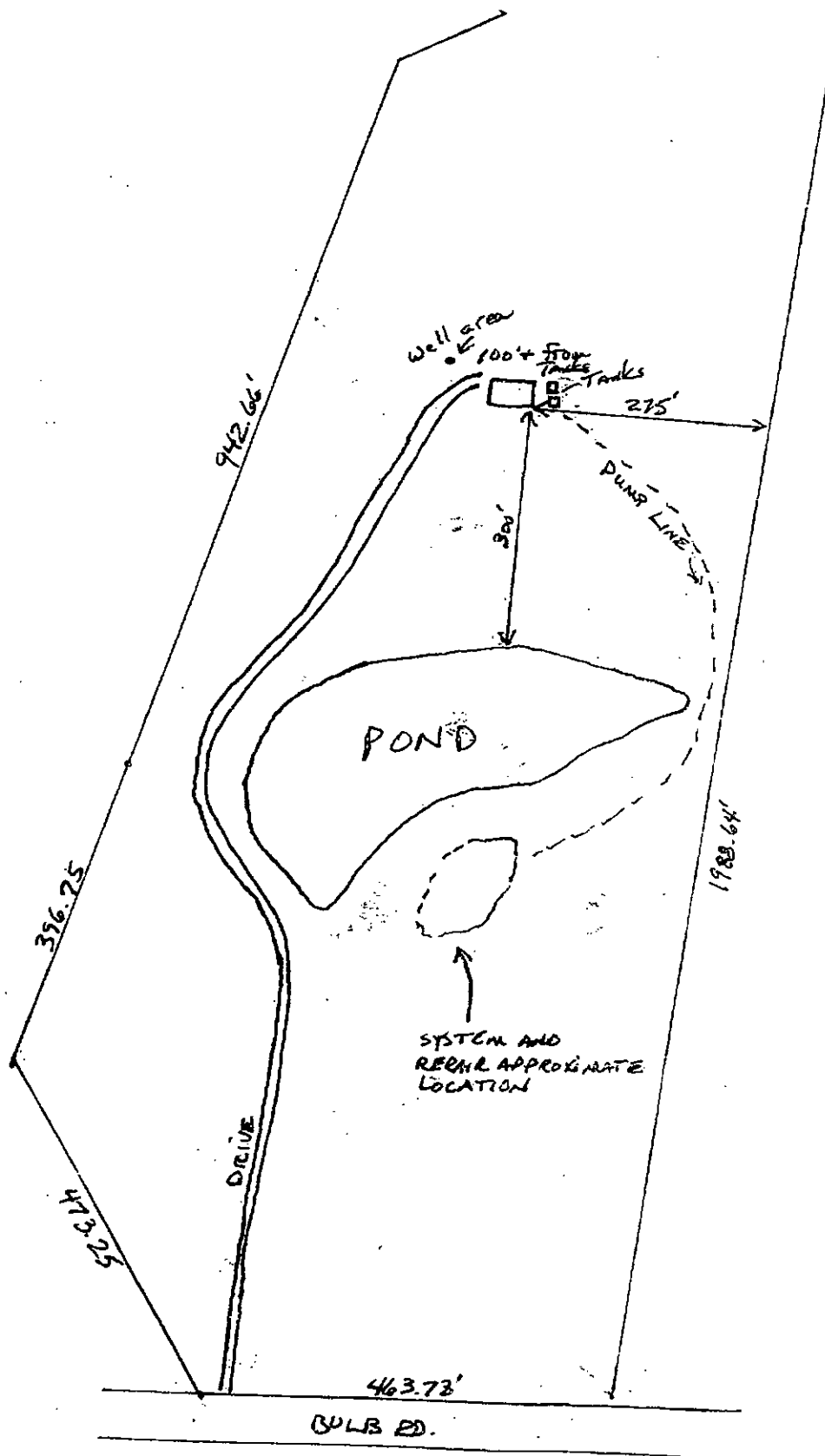
APPROVED BY SPECIALIST: _____ DATE ISSUED: 09/12/03

DIAGRAM



LEGEND

X WELL NITRIFICATION LINE - - - SOLID LINE \\\STEP DOWN



WMS 1250
PT 272
7/11/02

WMS 1000
STB 793
7/10/03

Zeller W-153
8" feeder
APHC H lawn

1020
09/08
09/01

to Bulb



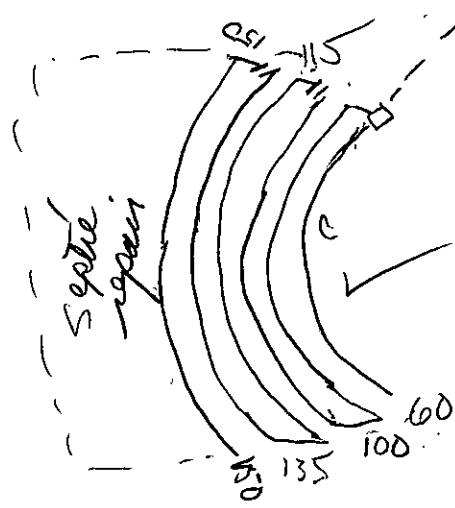
ST PT

Q" 860'

2097



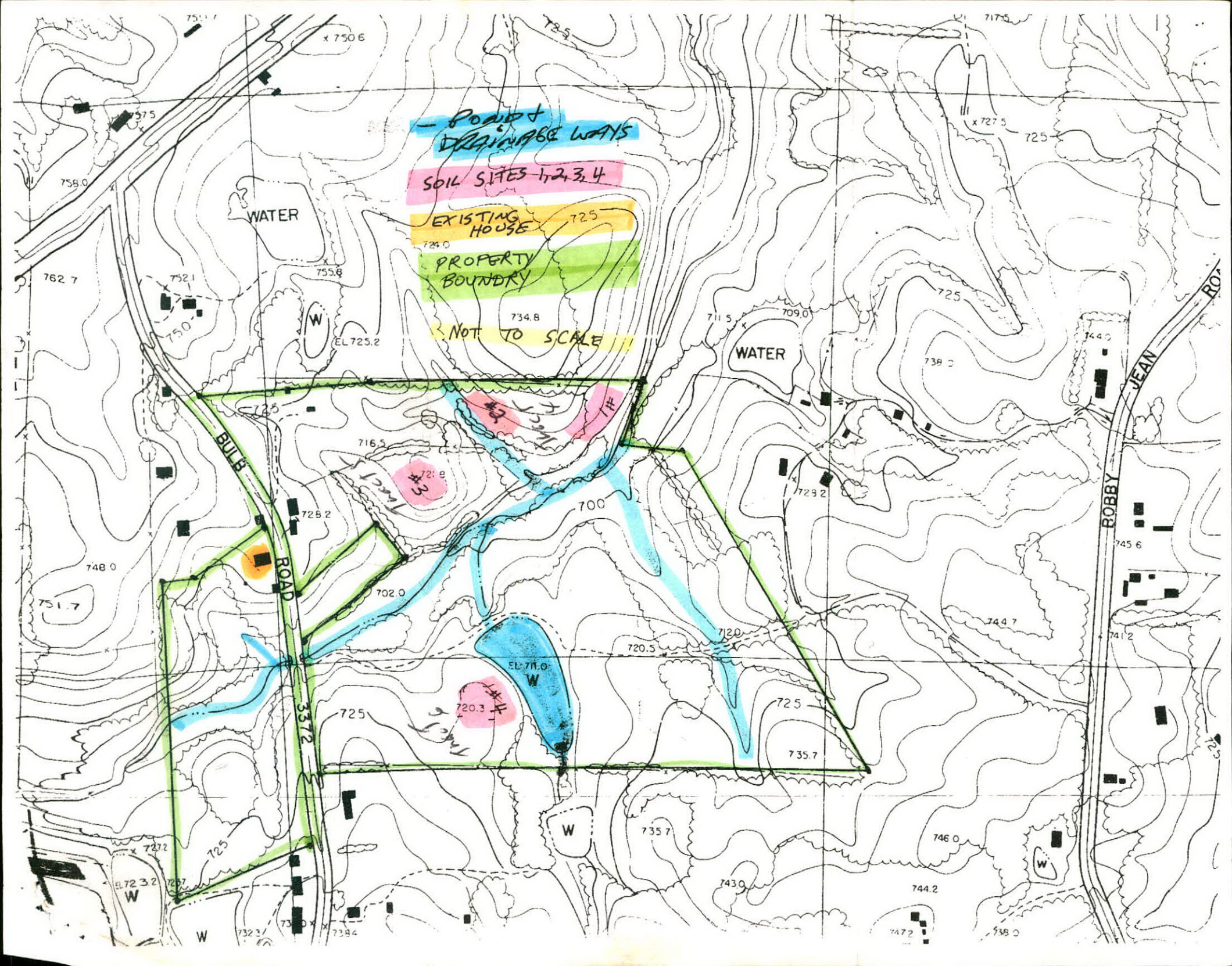
main



135

135

135



NIF
F.C. HANNER
R. DB 1267 PG 638

MAS NORTH JULY 9

NIF
J.W. ROBERTSON
DB 3635 PG 1836

74°50'10"W
S23°55'12"E 250.21
S22°58'19"E 102.58
S18°49'39"E 83.53
N.I.R. 391.36

N.I.R. 5
STONE

450

60 FT

125 FT

11.465 ACRES

TRACT 4

352.35

S78°47'15"E

N.I.R. (TOTAL) 400.00 N.I.R.

S40°36'05"E 135.68

P.N.

TOTAL 468.61

S79°49'38"E 230.72

4" PINE

N20°44'45"W 235.00

E.I.P.

N72°24'01"W 150.15

E.I.P.

N32°21'04"E 109.27

E.I.P.

N32°14'45"E 148.30

N.I.R.

963.57

N76°54'05"W

621.14

N.I.R. 5

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125 FT

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Roger E. Davis
D.B. 3763/1969

Roger E. Davis
D.B. 3763/1975

S 20°48'42" E 289.11'

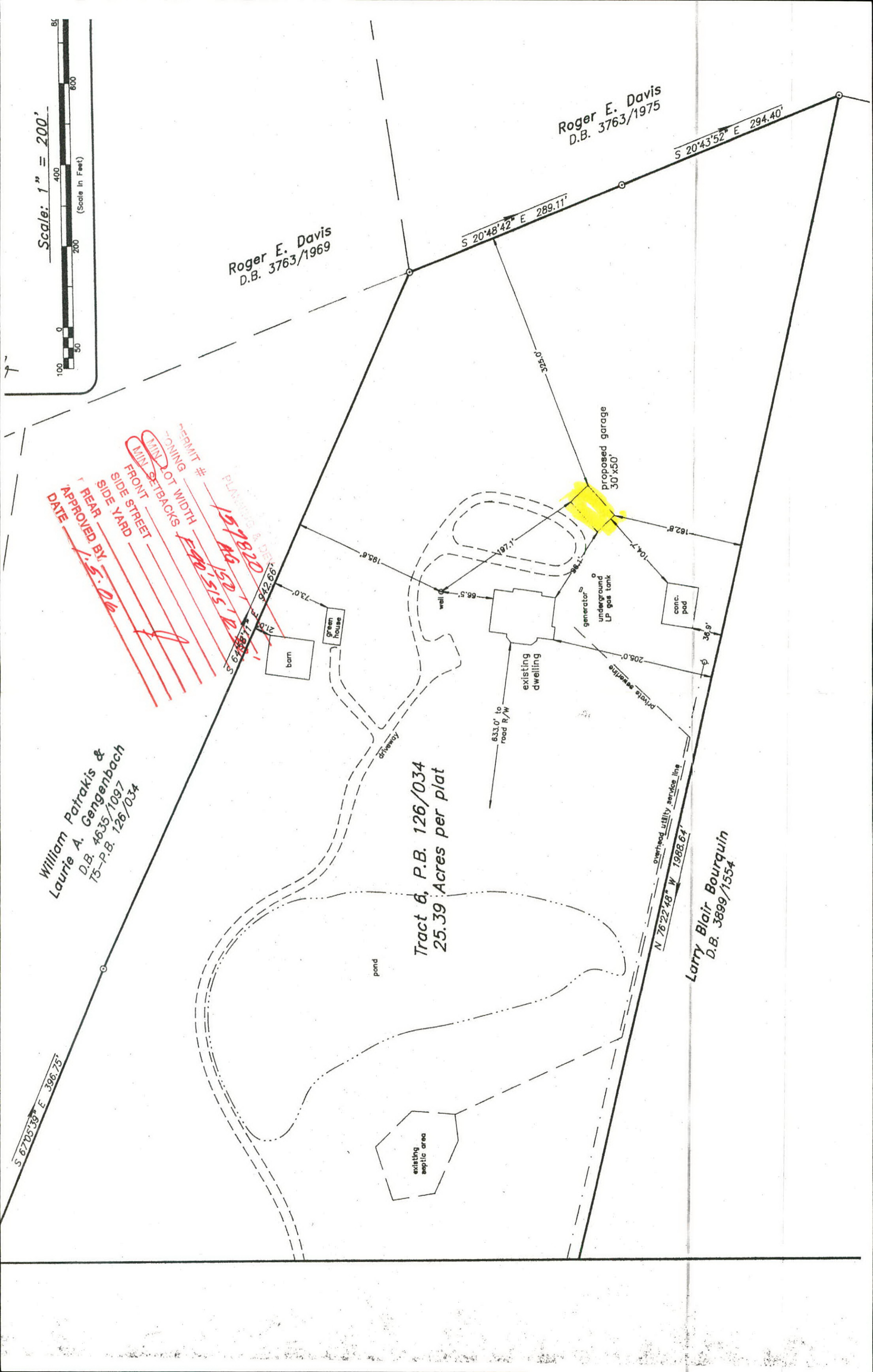
S 20°43'52" E 294.40'

PERMIT
TONING
LOT WIDTH
MIN SETBACKS
FRONT
SIDE STREET
SIDE YARD
REAR
APPROVED BY
DATE

William Patrakis &
Laurie A. Gengenbach
D.B. 4635/1097
T5-P.B. 126/034

Tract 6, P.B. 126/034
25.39 Acres per plat

Larry Blair Bourquin
D.B. 3899/1554

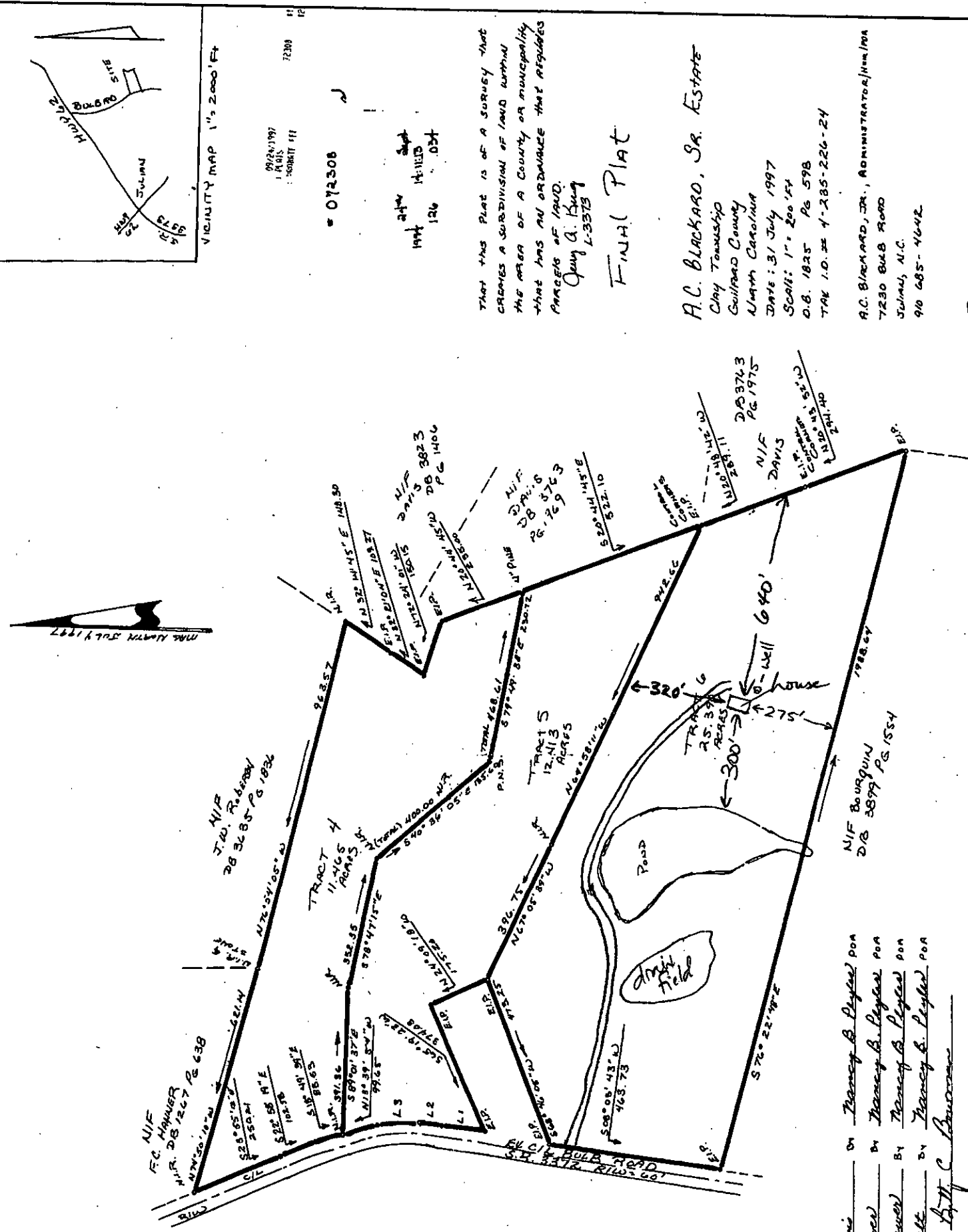


104638

GUILFORD COUNTY
PLANNING & DEV

PERMIT # 104638
ZONING AG
MIN LOT WIDTH 150'
MIN SETBACKS 40' / 15' / 30'
FRONT _____
SIDE STREET _____
SIDE YARD _____
REAR _____
APPROVED BY _____
DATE 9/5/02

PLAT BOOK 126 PAGE 034



plotted hereby acknowledged this Plat and the same is a true and correct copy of the original as the same appears on the records of the County of Guilford, N.C. and is a true and correct copy of the original as the same appears on the records of the County of Guilford, N.C. and is a true and correct copy of the original as the same appears on the records of the County of Guilford, N.C.

the Planning Board of the City of Greensboro, N.C. on the 18th day of _____, 19__.

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the Planning Board of the City of Greensboro, N.C. on the 18th day of _____, 19__.

LINE TABLE	
L1	N 08° 30' 36" E 117.59
L2	N 00° 40' 35" E 65.67
L3	N 05° 26' 55" W 114.98
LEGEND	
N.I.F.	NEW IRON ROAD
E.I.P.	EXISTING IRON PIPE
N.I.F.	NEW OR EXISTING
P.U.S.	POINT NOT SET

HEIRS
A.C. BLACKBARD, JR. - Adm./POA
NANCY B. PLYLER - POA
LISA M. DAVIS
PHILIP M. BROWER
A. PRESSLEY BROWER
LINDA B. HOLT

HEIR: Lisa M. Davis BY A.C. Blackbard, Jr. POA
HEIR: Philip M. Brower BY A.C. Blackbard, Jr. POA
HEIR: A. Pressley Brower BY A.C. Blackbard, Jr. POA
HEIR: Linda B. Holt BY A.C. Blackbard, Jr. POA
ATTEST: Betty C. Brannon

POWER OF ATTORNEY AS LIVED IN THE RECORDER
OF DEEDS IN GUILFORD COUNTY, NORTH CAROLINA
Book 4337 Page 1034
DATE 9-19-97

That this Plat is of a survey that
carries a subdivision of land within
the area of a County or municipality
that has an ordinance that regulates
parcels of land.
Judy A. King
L3373

FINAL Plat

A.C. BLACKBARD, JR. ESTATE
Clay Township
Guilford County
North Carolina
Date: 31 July 1997
Scale: 1" = 200' ±
D.B. 1825 PG 598
TAX I.D. # 1-285-226-24

A.C. BLACKBARD, JR., ADMINISTRATOR/HEIR/POA
7230 BUBB ROAD
JULIAN, N.C.
910 685-4642

JERRY KING SURVEYING, INC.
154 B S. FAYETTEVILLE ST.
RHEFORD, N.C. 27203
910-629-5015 L 3373

Drawing by _____
Checked by _____
Approved by _____
Date _____

Job # 1272 File B10