

## PROPERTY SERVICE CHART

0167652

8203 B+G Ct

ADDRESS (PRINT)

S/T Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Well Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Subd: \_\_\_\_\_ Sec: \_\_\_\_\_ Lot: \_\_\_\_\_ Name: \_\_\_\_\_

SERVICE	COMMENTS	DATE	SANTARIAN
SOIL EVAL	AREA APPROVED I.P. ISSUED	5-16-08	BHW
ADDITION	OK for warehouse w/ no plumbing. Lot combined w/ 8205. No increase in employees.	6/15/11	JMW
SOIL EVAL.	AREA APPROVED TO ADD BATHROOM IN WAREHOUSE <del>5 EMPLOYEES</del>	11-13-13	BHW/WON
PERMITS	I.P. & CA ISSUED FOR 5 EMP. BUSINESS	11-18-13	BHW
Septic Final	Wood Beams installed 175' of gravel	2/10/14	JMW
	Cover OK	3/17/14	JMW
ADDITION - SEPTIC ✓	SYSTEM PROBED & GPS LOCATED - TANK COVERED BY 5-6' OF FILL MATERIAL. OWNER/MANAGER NOTIFIED TO REMOVE SOIL & CALL FOR FOLLOW UP VISIT.	6-13-019	BHW

CURVE	LENGTH	RADI
C1	42.05	50.0
C2	87.19	70.0
C3	163.38	70.0
C4	87.08	70.0
C5	42.06	50.0

CONTROL CORNER  
1.5" EIP  
2" ABOVE SURFACE  
N: 904832.3071  
E: 1719017.6151

500°53'29" W  
201.77' x 4

114,074 SF  
2.619 ACRES  
NO IMPROVEMENT PERMIT HAS BEEN  
ISSUED FOR THIS LOT

TAX LOT No. 2, BLOCK 1041  
MARY JANE KING  
DB 2063, PG 263

卷之三

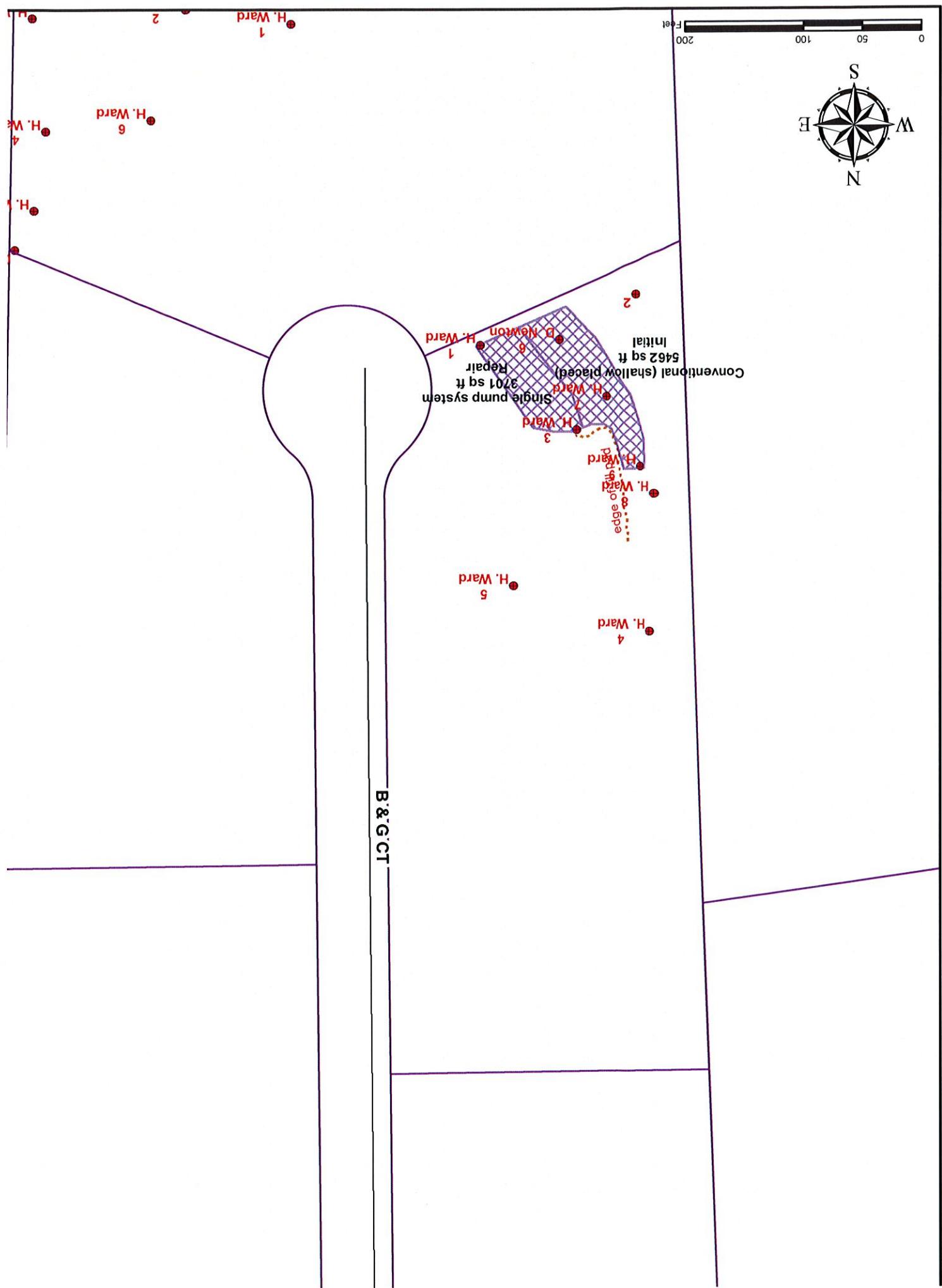
TAX LOT No. 9, BLOCK 1041  
CLIFTON H. MATHEWS &  
RUBY S. MATHEWS  
DB 6725, PG 391

N: 904822.00/3  
E: 1718470.7361

152

TAX LOT No. 35, BLOCK 1041  
RONDA LEE SMITH &  
RUBY SMITH  
DB 5004, PG 1549  
PB 128, PG 142

ZONED





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



## Operation Permit

Address: 8203 B & G CT, STOKESDALE, NC 27358      Permit Number: 13-11-SNHC-05215  
System Type: 2a - Conventional      Product Name: Gravel  
Wastewater Flow: 125 GPD      Contractor:  
Trench Length: 175 ft      Trench Width: 3 in      Filter Type: Polylock  
Septic Tank Size: 1000 gal      Septic Tank Type: WMS-1000: STB-793

Comments:

- Ward Bros installed 175' of gravel.

Drainfield Approval:

JMW

Environmental Health Specialist

Date:

2/10/14

Tank Approval:

JMW

Environmental Health Specialist

Date:

2/10/14

Operation Permit Approval:

Jacob W. Dawson

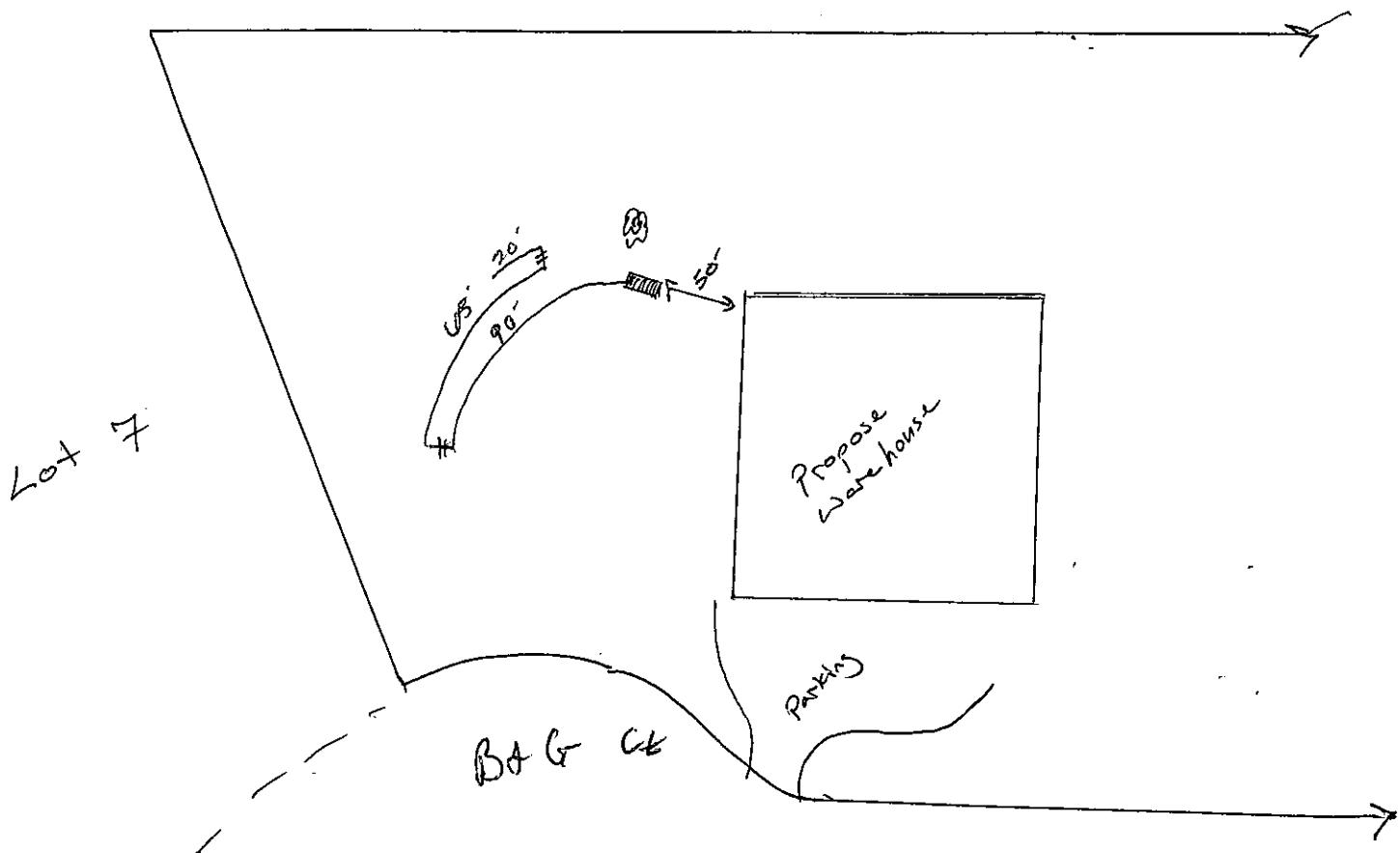
Environmental Health Specialist

Date Issued:

3/17/14

This System is in compliance with Article 11 of G.S. Chapter 130A, Section .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.

Diagram



Legend:  Well

Nitrification Line

Solid Line

Stepdown

Permit: 13-11-SNHC-05215

GU1\_BLDG\_0500440

Page 2 of 3

## APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE



NUMBER: 19-06-SAHC-04825

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

PROPERTY ADDRESS: 8205 B & G CT, STOKESDALE, NC 27357

### APPLICANT: Applicant

WILLIAM R DUKE  
P O BOX 1078  
KERNERSVILLE, NC, 272851078

Phone: 336- 996-3324 -  
Phone:  
Fax:  
Email: duke.ralph@gmail.com

### OWNER:

Mnj Enterprises, Llc  
8400 PARKCHESTER PLACE  
OAK RIDGE, NC, 27310

Phone:

### PARCEL NUMBER: 167650

Subdivision: Phase: Lot:  
Lot Size: Recorded prior to 1983?:  
Directions: B & G Ct

### EXISTING:

Water Supply: Yes Location:  
Septic System: Location:

### PROPOSED:

Bedrooms: Residents:  
Water Supply: Additional Type: add two interior walls  
Facility Type: Dining Area:  
Building Size: Floor Drains:  
Employees/Seats: Industrial Process:  
Kitchen: Shifts:

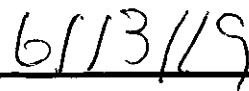
### COMMENTS:

System inspection due to interior modification (adding two walls) 6/13/19

### 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



## GUILFORD COUNTY RECEIPT

**Planning & Development**  
400 West Market Street  
Greensboro, NC 27402  
336-641-3334 - Planning  
336-641-3707 - Permitting

**Environmental Health**  
400 West Market Street  
Greensboro, NC 27402  
336-641-7613

### RECEIPT INFO

<u>Receipt #</u>	<u>Receipt Date</u>	<u>Payor</u>	<u>Payment Method</u>	<u>Check/CC #</u>	<u>Receipt Amount</u>
138064	06/13/2019	Bryan Phillips	Check	8001	\$100.00

Cashier ID: SFLANAG

<u>Fee Item Description</u>	<u>Account Code</u>	<u>Amount</u>
Additions	210545 45121	\$100.00
		<u>Total</u> \$100.00

A handwritten signature is written over the bottom right of the receipt table.

### APPLICATION INFO

<u>Application #</u>	<u>Application Type</u>	<u>Application Name</u>
19-06-SAHC-04825	Building/Guilford County/Health Commercial/Addition Remodel	

### PROPERTY INFO

<u>Property Address</u>	<u>Property Owner</u>	<u>Parcel #</u>
8205 B & G CT STOKESDALE, NC 27357	Mnj Enterprises, Llc 8400 Parkchester Place Oak Ridge, Nc 27310	167650

### CONTACT INFO

<u>Contact Name</u>	<u>Contact Type</u>
William R Duke P O Box 1078 Kernersville, Nc 272851078	Applicant

### LICENSED PROFESSIONAL INFO

<u>Primary</u>	<u>License #</u>	<u>License Type</u>	<u>Licensed Prof</u>	<u>Business Name</u>	<u>Lawson #</u>

## APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

NUMBER: 13-11-SNHC-05215

APPLICATION TYPE: Building / Guilford County / Health Commercial / Soil Evaluations New

PROPERTY ADDRESS: 8203 B & G CT, STOKESDALE, NC 27358

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**APPLICANT:** Applicant

Lindsey Stewart  
5505 Autumn Harvest  
Kernersville, NC 27284

Phone: 336-601-1149  
Phone:  
Fax:  
Email:

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**OWNER**

Lindsey Stewart  
5505 Autumn Harvest  
Kernersville, NC 27284

Phone: 336-601-1149

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PARCEL NUMBER: 161006580104100051

Subdivision:

Phase: Lot:

Lot Size: acres

Recorded prior to 1983?: Yes

Directions: 68N, T/R 158E, T/R B&G Court

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**EXISTING**

Water Supply: Public Water

Location:

Septic System: Yes

Location: rear

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**PROPOSED**

Bedrooms:

Residents:

Water Supply: Public Municipal

Addition Type:

Facility Type: warehouse

Dining Area: sq ft

Building Size: sq ft

Floor Drains: No

Employees/Seats: 5

Industrial Process: No

Kitchen: No

Shifts: 1

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**COMMENTS:**

Soil evaluation - warehouse storage...11/13/2013/tbb

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**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.

11/13/2013

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OWNER/AUTHORIZED AGENT SIGNATURE

DATE



**GUILFORD COUNTY**  
**APPLICATION FOR IMPROVEMENT PERMIT**

13-11-SNAC-05215

Building Permit: \_\_\_\_\_ Improvement Permit (Septic) \_\_\_\_\_ Improvement Permit (Well) \_\_\_\_\_

Property Information

Street Address: 8203 B+G Court

Twp: \_\_\_\_\_

Tax Map: \_\_\_\_\_

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: \_\_\_\_\_ Conditional Use (Describe): \_\_\_\_\_

Overlay (Circle): \_\_\_\_\_

Watershed: \_\_\_\_\_

WCA: \_\_\_\_\_

MH SR HD AR FH

Building Setbacks (Zoning): Street: \_\_\_\_\_ Side Street: \_\_\_\_\_ Side Yard: \_\_\_\_\_ Rear: \_\_\_\_\_

Comments: \_\_\_\_\_

*Wakefield  
50' lot  
+ shift*

PLANNING DEPARTMENT OFFICIAL: \_\_\_\_\_

Applicants Information

Applicant: Lindsey Stewart

Owner: \_\_\_\_\_

Address: 5505 Autumn Harvest Phone: 336-601-1149

Address: Kennesville, NC Phone: 27284

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  Pct-Treatment

Other (specify) \_\_\_\_\_

Directions: 68 N → Rt on 158 E → Rt on B+G Court

A plat or site plan (A.K.A. plot plan) must accompany this application. Clearly stake and flag all property lines, corners and the corners of all structures.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. The owner/applicant is solely responsible for compliance with the applicable governing regulations.

OWNER/APPLICANT SIGNATURE: Lindsey Stewart

DATE: 11/13/13



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



## Authorization for Wastewater System Construction

Address: 8203 B & G CT, STOKESDALE, NC 27358

Permit Number: 13-11-SNHC-05215

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

System Type: 2a - Conventional

Wastewater Flow: 125 GPD

Repair System Type: 3b - Single Pump or Siphon

Facility type: Business

Trench Length: 175 ft

Bedrooms: 0

Trench Depth: 18 in to 18 in

Site Requirements:

Trench Width: 3 in

Setback: ft off of the

Gravel Depth: 12 in

Offset: ft off of the

Trench Separation: 9 ft On-Center

Setup: ft off of the Rear

Soil Cover: 6 in to 6 in

Basement: No

Septic Tank Size: 1000 gal

Well Site:

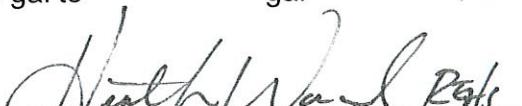
Pump Tank Size: N/A gal

Repair Area Maintained: Yes

Dosing Volume: N/A gal to gal

Authorization Issued:

Date Issued: 11-18-13

  
Environmental Health Specialist

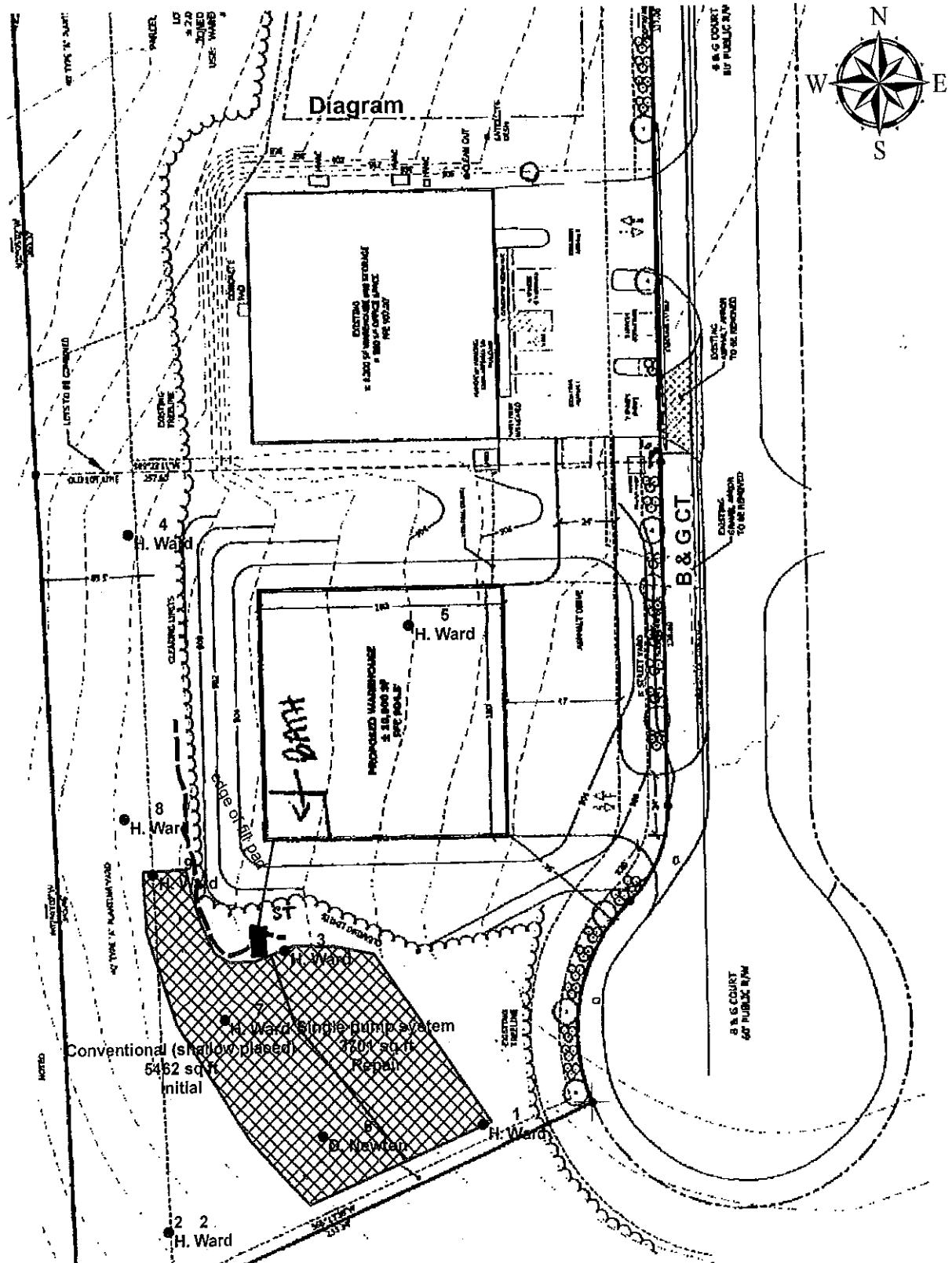
Owner or Authorized Agent:

Date: 1/30/14

  
Owner or Authorized Agent

Comments:

- Site approved for the addition of a restroom for an existing warehouse with 5 employees. Plumb out rear of existing structure and set tank in area outside of "fill pad". Install nitrification lines in area noted and on contour.



### Wastewater System Separation Requirements:

Wells ► 100'

Building Foundations ► 5'

Basement Foundations or Cuts  $\geq$  2' Deep ► 15'

Property Lines ► 10'

0 30 60 120  
Feet

Issuer's Initials:

R. H. M.

Date Issued: 11-18-13

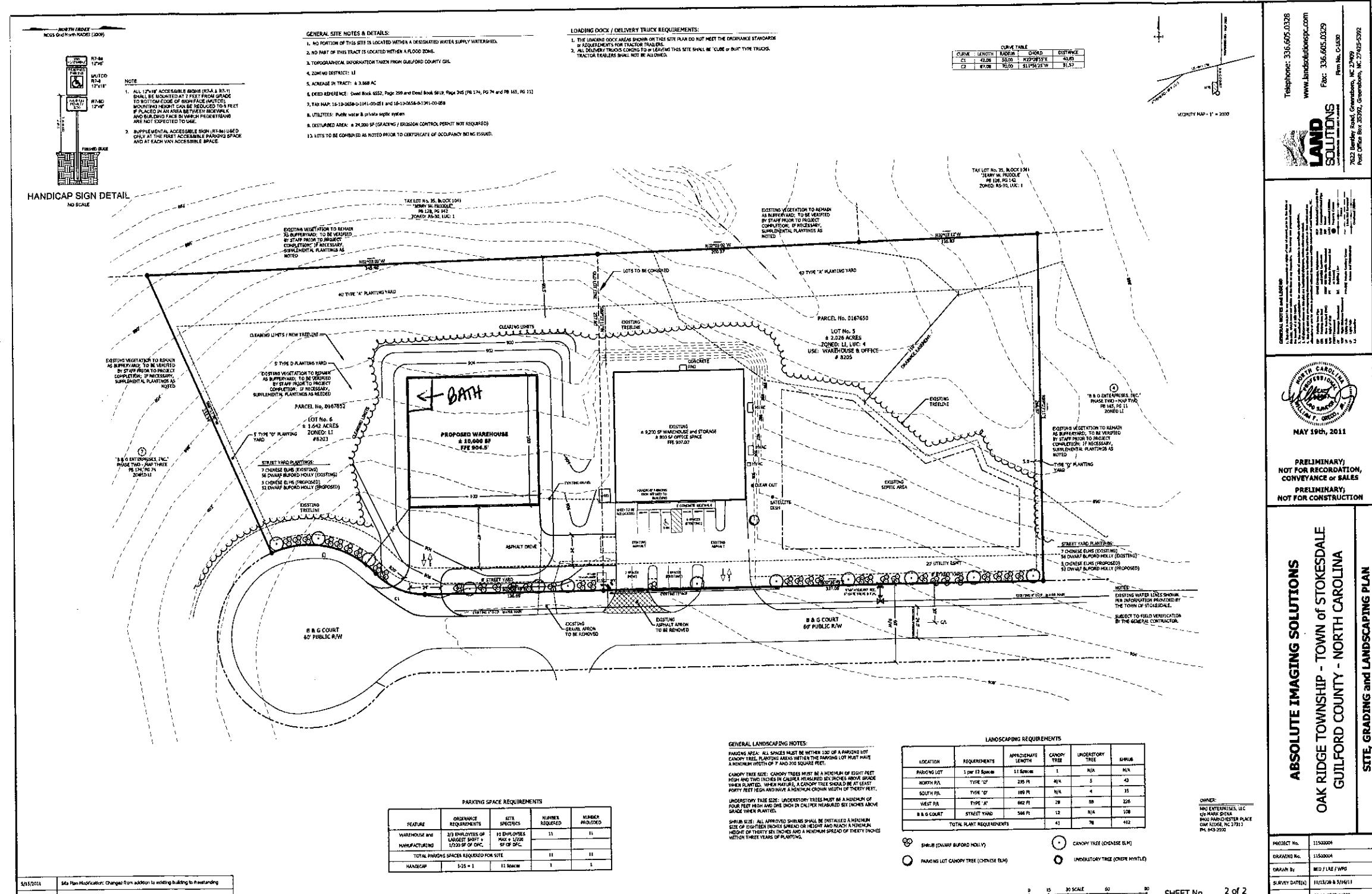
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Permit: 13-11-SNHC-05215

**CONDITIONS:**

- Initial system and designated repair areas must be protected from traffic, construction, destruction, cultivation, landscaping, erosion, or any other circumstance that may alter site conditions and may cause problems with the initial system or the future repair system as permitted.
- Surface and/or subsurface drainage diversion around the system must be maintained as permitted.
- Heavy vegetative growth over drainfields and the root system of many shallow rooted trees are detrimental to the proper operation of subsurface sewage systems and must be controlled periodically.
- All subsurface sewage disposal systems must be maintained and operated in a manner that prevents surface discharge or any other potential public health concerns. All public health concerns created by the operation of this system must be addressed immediately (within 48 hours). Required permits to correct the public health concern must be obtained from the Environmental Health Water Quality Unit and corrections to the system are to be completed within 30 days of the date of that permit
- Establish cover over drainlines.
- Pump septic tank every 3-5 years.





# GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 08-05-STRP-02760 Improvement Permit (Septic) 08-05-SNHC-02774 Improvement Permit (Well) \_\_\_\_\_

## Property Information

Street Address: 8203 B+G COURT Twp: OAK RIDGE Tax Map: 10-658-1041-044  
Development Name B+G ENTERPRISES Section/Phase PHASE TWO Lot #: 6 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: LI Conditional Use (Describe): \_\_\_\_\_ Overlay (Circle): \_\_\_\_\_ Watershed: \_\_\_\_\_ WCA: \_\_\_\_\_  
MH SR HD AR FH N/A N/A

Building Setbacks (Zoning): Street: 25' Side Street: \_\_\_\_\_ Side Yard: 5' Rear: 25'  
Comments: \_\_\_\_\_

PLANNING DEPARTMENT OFFICIAL: \_\_\_\_\_

## Applicants Information

Applicant: LAND SOLUTIONS, PC Address: P.O. Box 35392 Phone: 605-0328  
Owner: \_\_\_\_\_ Address: GREENSBORO, NC 27425 Phone: \_\_\_\_\_

## 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  
10 # 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: SEE SITE PLAN

A plat or site plan (A.K.A. plot plan) must accompany this application. Clearly stake and flag all property lines, corners and the corners of all structures.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. The owner/applicant is solely responsible for compliance with the applicable governing regulations.

OWNER/APPLICANT SIGNATURE: Clay M. Rahn DATE: 5/1/08

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

SUBDIVISION: \_\_\_\_\_  
SECTION/PHASE: \_\_\_\_\_  
LOT # \_\_\_\_\_

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

FACTORS		PROFILES									
		1	02	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	L	L	L	L	L					
SLOPE (%)	.1940	81	71	81	81	41					
HORIZON 1 DEPTH		0-7	0-8	0-8	0-7	0-4					
Texture Group	.1941(A)(1)	SC	SC	SC	SC	SC					
Consistence	.1941	FR	FR	FR	FR	FR					
Structure	.1941(A)(2)	WBK	WBK	WBK	WBK	WBK					
Mineralogy	.1941(A)(3)	SEXP	SEXP	SEXP	SEXP	SEXP					
HORIZON 2 DEPTH		7-24	8-24	8-31	7-28	(0-35)					
Texture Group	.1941(A)(1)	C	C	C	C	C					
Consistence	.1941	FI	FI	FI	FI	FI					
Structure	.1941(A)(2)	BK	BK	BK	BK	BK					
Mineralogy	.1941(A)(3)	SEXP	SEXP	SEXP	SEXP	SEXP					
HORIZON 3 DEPTH		24-36	24-28	31-48	28-48	35-44					
Texture Group	.1941(A)(1)	CL(B)	CL(B)	CL(B)	CL(B)	CL(B)					
Consistence	.1941	FI	FI	FI	FI	FI					
Structure	.1941(A)(2)	WBK	WBK	WBK	WBK	WBK					
Mineralogy	.1941(A)(3)	SEXP	SEXP	SEXP	SEXP	SEXP					
HORIZON 4 DEPTH		36"+	29-40+			44"+					
Texture Group	.1941(A)(1)	CB	L(CAP)			CB/C					
Consistence	.1941		NEED								
Structure	.1941(A)(2)		PIT TO								
Mineralogy	.1941(A)(3)		EVAL.								
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956										
CLASSIFICATION	.1948	P.S.	V/RC/LP	P.S.	P.S.	P.S.					
LONG TERM ACCEPTANCE RATE	.1955	.25	.25	.25	.275	.3					
AVAILABLE SPACE (1945):											
OTHER FACTORS (1946): FACTORS (1946):		OTHER		SITE LONG TERM ACCEPTANCE RATE:							
SITE CLASSIFICATION (1948):				SYSTEM TYPE:							
EVALUATED BY: BHW 5.16.08		OTHERS PRESENT:									
COMMENTS:											
<hr/> <hr/> <hr/> <hr/> <hr/>											

Lot # #6



**Environmental Health Division**  
**Water Quality Section**  
400 W. Market St.  
Greensboro, NC 27401  
(336) 641-7613



## **Improvement Permit**

Address: 8203 B & G CT, STOKESDALE, NC 99999

Permit Number: 08-05-SNHC-02774

This Improvement Permit shall be valid for five years from the 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: 250

Facility Type: Business

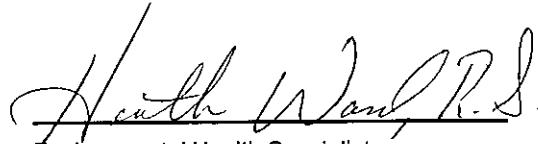
Bedrooms: 0

Conditions: LOT #6

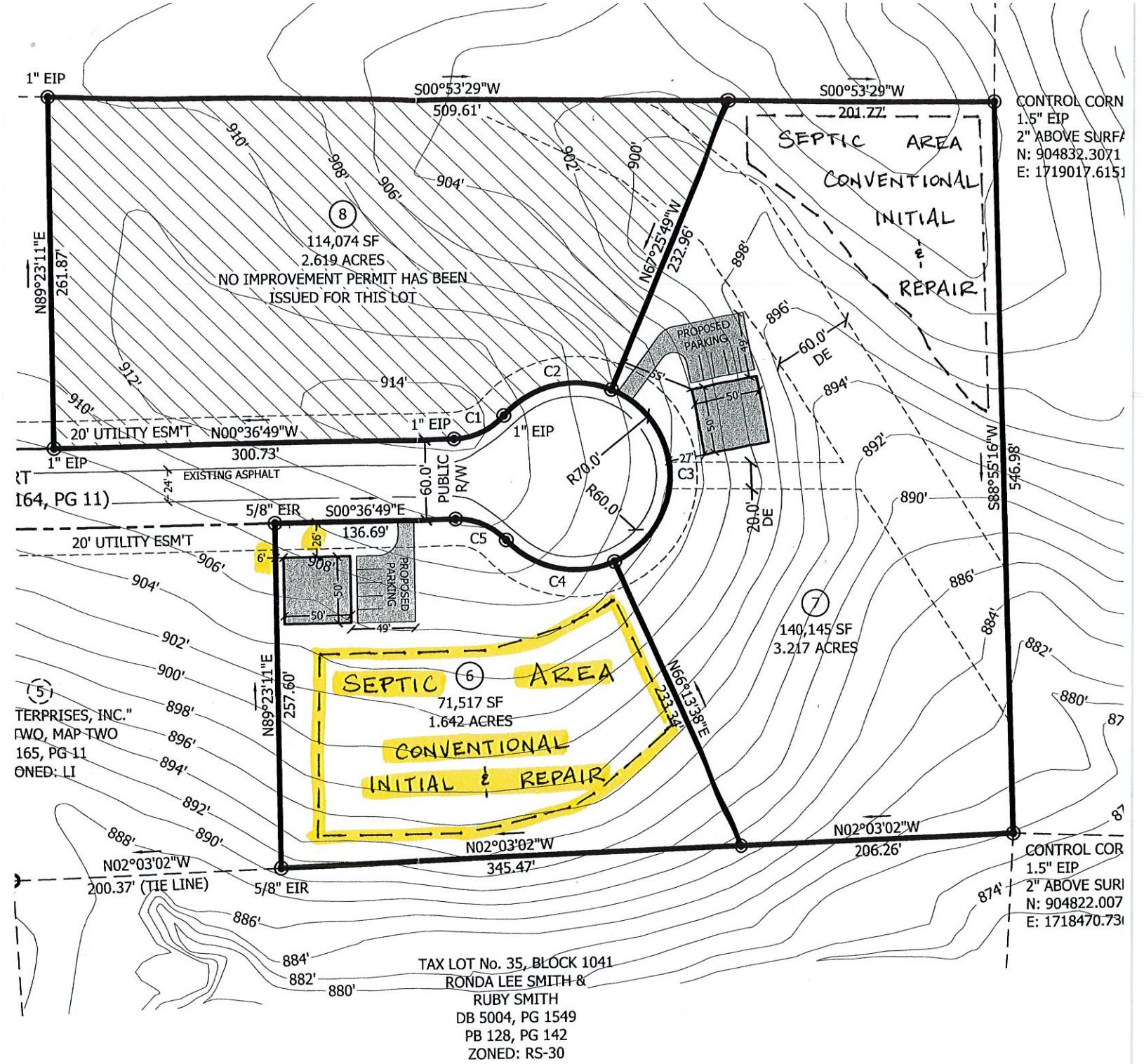
- Site approved for 10 employee business. Domestic sewage only, no process wastewater shall enter septic system.

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 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.

Permit Issued:

  
Environmental Health Specialist

Date Issued: 5-22-08



## PLAT INFORMATION

PLAT INFORMATION	
ZONING DISTRICT	LI
ACREAGE IN TOTAL TRACT	± 7.478 ACRES
DEED REFERENCE(s)	DB 6082, PG 2232
PLAT REFERENCE(s)	PB 164, PGs. 11 & 82
TAX MAP REFERENCE(s)	10-658-1041-044
TOTAL NUMBER OF LOTS	3 BUILDING LOTS
ACREAGE IN NEW R/W	N/A
LINEAR FT. OF NEW STREETS	N/A
WATER	PUBLIC WATER
SEWER	PRIVATE SEPTIC
REQUIRED FRONT SETBACK	25'

ESIGNATED WATERSHED.  
ESIGNATED FLOOD ZONE.  
00J, DATED JUNE 18, 2007.  
TED AT

#	1	2	3	4	5	6	7	8	9
<b>lanscp_pos</b>	L	L	L	L	L	L	L	L	L
<b>slope_prcn</b>	8	7	8	8	7	6	8	7	6
<b>H1_depth</b>	7	8	8	7	6	7	9	5	6
<b>H1_text</b>	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL
<b>H1_consist</b>	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
<b>H1_struct</b>	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK
<b>H1_minrl</b>	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
<b>H2_depth</b>	24	24	31	28	35	26	33	16	24
<b>H2_text</b>	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay
<b>H2_consist</b>	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
<b>H2_struct</b>	BK	BK	BK	BK	BK	SBK	SBK	ABK	ABK
<b>H2_minrl</b>	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
<b>H3_depth</b>	36	28	48	48	44	36	48	22	31
<b>H3_text</b>	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)
<b>H3_consist</b>	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
<b>H3_struct</b>	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK
<b>H3_minrl</b>	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
<b>H4_depth</b>	0	40	0	0	0	0	0	0	0
<b>H4_text</b>		L							
<b>H4_consist</b>									
<b>H4_struct</b>									
<b>H4_minrl</b>									
<b>soil_wet</b>									
<b>saprolite</b>	36	28	0	0	44	36	0	22	31
<b>class</b>	PS	PS	PS	PS	PS	PS	PS	PS	PS
<b>Itar</b>	0.275	0.25	0.3	0.25	0.3	0.25	0.275	0.1	0.25
<b>notes</b>		ldp- need pit to eval. sap						shallow trench	
<b>eval_by</b>	H. Ward	H. Ward	H. Ward	D. Newton	H. Ward	H. Ward	H. Ward	H. Ward	H. Ward
<b>eval_date</b>	05/16/08	05/16/08	05/16/08	05/16/08	11/13/13	11/13/13	11/13/13	11/13/13	11/13/13
					initial	25			repair
					8203 B & G Ct				3

**GUILFORD COUNTY RECEIPT**

DATE: 01/30/14  
TIME: 16:28:47  
RECEIPT: 98281  
CASHIER ID: TBARNES

PROPERTY ADDRESS: 8203 B & G CT, STOKESDALE, NC 27358

NAME: Lindsey Stewart  
ADDR: 5505 Autumn Harvest  
CITY: Kernersville ST: NC ZIP: 27284

<u>TYPE CHARGE</u>		<u>APPLICATION #</u>	<u>CHECK/CC #</u>	<u>AMOUNT</u>
Conventional System	210545	13-11-SNHC-		
Permit	43217	05215		100.00
		<b>TOTAL</b>		<b><u>100.00</u></b>

MAKE CHECK PAYABLE TO: GUILFORD COUNTY

Guilford County  
Planning and Development  
400 West Market Street  
Greensboro, NC 27402  
336-641-3334

Guilford County  
Environmental Health  
400 West Market Street  
Greensboro, NC 27402  
336-641-7613

T8108-D  
Version 4.0

**GUILFORD COUNTY RECEIPT**

DATE: 11/13/13  
TIME: 10:13:27  
RECEIPT: 97163  
CASHIER ID: TBARNES

PROPERTY ADDRESS: 8203 B & G CT, STOKESDALE, NC 27358

NAME: Lindsey Stewart  
ADDR: 5505 Autumn Harvest  
CITY: Kernersville ST: NC ZIP: 27284

<u>TYPE CHARGE</u>		<u>APPLICATION #</u>	<u>CHECK/CC #</u>	<u>AMOUNT</u>
Commercial Soil Evaluation	210545 45122	13-11-SNHC- 05215	14748	450.00
		<b>TOTAL</b>		<b>450.00</b>

MAKE CHECK PAYABLE TO: GUILFORD COUNTY

Guilford County  
Planning and Development  
400 West Market Street  
Greensboro, NC 27402  
336-641-3334

Guilford County  
Environmental Health  
400 West Market Street  
Greensboro, NC 27402  
336-641-7613