

0167652

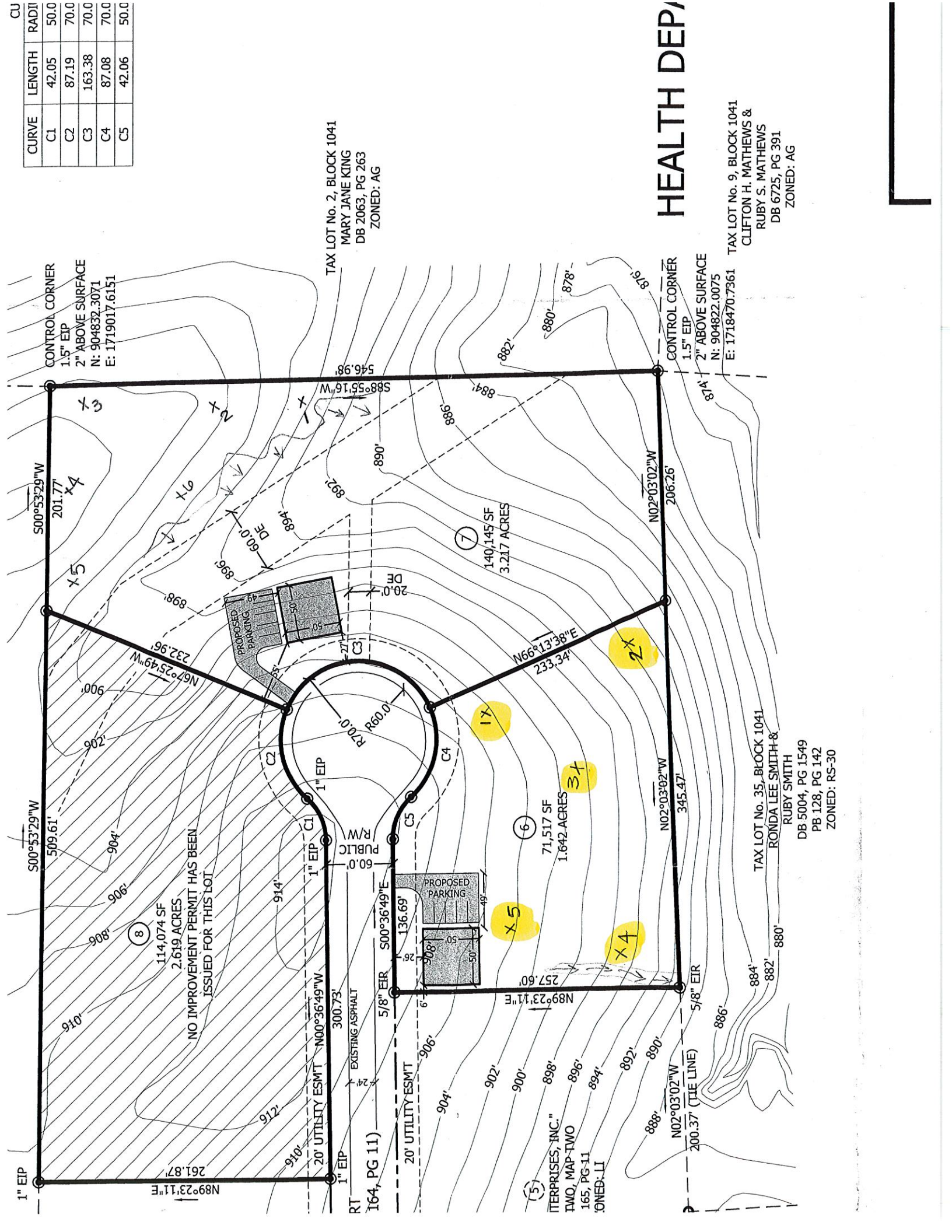
S/T Permit: _____ Date: _____

Name: _____

Subd:_____Sec:_____Lot:_____ Name:_____

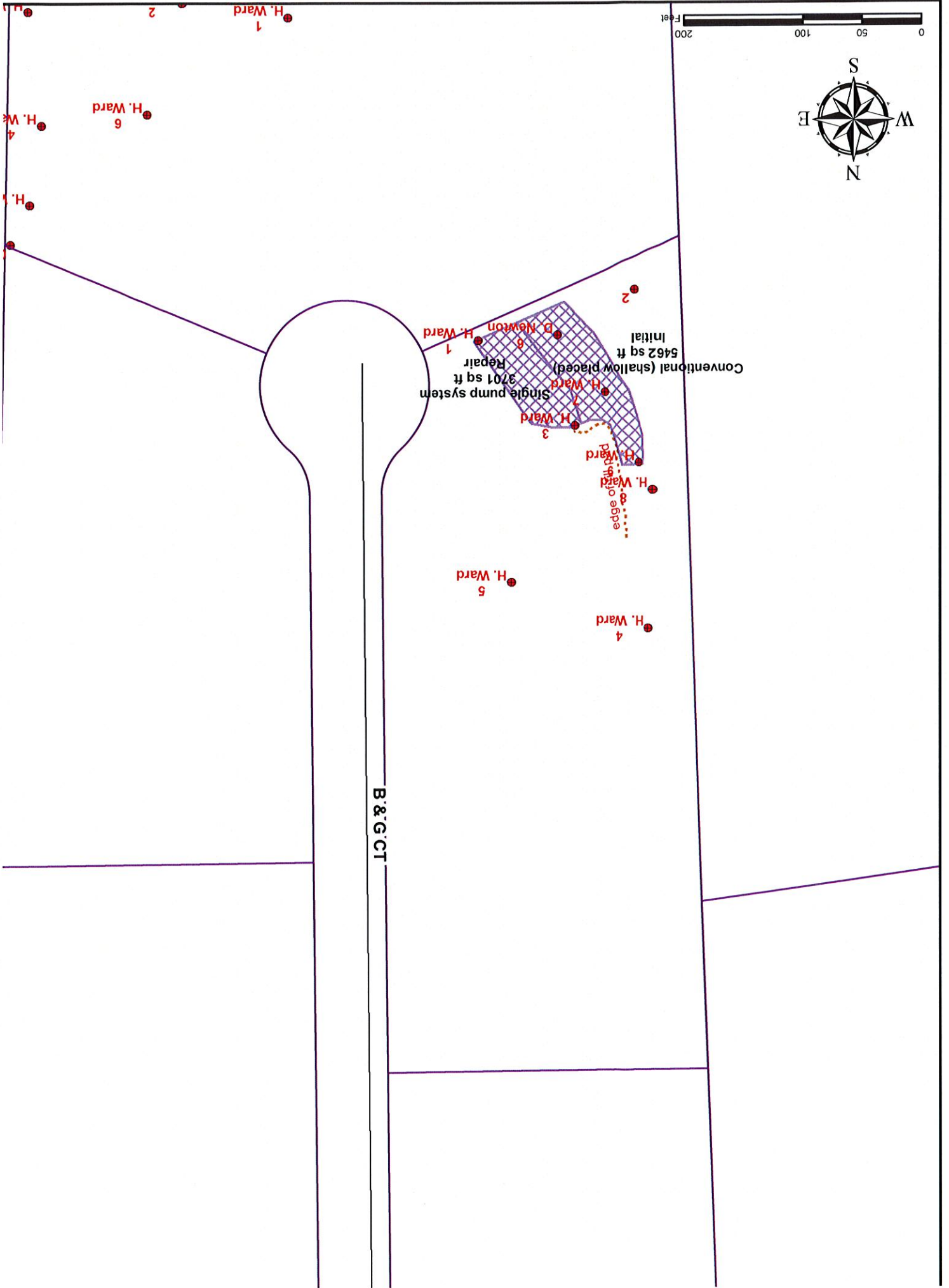
[illegible]

CURVE	LENGTH	RADIUS
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



HEALTH DEPT

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





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

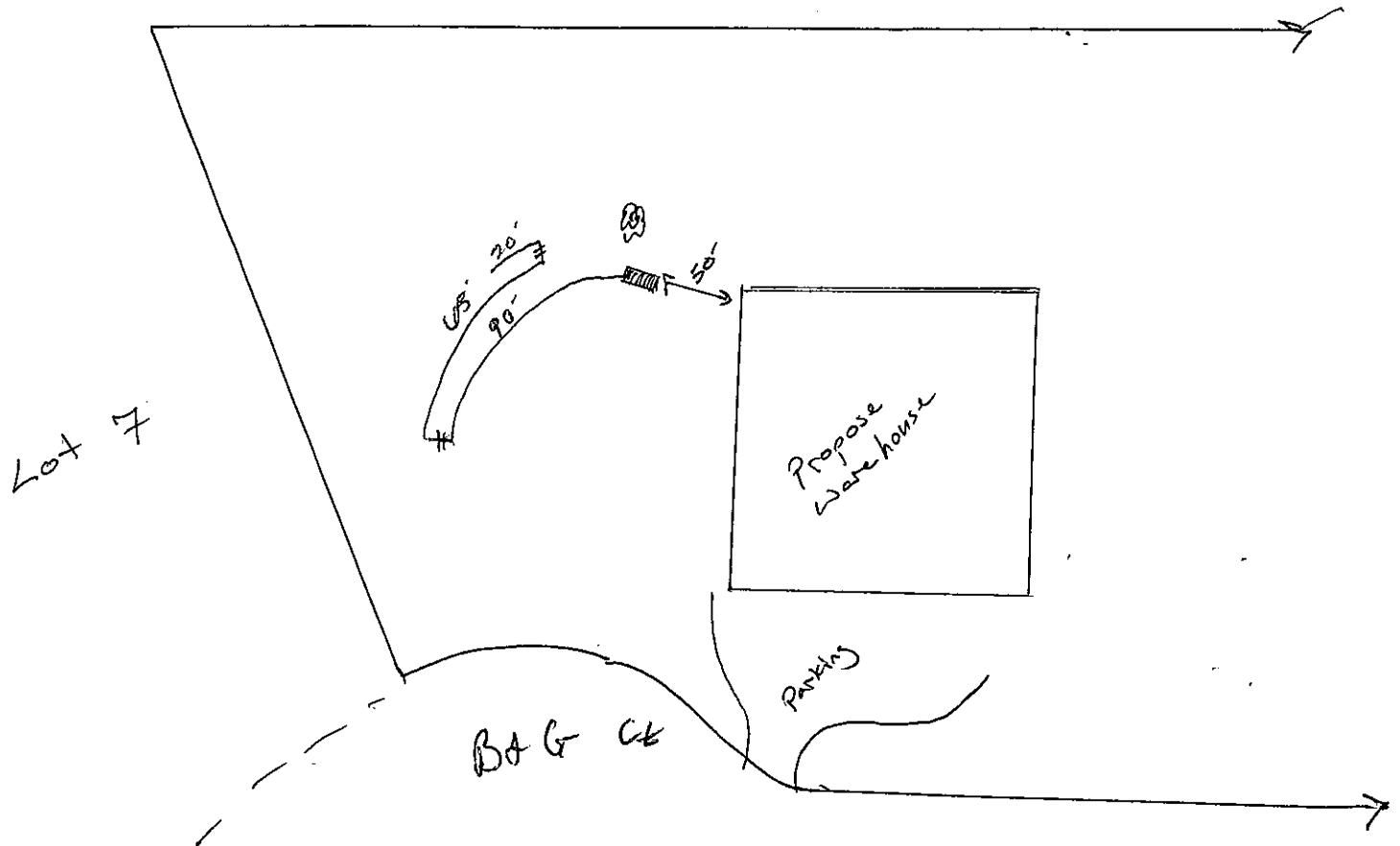
Operation Permit Approval:

Jacob W. Williams
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: (W) Well _____ Nitrification Line _____ Solid Line

\\Stepdown

Permit: 13-11-SNHC-05215
GUIL_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>Payer</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
	Total	\$100.00

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>
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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

APPLICANT: Applicant

Lindsey Stewart
5505 Autumn Harvest
Kernersville, NC 27284

Phone: 336-601-1149

Phone:

Fax:

Email:

OWNER

Lindsey Stewart
5505 Autumn Harvest
Kernersville, NC 27284

Phone: 336-601-1149

PARCEL NUMBER: 161006580104100051

Subdivision:

Phase: Lot:

Lot Size: acres

Recorded prior to 1983?: Yes

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

EXISTING

Water Supply: Public Water

Location:

Septic System: Yes

Location: rear

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

COMMENTS:

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

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

11/13/2013
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: _____
PLANNING DEPARTMENT OFFICIAL: _____

Applicants Information

Applicant: Lindsey Stewart Address: 5505 Autumn Harvest Phone: 336-601-1149
Owner: _____ Address: Kenilworth, NC Phone: 272-84

Development Information

NEW HOUSE _____ ACCESSORY MODULAR _____ SWMH DBMH _____ MULTIFAMILY/DUPLEX _____ ADDITION (TYPE) _____
OTHER TYPE: _____ RENOVATION _____
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: 68N → Rt on 158E → 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: _____

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

Pump Tank Size: NA gal

Well Site:

Dosing Volume: NA gal to gal

Repair Area Maintained: Yes

Authorization Issued:

Environmental Health Specialist

Date Issued: 11-18-13

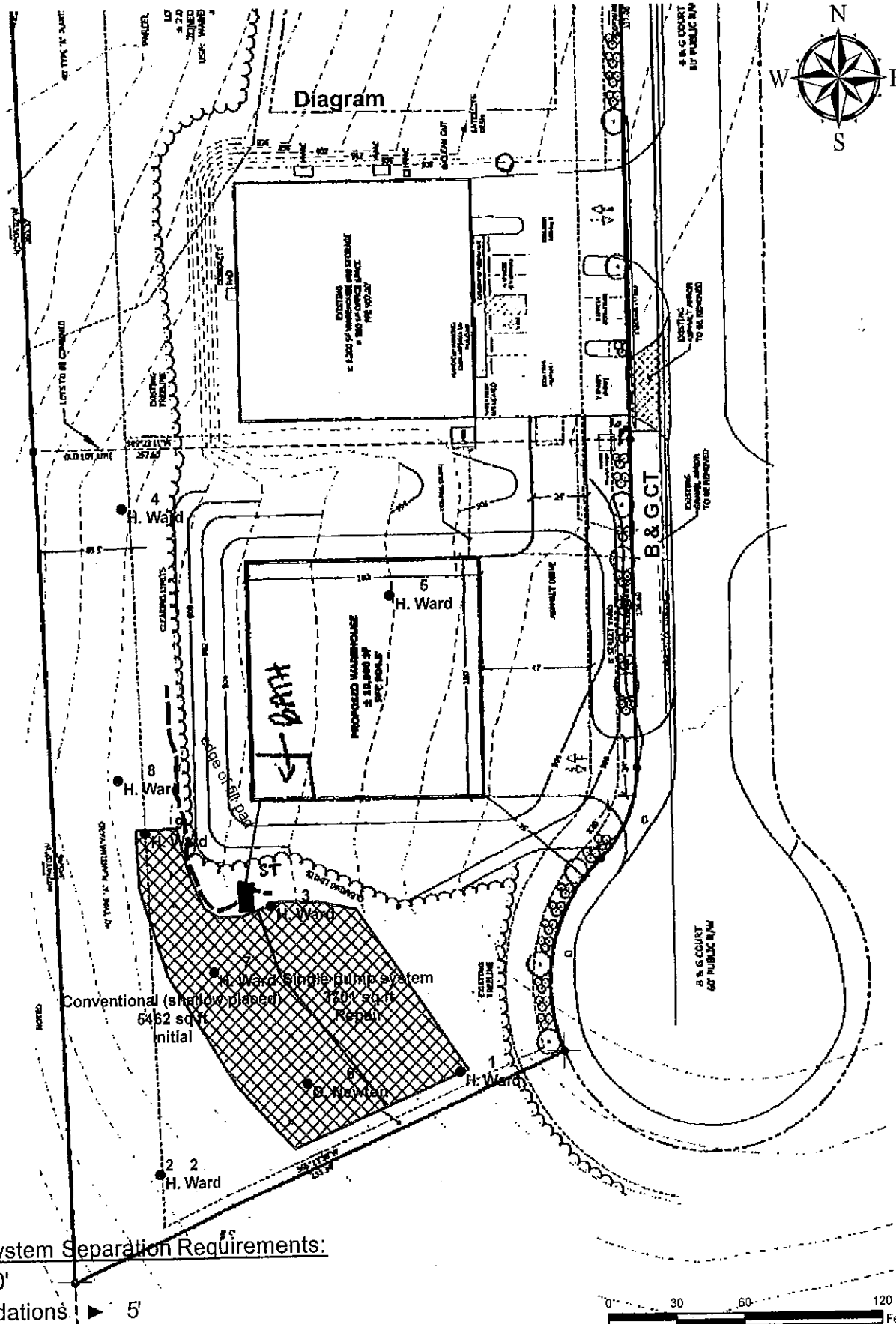
Owner or Authorized Agent:

Owner or Authorized Agent

Date: 1/30/14

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'

Issuer's Initials: BHW

Permit: 13-11-SNHC-05215

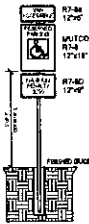
Date Issued: 11.18.13

Page 2 of 2

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.

NORTH BRIDGE
NCS 604 from R400 (2009)



HANDICAP SIGN DETAIL
NO SCALE

NOTE

1. ALL 12" MIN ACCESSIBLE SIGN (RMA 8.87.1) SHALL BE MOUNTED AT 7 FEET FROM GRADE TO BOTTOM EDGE OF SIGN FACE (MOUNTED). MOUNTING HEIGHT CAN BE REDUCED TO 6 FEET IF PLACED IN AN AREA IN WHICH THE SIGN AND SIGNAGE FACE IN VISION FROM THE ROAD AND NOT EXPECTED TO LANE.
2. SUPPLEMENTAL ACCESSIBLE SIGN (RMA 8.87.1) ONLY AT THE FIRST ACCESSIBLE PARKING SPACE AND AT EACH VAN ACCESSIBLE SPACE.

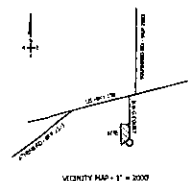
GENERAL SITE NOTES & DETAILS:

1. NO PORTION OF THIS SITE IS LOCATED WITHIN A DESIGNATED WATER SUPPLY WATERSHED.
2. NO PART OF THIS TRACT IS LOCATED WITHIN A FLOOD ZONE.
3. TOPOGRAPHICAL INFORMATION TAKEN FROM GULFORD COUNTY GIS.
4. ZONING DISTRICT: LI
5. ACREAGE IN TRACT: 3.568 AC
6. DEED REFERENCE: Deed Book 4552, Page 109 and Deed Book 4818, Page 245 (PG 174, PG 74 and PG 145, PG 11)
7. TAX MAP: 18-10-0058-D (11-10-0058) and 18-10-0058-B (11-10-0058)
8. UTILITIES: Public water & private septic system
9. DISTURBED AREA: 24,300 SF (GRAZING / EROSION CONTROL PERMIT NOT REQUIRED)
10. LOTS TO BE COMBINED AS NOTED PRIOR TO CERTIFICATE OF OCCUPANCY BEING ISSUED.

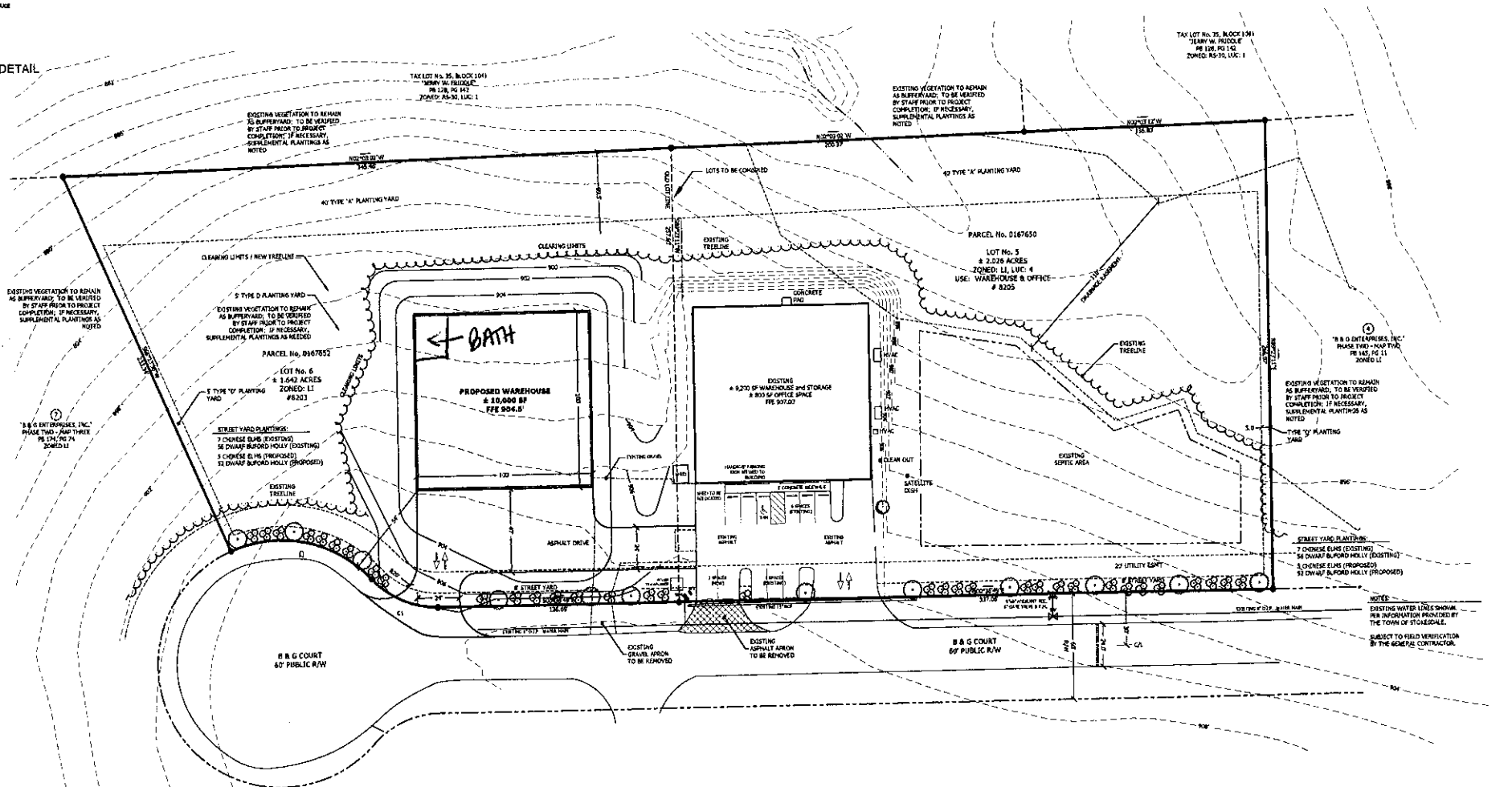
LOADING DOCK / DELIVERY TRUCK REQUIREMENTS:

1. THE LOADING DOCK AREAS SHOWN ON THIS SITE PLAN DO NOT MEET THE CRANESIDE STANDARD OR REQUIREMENTS FOR TRUCK TRAILERS.
2. ALL DELIVERY TRUCKS COMING TO OR LEAVING THIS SITE SHALL BE "CUBE OR BOX" TYPE TRUCKS. TRUCK TRAILERS SHALL NOT BE ALLOWED.

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DISTANCE
C1	43.08	50.00	122.00	40.00
C2	87.08	100.00	244.00	80.00



VICINITY MAP - 1" = 200'



GENERAL LANDSCAPING NOTES:

PARKING AREA: ALL SPACES MUST BE WITHIN 100' OF A PARKING LOT CANOPY TREE. PLANTING AREAS WITHIN THE PARKING LOT MUST HAVE A MINIMUM WIDTH OF 7' AND 200 SQUARE FEET.

CANOPY TREE SIZE: CANOPY TREES MUST BE A MINIMUM OF EIGHT FEET HIGH AND TWO INCHES IN CALIPER MEASURED 30 INCHES ABOVE GRADE WHEN PLANTED. WHEN PLANTED, A CANOPY TREE SHOULD BE AT LEAST FORTY FEET HIGH AND HAVE A MINIMUM CROWN WIDTH OF THIRTY FEET.

UNDERSTORY TREE SIZE: UNDERSTORY TREES MUST BE A MINIMUM OF FOUR FEET HIGH AND ONE INCH IN CALIPER MEASURED SIX INCHES ABOVE GRADE WHEN PLANTED.

SHRUB SIZE: ALL APPROVED SHRUBS SHALL BE INSTALLED A MINIMUM SIZE OF TWENTY INCHES SPREAD OR HEIGHT AND REACH A MINIMUM HEIGHT OF THIRTY SIX INCHES AND A MINIMUM SPREAD OF THIRTY INCHES WITHIN THREE YEARS OF PLANTING.

LANDSCAPING REQUIREMENTS

LOCATION	REQUIREMENTS	APPROXIMATE LENGTH	CANOPY TREE	UNDERSTORY TREE	SHRUB
PARKING LOT	1 per 12 Spaces	11 Spaces	1	N/A	N/A
NORTH PA	TYPE 'D'	235 FT	N/A	5	43
SOUTH PA	TYPE 'D'	180 FT	N/A	4	35
WEST PA	TYPE 'A'	662 FT	28	58	228
B & G COURT	STREET YARD	568 FT	12	N/A	108
TOTAL PLANT REQUIREMENTS			41	76	412

- SHRUB (DWARF BURFORD HOLLY)
PARKING LOT CANOPY TREE (CHINESE ELM)
CANOPY TREE (CHINESE ELM)
UNDERSTORY TREE (CHINESE MYRTLE)

OWNER:

ABSOLUTE IMAGING, LLC
100 PARK DRIVE
GULFORD COUNTY, NC 27931
PH 434-2202

PARKING SPACE REQUIREMENTS

FEATURE	ORDINANCE REQUIREMENTS	ACT SPECIFICS	NUMBER REQUIRED	NUMBER PROVIDED
WAREHOUSE AND MANUFACTURING	2/3 EMPLOYEES OF LARGEST BUILT + 17,000 SF OF OHC	10 EMPLOYEES 67 OF OHC	11	11
TOTAL PARKING SPACES REQUIRED FOR SITE			11	11
HANDICAP	5-25 = 1	11 Spaces	1	1

ABSOLUTE IMAGING SOLUTIONS
OAK RIDGE TOWNSHIP - TOWN OF STOKESDALE
GULFORD COUNTY - NORTH CAROLINA

SITE, GRADING and LANDSCAPING PLAN

Telephone: 336-605-0328
www.absoluteimaging.com
Fax: 336-605-0329
E-mail: C-180



7022 Bentley Road, Greensboro, NC 27409
Post Office Box 20592, Greensboro, NC 27402-0592

GENERAL NOTES AND LEGEND
1. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
2. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
3. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
4. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
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7. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
8. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
9. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.
10. ALL PLANTING SHALL BE DONE BY THE GENERAL CONTRACTOR.



(PRELIMINARY)
NOT FOR RECORDATION,
CONVEYANCE OR SALES
(PRELIMINARY)
NOT FOR CONSTRUCTION



**GUILFORD COUNTY
APPLICATION FOR IMPROVEMENT PERMIT**

Building Permit: 08.05 STRP. 02760 Improvement Permit (Septic) 08.05 SNHE. 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: 6082 - 2232 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: N/A WCA: N/A
MH SR HD AR FH _____
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 ADDTION (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: [Signature] 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	8/1	7/1	8/1	8/1	4/1					
HORIZON 1 DEPTH		0-7	0-8	0-8	0-7	0-4					
Texture Group	.1941(A)(1)	SEL	SEL	SEL	SEL	SEL					
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	6-25					
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(Bc)	CL(Bc)	CL(Bc)	CL(Bc)	CL(Bc)					
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"+	28-40+			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.	4/RS-LP	P.S.	P.S.	P.S.					
LONG TERM ACCEPTANCE RATE	.1955	.25	.25	.3	.275	.3					
AVAILABLE SPACE (1945):											
OTHER FACTORS (1946):		OTHER					SITE LONG TERM ACCEPTANCE RATE:				
FACTORS (1946):											
SITE CLASSIFICATION (1948):							SYSTEM TYPE:				
EVALUATED BY: D/HW 5.16.08							OTHERS PRESENT:				
COMMENTS:											

Lot # 16



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

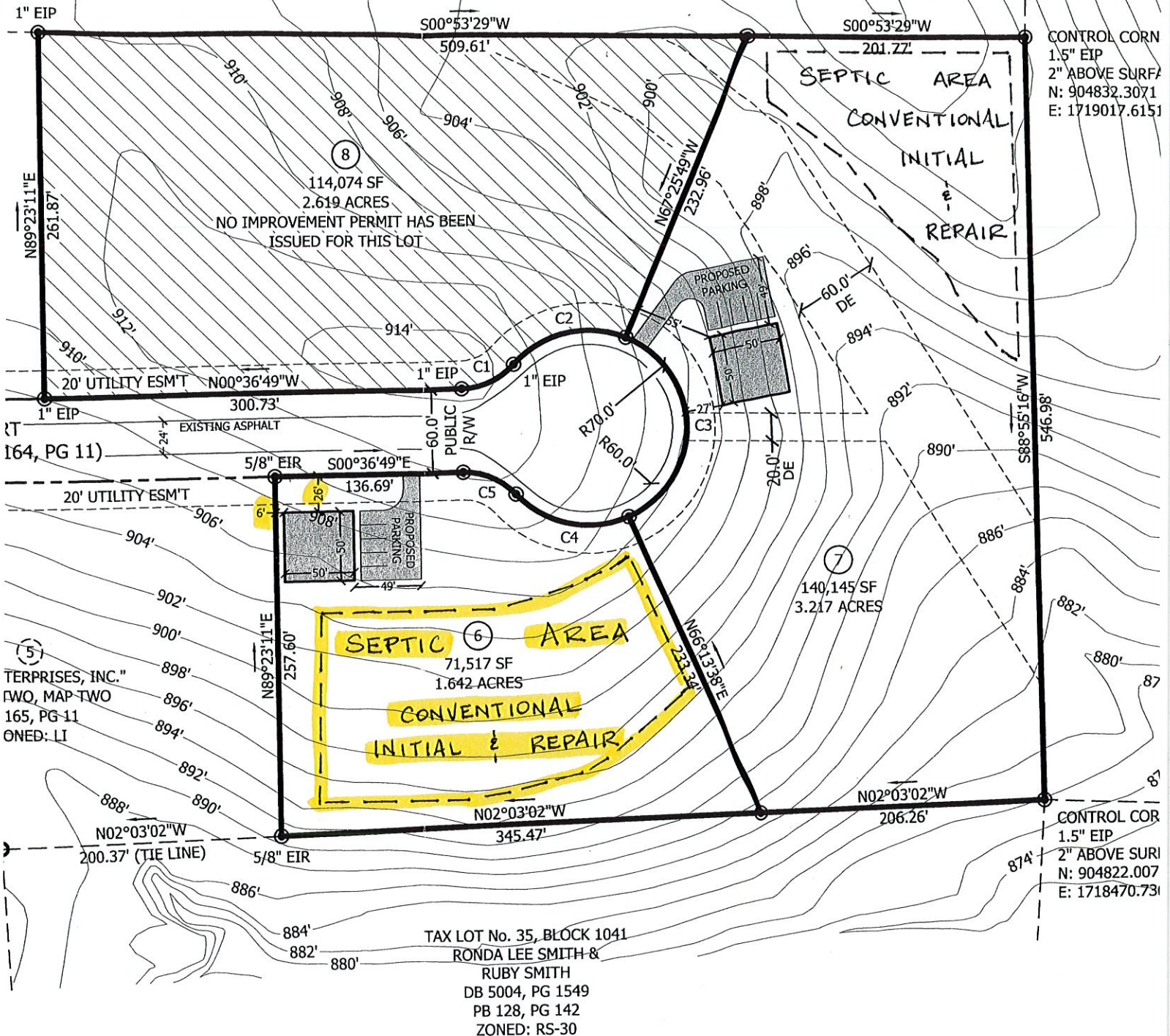
- Site approved for 10 employee business. Domestic sewage only, no process wastewater shall enter septic system.

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:

A handwritten signature in cursive script, reading "Heath Ward, R.S.", is written over a horizontal line.
Environmental Health Specialist

Date Issued: 5.22.08



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'

DESIGNATED WATERSHED.
DESIGNATED FLOOD ZONE.
30J, DATED JUNE 18, 2007.
FILED AT

#	1	2	3	4	5	6	7	8	9
lanscp_pos	L	L	L	L	L	L	L	TER	L
slope_prcn	8	7	8	8	4	6	8	7	6
H1_depth	7	8	8	7	6	7	9	5	6
H1_text	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL	SCL
H1_consist	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
H1_strct	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	24	24	31	28	35	26	33	16	24
H2_text	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
H2_strct	BK	BK	BK	BK	BK	SBK	SBK	ABK	ABK
H2_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth	36	28	48	48	44	36	48	22	31
H3_text	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)	CL (BC)
H3_consist	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi	Fi
H3_strct	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK	WBK
H3_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H4_depth	0	40	0	0	0	0	0	0	0
H4_text	L	L							
H4_consist									
H4_strct									
H4_minrl									
soil_wet									
saprolite	36	28	0	0	44	36	0	22	31
class	PS		PS	PS	PS	PS	PS	PS	PS
ltar	0.275	0.25	0.3	0.25	0.3	0.25	0.275	0.1	0.25
notes		ldp- need pit to eval. sap							shallow trench
eval_by	H. Ward	H. Ward	H. Ward	H. Ward	H. Ward	D. Newton	H. Ward	H. Ward	H. Ward
eval_date	05/16/08	05/16/13	05/16/08	05/16/08	05/16/08	11/13/13	11/13/13	11/13/13	11/13/13
		8203 B & G Ct.			initial .25	repair .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
		TOTAL		<u>100.00</u>

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



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	210545	13-11-SNHC-		
Evaluation	45122	05215	14748	450.00
		TOTAL		<u>450.00</u>

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