

PROPERTY SERVICE CHART

5702 Hillbilly Ln
 ADDRESS (PRINT)

S/T Permit: _____ Date: _____

Name: _____

Well Permit: 0417 Date: 11-6-89

Name: Bailey, Jim

Subd. _____ Sec _____ Lot _____

SERVICE	COMMENTS	DATE	SANITARIAN
CASING INSP.	OK	11-13-89	RSS
GROUTING INSP.	OK	11-13-89	RSS
Computerized	well Records	11/15/89	RAH
Load Closing	Sample collected ^{Post 7/6} No visible sign of ^{Free 2.2} well ^{9/21/89}	9/17/90	LKH
File Reviewed	Called Tim Bailey at 9:00am about chlorinating + record of construction.	9/20/90 9/24/90	EJL LKH
H ₂ O Sample	Sample collected - No Cl ₂ Neg 2.2 10/4/90	10/1/90	LKH
File Reviewed	Forwarded to LKH for update of well ✓ list	10/4/90	EJL
Conversation w/ Tim Bailey	No S.T. matf. Max SB 160 ft off Hillbilly Ln offset 35 ft off (R) Must box in closet - Released	12/11/90	LKH
File Reviewed	Forwarded to Laura Honeycutt for Application update	12/13/90	EJI

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health, Water Quality Unit
400 W. Market St., Suite 300, Greensboro, NC 27401

Record of Construction, Repair, or Abandonment of a Well

Address of Well: 5702 Hill Billy Ln LATITUDE 3

Well Permit Number: 0909-GRNR03710 LONGITUDE _____

Well Contractor Company: Jones Well & Pump Completion Date: 9/14/09

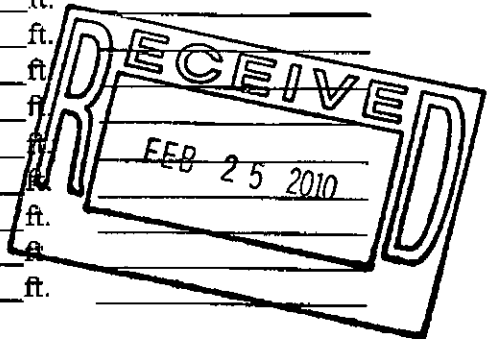
Total Well Depth: 165 ft. Well Yield: _____ gpm Static Water Level: _____ ft.

Outer Casing Material: STEEL
Casing Diameter: 6" in. Casing Depth: 72 ft.

Inner Casing Material: SDR 21
Casing Diameter: 4" in. Casing Depth: 100 ft.

Grout		
Depth	Material	Method
From: <u>01</u> ft. To: <u>100</u> ft.	<u>Cement</u>	<u>Pump</u>
From: _____ ft. To: _____ ft.	_____	_____
From: _____ ft. To: _____ ft.	_____	_____

Formation Log		Depth	Description
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		
From: _____ ft.	To: _____ ft.		



Water Production Zones

Depth: _____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.
Yield: <u>15</u> gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm	_____ gpm

Method of Repair: INSTALL 4" LINER 100' & Grouted to top

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: Randell Jones State Number: 2704 Date: 9/14/09

Record of Pump Installation

Pump Installation Company: _____ Completion Date: _____

Depth: _____ ft. Static Water Level: _____ ft.

Pump _____ and: _____ Pump Size and Rating: _____ hp _____ 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.

Well Contractor: _____ State Number: _____ Date: _____



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



Permit to Repair a Well

Address: 5702 HILLBILLY LN, GIBSONVILLE, NC 27249 Permit Number: 09-09-WRHR-03710

Comments/Specifications:

- Redevelop well as necessary. Install packer/liner at least 5 feet into consolidated rock. Grout to surface. Complete well head according to Guilford County rules.
- Submit record of repair.

Above Information Certified By: Randell Jones
Owner or Authorized Agent

Date: 9-10-09

Permit Issued: Laura Honeycutt RS
Environmental Health Specialist

Date Issued: 9/8/09

I certify that a grout inspection was completed and is in compliance with Guilford County Well Rules.

Partial Grout Inspection: Paul Williams Date: 9/16/09
Environmental Health Specialist

Final Grout Inspection: Laura Honeycutt RS Date: 9/17/09
Environmental Health Specialist

Permits for the Repair of Wells shall expire one year from date of issuance.

All property lines and corners shall be clearly flagged prior to construction of the well.

All proposed structures shall be clearly flagged prior to construction of the well.

Repair final
+
bact sample
Week of
9/21/09



GUILFORD COUNTY RECEIPT

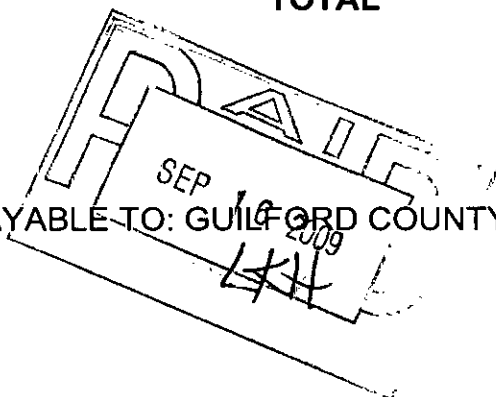
DATE: 09/16/09
TIME: 09:24:07
RECEIPT: 75570
CASHIER ID: LHONEYC

PROPERTY ADDRESS: 5702 HILLBILLY LN, GIBSONVILLE, NC 27249

NAME: Timothy Bailey
ADDR: 5702 Hillbilly Lane
CITY: GIBSONVILLE ST: NC ZIP: 27249-8886

<u>TYPE CHARGE</u>	<u>APPLICATION #</u>	<u>CHECK/CC #</u>	<u>AMOUNT</u>
Well Repair/No Camera	210545 45336	09-09-WRHR-03710 11686	110.00
TOTAL			<u>110.00</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

Invoice Detail

Permit ID #: 09-09-WRHR-03710

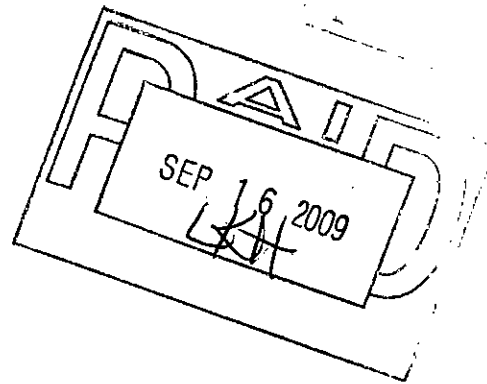
Invoice #: 72640

Invoice Date: 09/16/2009 09:23:00 AM

Period	Fee Item	Qty	Fee
BUILDING	Well Repair/No Camera	1	\$110.00

Total Fee: \$110.00

T8108-D
Version 4.0





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



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- Redevelop well as necessary. Install packer/liner at least 5 feet into consolidated rock. Grout to surface. Complete well head according to Guilford County rules. Submit record of repair.

Above Information Certified By: _____ Date: _____
 Owner or Authorized Agent

Permit Issued: Laura Honeycutt RS Date Issued: 9/8/09
 Environmental Health Specialist

I certify that a grout inspection was completed and is in compliance with Guilford County Well Rules.

Partial Grout Inspection: _____ Date: _____
 Environmental Health Specialist

Final Grout Inspection: _____ Date: _____
 Environmental Health Specialist

Permits for the Repair of Wells shall expire one year from date of issuance.

All property lines and corners shall be clearly flagged prior to construction of the well.

All proposed structures shall be clearly flagged prior to construction of the well.

Guilford County, NC



Parcel Number	040402550026500058	Plat Book	
Owner Name	BAILEY TIMOTHY E	Plat Page	C PB 93-77 DEERFIELD
Mailing Address 1	& LISA W	Condo Book	
Mailing Address 2	5702 HILLBILLY LN	Condo Page	
Mailing Address 3		Total Assessed Value	\$81,200
Mailing Address City	GIBSONVILLE	Total Building Value	\$47,400
Mailing Address State	NC	Total Out Building Value	\$16,700
Mailing Address Zip	272498886	Total Land Value	\$17,100
Property Address	5702 HILLBILLY LN	Total Deferred Value	\$0
Legal Desc 1	19-C PB 93-77 DEERFIELD	Building Count	1
Legal Desc 2	ACRES	Building Number	1
Land Units	1.00+	Year Built	1990
Land Type	LT	Heated Area	1296
Deed Date	5/5/1989 12:00:00 AM	Bedrooms	3
Deed Document Type	WD	Full Bathrooms	2
Deed Book	3735	Use Code	2
Deed Page	0228	Appraisal Model Code	2

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, Guilford County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Map Scale
1 inch = 79 feet

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

NUMBER: 09-09-WRHR-03710

APPLICATION TYPE: Building / Guilford County / Health Residential / Well Repair

PROPERTY ADDRESS: 5702 HILLBILLY LN, GIBSONVILLE, NC 27249

APPLICANT: Applicant

Timothy Bailey
5702 Hillbilly Lane
GIBSONVILLE, NC 27249-8886

Phone: 908-3601
Phone:
Fax:
Email:

OWNER

Timothy Bailey
5702 Hillbilly Lane
GIBSONVILLE, NC 27249-8886

Phone: 908-3601

PARCEL NUMBER: 040402550026500058

Subdivision:

Phase: Lot:

Lot Size: acres

Recorded prior to 1983?:

Directions: Huffine Mill Rd. Cross Mcleansville Rd. T/R
Hillbilly Lane.

EXISTING

Water Supply: Drilled
Septic System: Yes

Location:
Location:

PROPOSED

Bedrooms:
Water Supply: One Single Family Dwelling
Facility Type:
Building Size: sq ft
Employees/Seats:
Kitchen:

Residents:
Addition Type:
Dining Area: sq ft
Floor Drains:
Industrial Process:
Shifts:

COMMENTS:

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

26-00
Permit # 6098
12/7/90
sh

Application for Addition

Name: Timothy Eugene Bailey Date: 12-7-90
 Address: 5702 Hillbilly Lane Gibsonville Phone: wt - 668-0471
H - 621-1594
 No. Bedrooms 2/3 No. of Baths 1/2
 Directions: Lot #19C Section 1, Deerfield Acres Subdivision.
Huffine Mill Rd. Turn Right on Hillbilly Ln. Prop. on Right.
 Septic tank and system location FRONT YARD Year installed 2-1988
 Type of addition and size D-wide M/H Location of Addition _____
 Contractor or agent RANDY L. TUCKER Phone 919-227-3738

I hereby grant representative(s) of the Division of Environmental Health the authority to enter onto my property.

Signature [Signature] for Tim Bailey Date 12-7-90

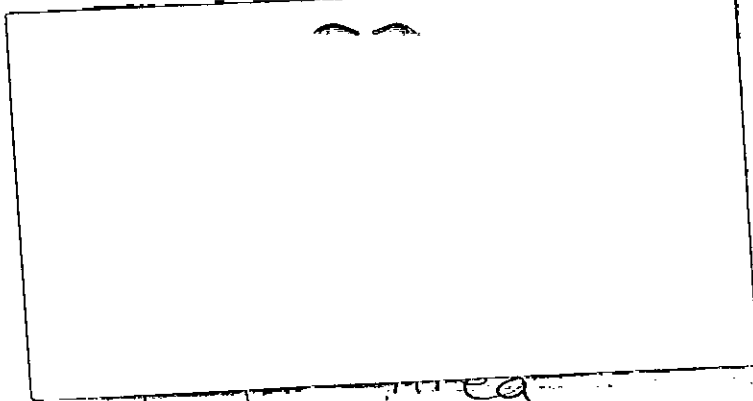
For office use only

- Staked off
- 5' feet from any part of septic system (15' from swimming pool)
- Addition does not encroach upon well or meets 50 foot setback
- Floor plan of house and addition (if needed)
- Adequate area for addition of septic system (if needed)
- Improvement Permit issued if needed. No. _____
- Addition not located in repair area
- Release sent to Planning and Development Dept. Date: 12/11/90

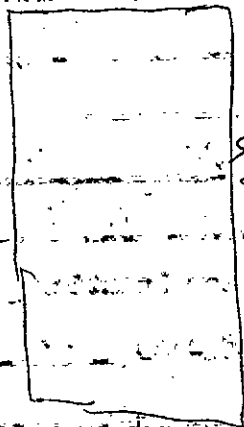
Comments: No visible sign of septic malfunction

Released for a 2 BR DWMH to (P+D) Mr. Bailey will call us to set up appt. for verification of closet being sealed off.

Laura Honeycutt 12/11/90
 Signature Date



28

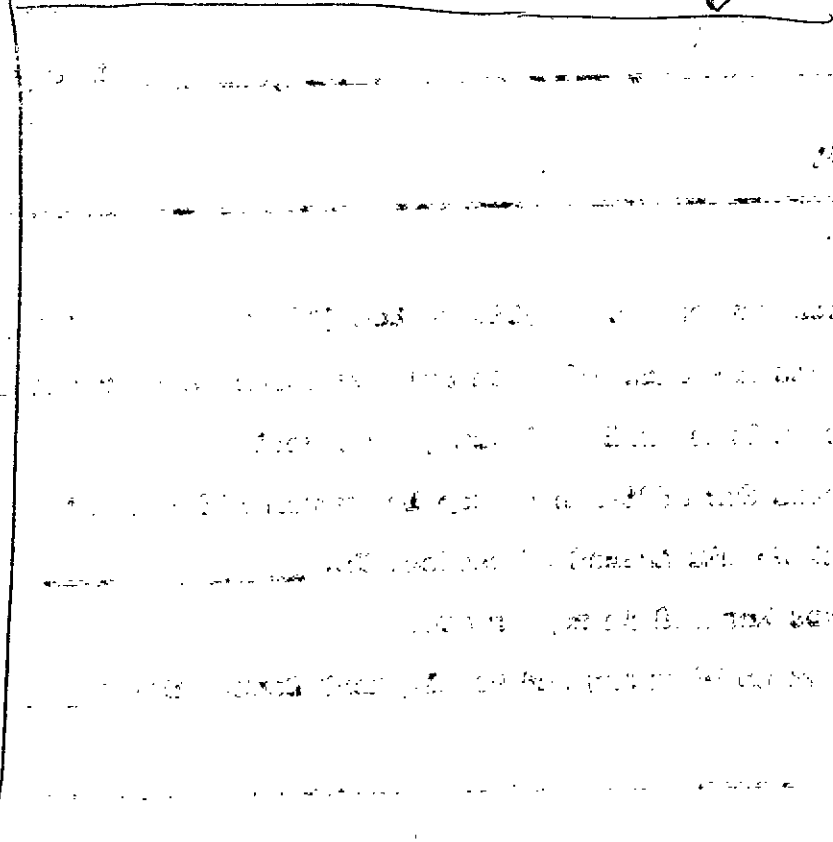
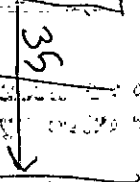
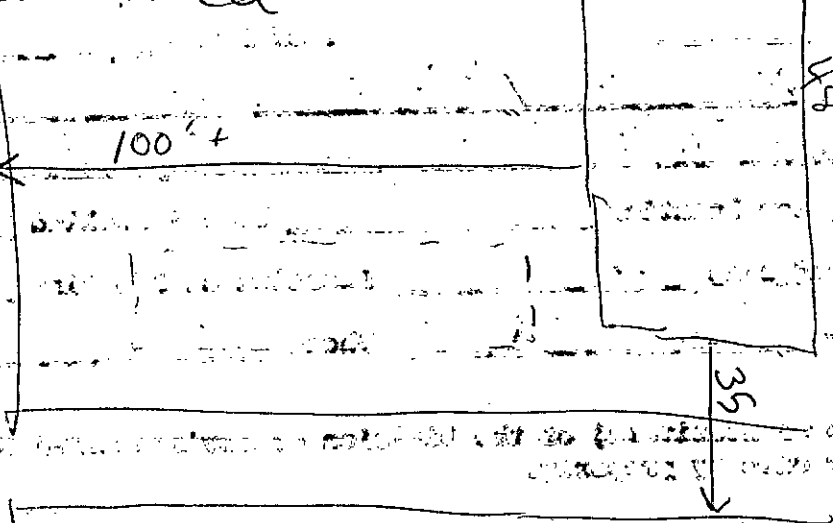
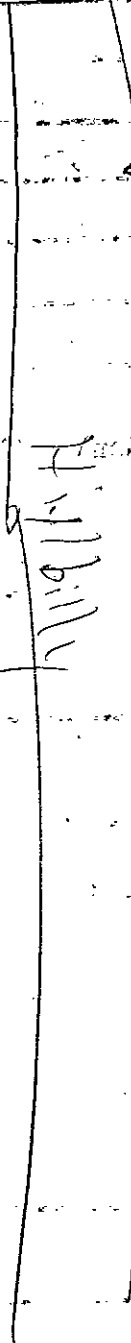


100' ±

35

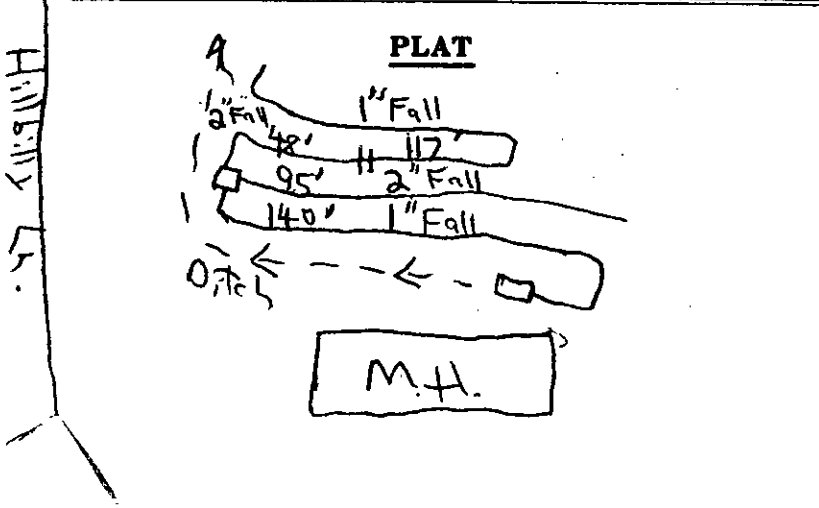
Hillbilly

X
-well



**CERTIFICATE OF COMPLETION
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
SEPTIC TANK INSPECTION CERTIFICATE**

Name Hill, Roy Date 7/29/86
 Location Huffine Mill Rd., T/R Hillbilly Ln. - Lot on Rt. - Lot
#19B, Deerfield Ac.
 Installation 1000 gal 400' Contractor W. Meredith



Remarks 5 Fix, 2BR

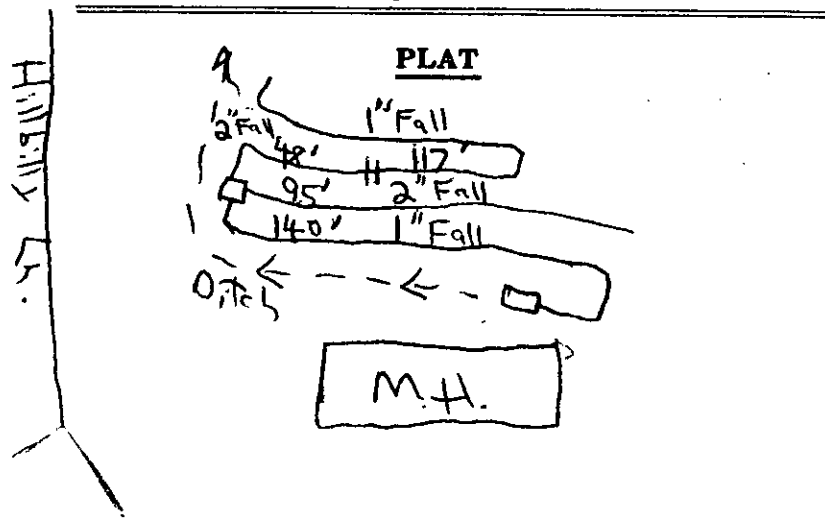
Approved Disapproved

Carl C. Pearson, RL
(Sanitarian)

Building Permit No. 39406
 Health Department Permit No. 016309

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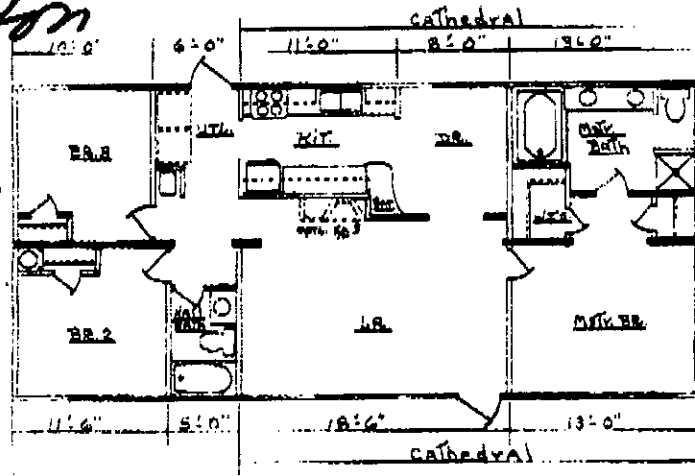
Remarks 5 Fix, 2BR

Approved Disapproved

Carl C. Parson, RL
 (Sanitarian)

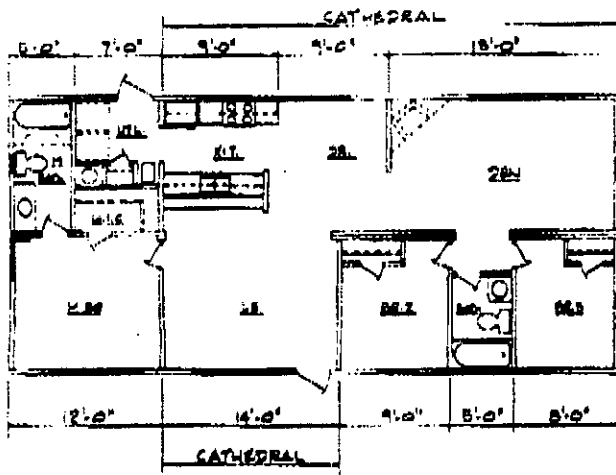
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Leader Homes
 Burlington
 919 -
 227-3738

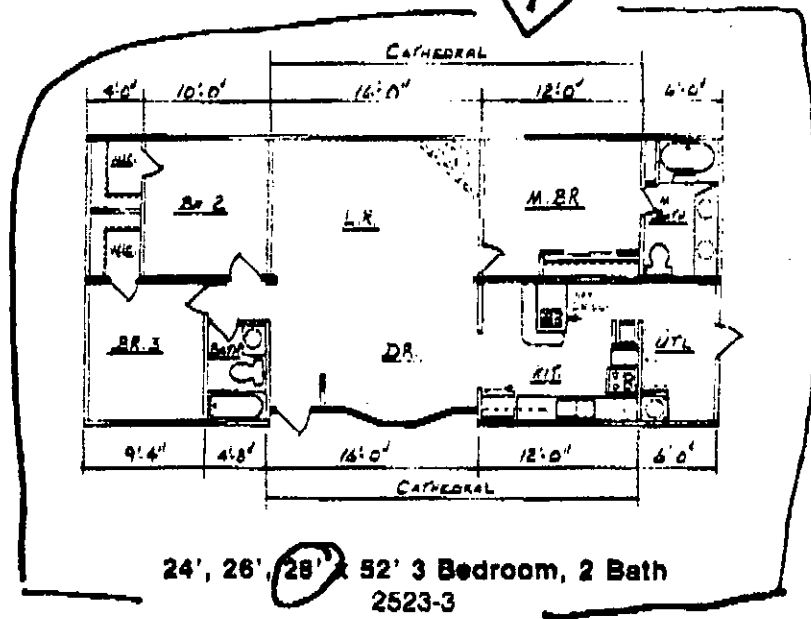


24', 26' & 28' x 52' 3 Bedroom, 2 Bath
 523-04

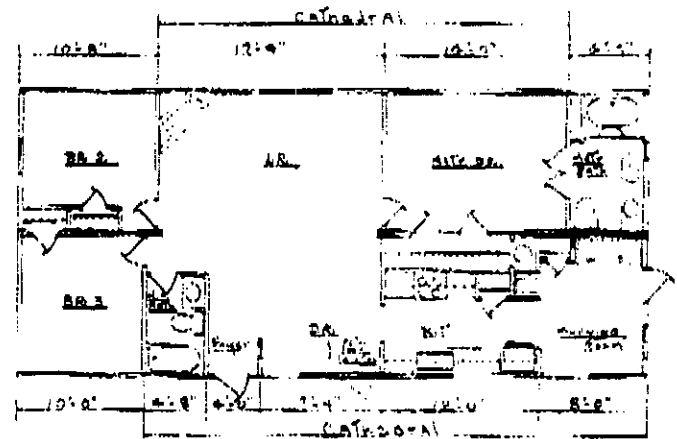
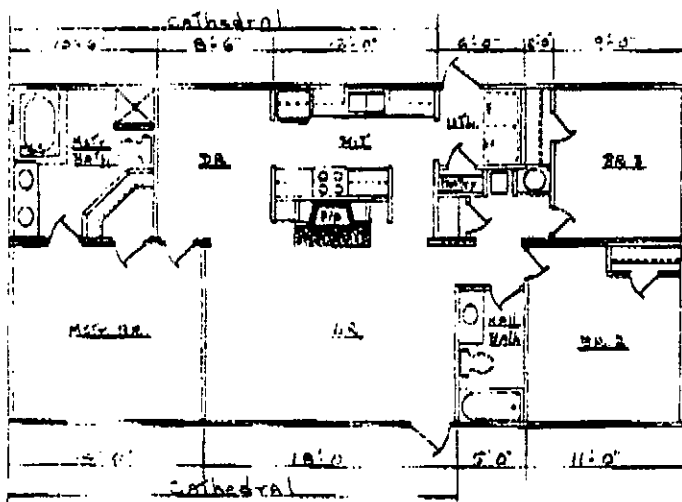
Attn.:
 Laura
 ↓
 floorplan of
 Timothy
 Bailey
 ↓



24' x 52' 3 Bedroom, 2 Bath
 174-6C



24', 26' & 28' x 52' 3 Bedroom, 2 Bath
 2523-3



24', 26', 28' x 52' 3 Bedroom, 2 Bath

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
P.O. Box 3508, Greensboro, NC 27401

RECORD OF CONSTRUCTION, REPAIR OR ABANDONMENT OF A WELL

(To be submitted to Health Director and well owner within fifteen (15) days after completing construction, repair, or abandonment of well.)

PLEASE TYPE OR PRINT

Drilling Contractor: Jones Well Drilling Reg. No.: 778
Address of Well Location: 5702 Hillbilly Ln
Well Owner: Tim Bailey Well Permit Number: 417
Casing Type: Galv. Casing Depth: 72
Water Bearing Zones: 100 ft. 128 ft. _____ ft. _____ ft.
Total Depth of Well: 145 ft. Static Water Level: 30 ft.
Well Yield: 15 gal/min Date Completed: 9-24-90
Grout Type: portland Method of Placing Grout: pumping

Pump Installation Contractor: Roy Jones Reg. No.: 248
Pump Depth/Pumping Water Level: 70' ft.
Brand of Pump Installed: F&W Pump Size and Type: 1/2 hp Sub.

Nature of Repair (if applicable): _____

Method of Abandonment (if applicable): _____

I do hereby certify that this well was constructed, repaired, or abandoned in accordance with, and meets the requirements of, the Guilford County Board of Health Rules and Regulations Governing the Construction, Repair, and Abandonment of Wells in effect on this date, and that a copy of this record has been provided to the well owner.

Contractor's Signature: Randell Jans Date: 9-24-90

GUILFORD COUNTY DIVISION OF ENVIRONMENTAL HEALTH
WELL INSPECTION CHECKLIST

Owner's Name: Bailey, Tim
 Location: 5702 Hillbilly Ln
 Lot # Deerfield

Well Driller: Randall Jones
 Type of Well: _____

Installation/Repair/Abandonment of Well: Completion Approved Completion Disapproved

by: Laura Honeycutt
 Sanitarian

Date: Nov 3, 1989

Sanitarian

	New	Repair	Abandon
1. Well Site (V-A) well drained (no flooding) <input checked="" type="checkbox"/> 25' from watertight sewer line <input checked="" type="checkbox"/> 100' from septic system <u>100' +</u> 10' from property line 50' from termiticided bldg. foundation Comments: _____	LKH 11/3/89		
2. Permit (IV) No. <u>0417</u> Comments: _____			
3. Casing (V-C) Material: <u>STEEL</u> 20' minimum depth <input checked="" type="checkbox"/> 'act. depth <u>72 1/2</u> steel installed at bottom? <u>NA</u> drive shoe used? <u>YES</u> terminates 12" (min.) above land surface <input checked="" type="checkbox"/> Comments: _____	RSS 11-13-89		
4. Grouting (V-D) pressure (1-1/2" annular space) _____ pumped (1-1/2" annular space) <input checked="" type="checkbox"/> poured (3" annular space) <input checked="" type="checkbox"/> 20' depth (minimum) <input checked="" type="checkbox"/> Comments: _____	RSS 11-13-89		
5. Identification Tag (V-G) Total depth <u>145</u> ft. Yield <u>15</u> gpm Inside dia. _____ in. Static level <u>30</u> ft. Screened int. _____ Date completed <u>9/24/90</u> (gravel) Comments: _____	LKH 10/1/90		

Sanitarian

6. Well-head (V-H)

casing terminates 6" (min.) above slab ✓
 slab 4'x4'x4" or inside tile with drain ✓
 sanitary seal properly installed ✓
 piping, wiring, vent 8" above surface ✓
 wiring penetration properly caulked ✓
 access port 1/2" or larger ✓
 proper vent ✓
 hose bibb ✓

Comments: _____

7. Total Coliform Analysis (VI)

date(s) sampled _____

result(s): PO 216 Total 12.2

Comments: 9/21/90

8. Repairs (VII)

Notes: _____

9. Abandonment (VIII)

Notes: _____

10. Records (IX)

completion: _____

repair: _____

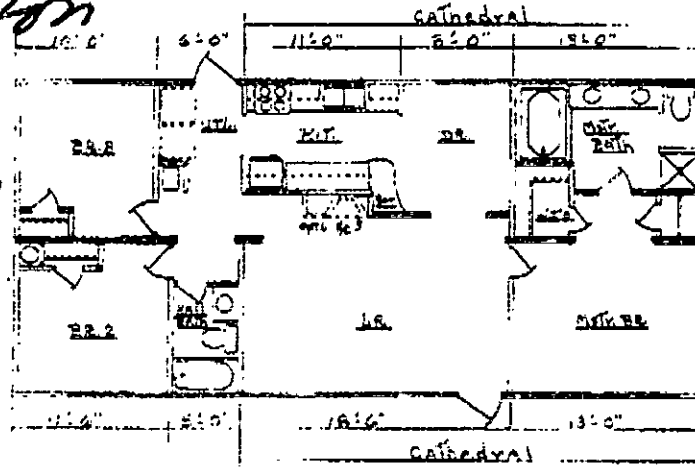
abandonment: _____

11. Variance (X): _____

New	Repair	Abandon
LKH 10/1/90		

Leader Homes Burlington

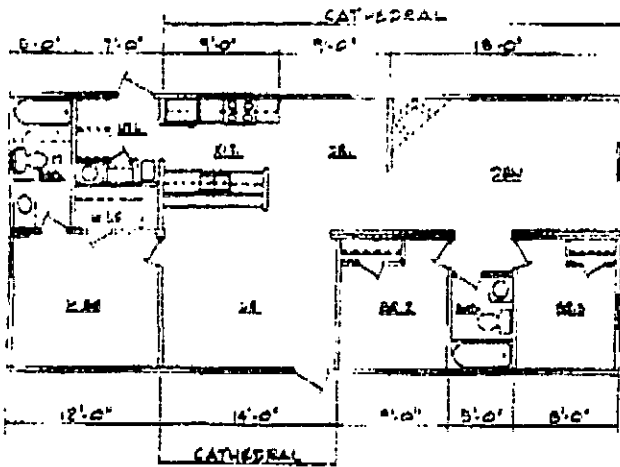
919 -
227-3738



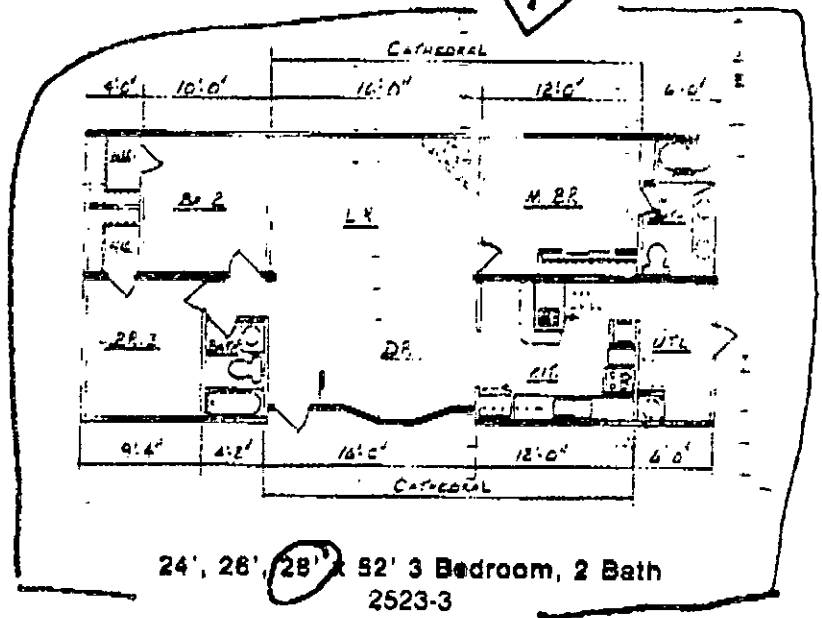
24', 26' & 28' x 52' 3 Bedroom, 2 Bath
523-04

Attn. :
Laura

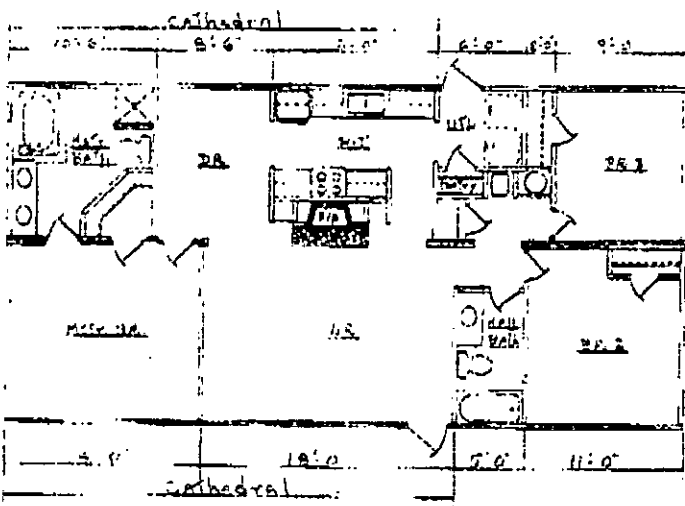
floorplan for
Timothy
Bailey



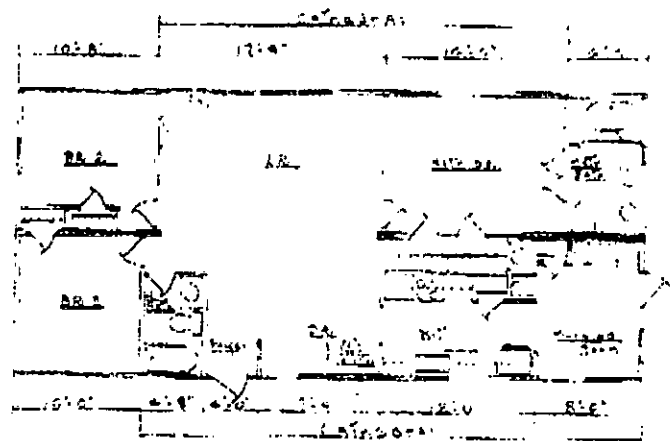
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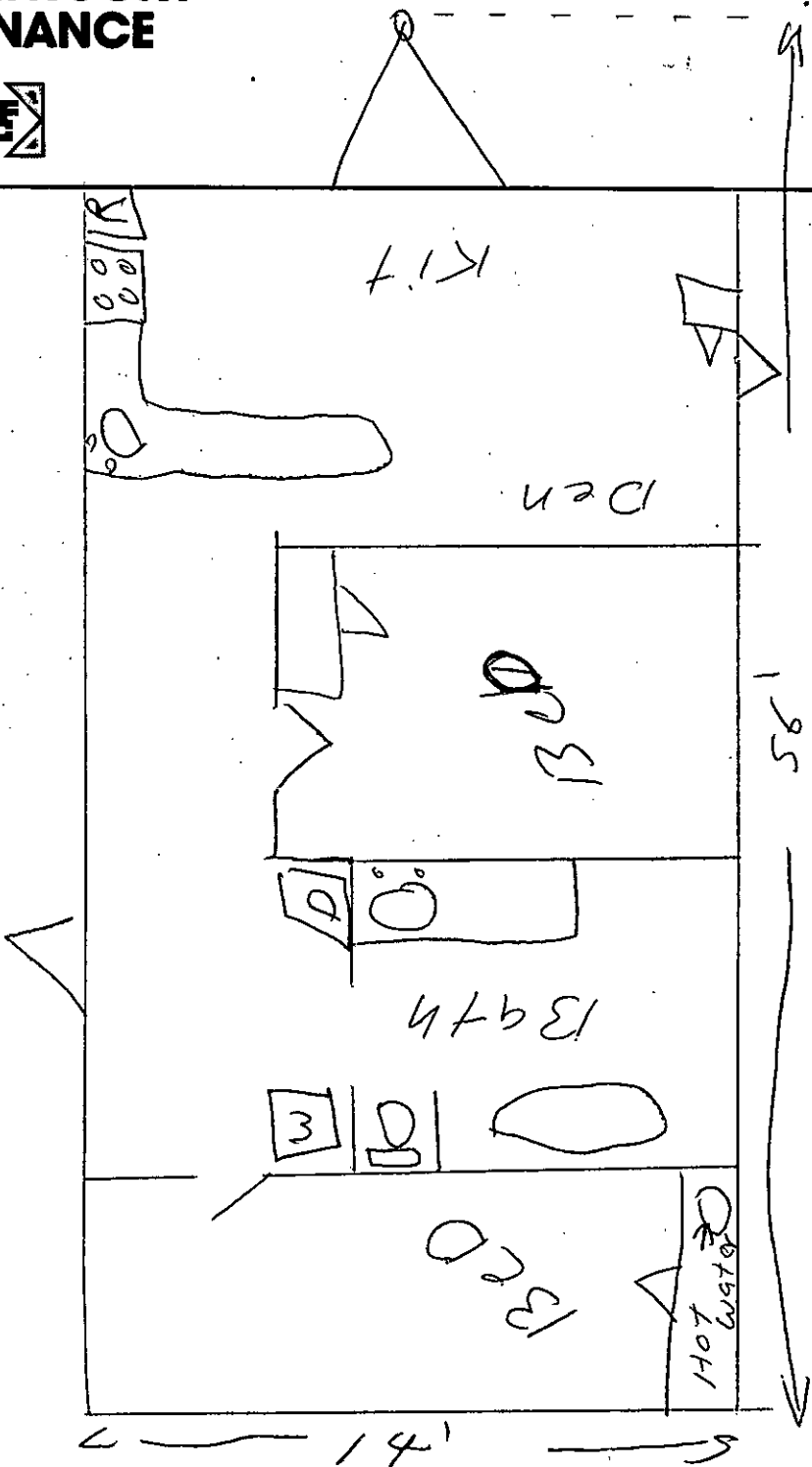
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052-3B



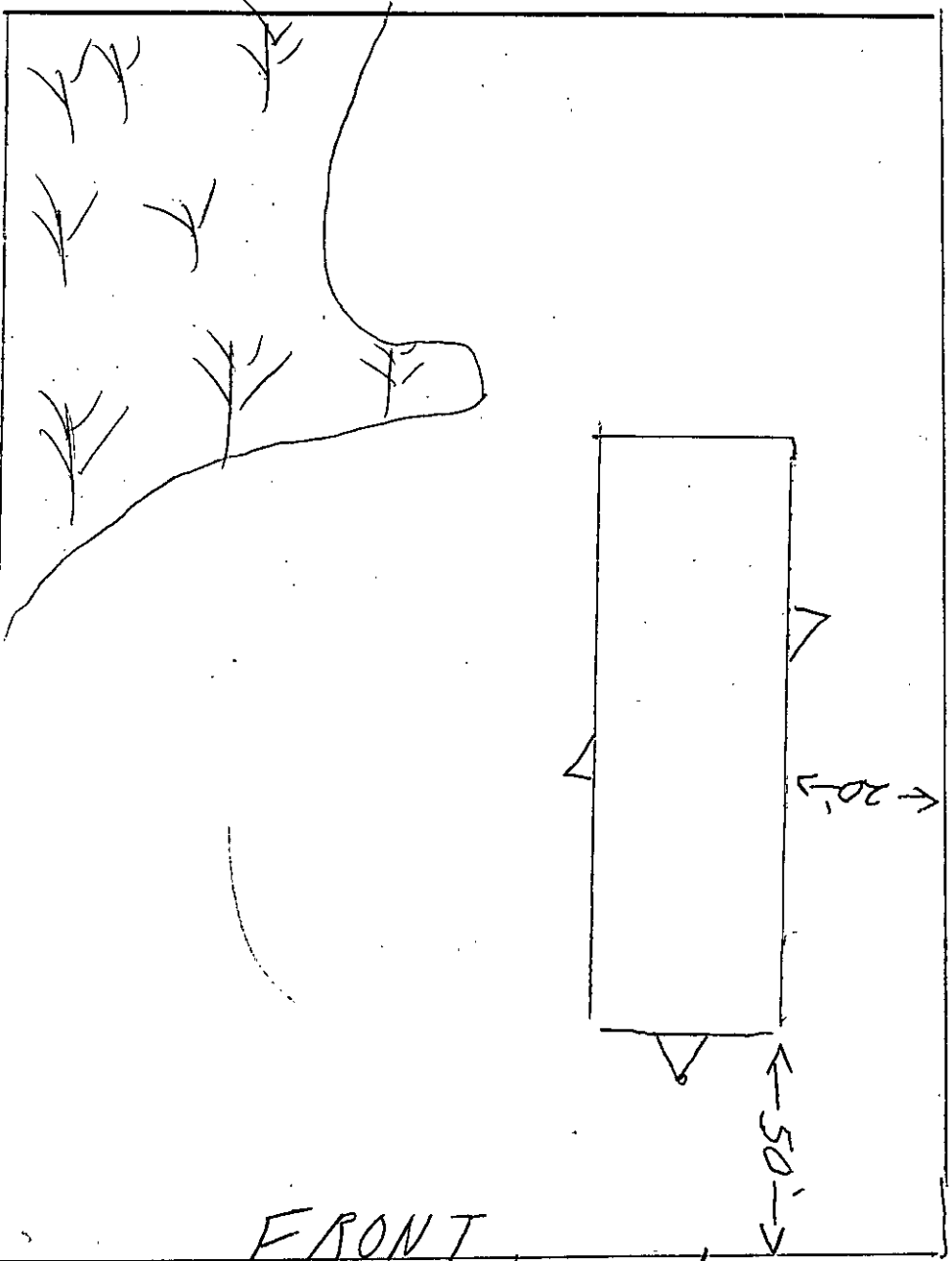
24', 26', 28' x 52' 3 Bedroom, 2 Bath
523 - MP

HOLD FOR
RECEIPT OF
FAX
MAP PLAN
FLOOR 12/7/90
TO: LKH (SP)

KENTUCKY FINANCE



KENTUCKY FINANCE



FRONT ROAD HUBBARD LN

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

Lot layout

NEW HOUSE
 EXISTING HOUSE
 REPAIR

MOBILE HOME
 ACCESSORY M.R.
 OTHER

SOIL EVALUATION
 NEW WELL
 OLD WELL

FLAT
 PERMIT #
 PERMIT DATED

OWNER: Hill, Roy

DATE: 6/12/86

FIXTURES:
 DISHWASHER
 DISPOSAL
 HOUSE
 BASEMENT
 OTHER

ADDRESS: 5704 Hillbilly LN

PHONE: 373-2163(H)

LOT SIZE: 331 x 710 x ~~60~~ 310 x 605

(O)

BEDROOMS: 2 BATHROOMS: 1

BASEMENT: YES NO

TOTAL:

EMPLOYEES: _____ SHIFTS: _____

LOCATION: Huffine Mill Rd T/R Hillbilly LN lot at End of Lane on (R)

Next Drive past 2970 Huffine Mill Rd
SOIL CHARACTERISTICS AND CLASSIFICATION:

lot 19 B of Deerfield Ac.

SIGNATURE: [Signature]

REMARKS:
22-753-5-84

Move m.H. - Restake - Now located in approved area.
400' + Ditch above
CCP 4/13/86

4/11/89 OK TO RLS - EIB & BC
No Vis Sign of ST MALL

K. L
4/11/89

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

NEW HOUSE MOBILE HOME SOIL EVALUATION PLAT _____
 EXISTING HOUSE ACCESSORY M.H. NEW WELL PERMIT # _____
 REPAIR OTHER _____ OLD WELL PERMIT DATED _____

OWNER: Hill Roy E DATE: 4-10-89 FIXTURES:

ADDRESS: 5702 Hillbilly Lane PHONE: 373-2359 (H) DISHWASHER _____
HOUSE _____

LOT SIZE: _____ (O) BASEMENT _____
OTHER _____

BEDROOMS: _____ BATHROOMS: _____ BASEMENT: YES NO TOTAL: _____

EMPLOYEES: _____ SHIFTS: _____

LOCATION: Hullcove Mill RD - ~~left~~ RT Hillbilly (Dirt) 1st Drive on R off

SOIL CHARACTERISTICS AND CLASSIFICATION: See me LRS Released 4/12/89 EIB

Signature: [Signature]

REMARKS: 24x24 Garage 25' off side Lot 19C
Garage under Construction 10' off Front Deerfield SD

EH-753-5-84

O.K.
CAC
11-3-87

100' x 57'
area

18 pieces prop
5/7

12 pieces left front
line
garage

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

<input type="checkbox"/> NEW HOUSE	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> SOIL EVALUATION	<input type="checkbox"/> PLAT
<input type="checkbox"/> EXISTING HOUSE	<input type="checkbox"/> ACCESSORY M.H.	<input checked="" type="checkbox"/> NEW WELL SITE	<input type="checkbox"/> PERMIT #
<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHER	<input type="checkbox"/> OLD WELL	<input type="checkbox"/> PERMIT DATED

OWNER: BAILEY, TIM DATE: 11-2-89 FIXTURES:

ADDRESS: 5702 HILLBILLY LN. GIBSONVILLE PHONE: 375-1005 (H) DISHWASHER

LOT SIZE: _____ 668-0471 (O) HOUSE _____
OTHER _____

BEDROOMS: _____ BATHROOMS: _____ BASEMENT: YES NO TOTAL: _____

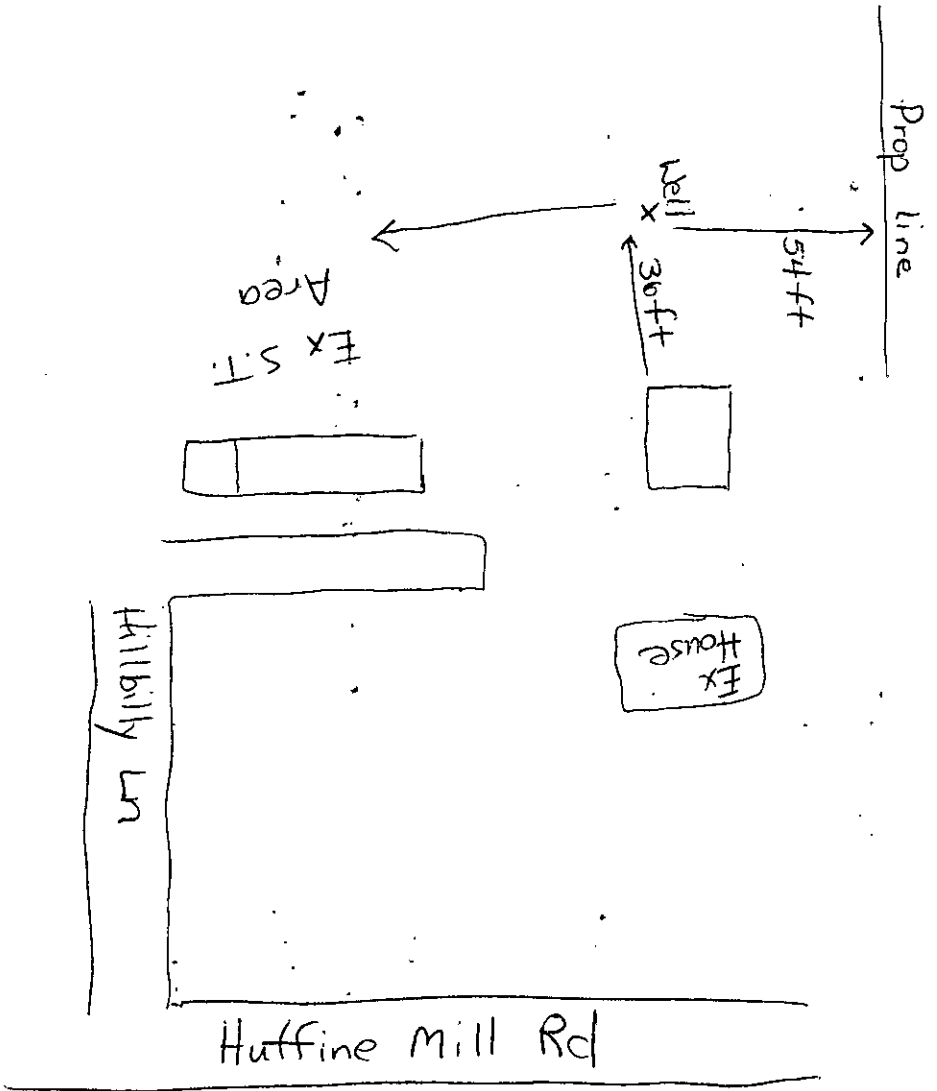
EMPLOYEES: _____ SHIFTS: _____

LOCATION: WENDOVER T/L HUFFING MILL RD T/R HILLBILLY LN JUST B-4
APPLE - WYCK 1ST DRIVEWAY ON RIGHT CREAM COLORED M.H.

SOIL CHARACTERISTICS AND CLASSIFICATION: _____

Signature: RSS

REMARKS: S.T. IN FRONT OF M.H. (8") LINES IN FRONT YARD
EH-753-5-84 STAKED TO LEFT OF GARAGE



GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

PA 74.02
12/19/90
JML

NEW HOUSE MOBILE HOME SOIL EVALUATION PLAT
 EXISTING HOUSE ACCESSORY M.H. NEW WELL PERMIT #
 REPAIR OTHER S/T malf. OLD WELL PERMIT DATED

OWNER: Timothy Bailey DATE: 9/7/90 FIXTURES:

ADDRESS: 5702 Hillbilly Lane PHONE: _____ (H) DISPOSAL _____
LOT SIZE: _____ 668-0471 HOUSE _____

BEDROOMS: _____ BATHROOMS: _____ BASEMENT: YES NO (O) BASEMENT _____
TOTAL: _____ OTHER _____

EMPLOYEES: _____ SHIFTS: _____

LOCATION: Hicone Rd TR Huffene Mill TL Hillbilly Lane
1st drive on right

SOIL CHARACTERISTICS AND CLASSIFICATION: _____

Signature: _____

REMARKS: well - back no dogs
EH-753-5-84 SS - front

Jess

M.H. NOW
House
LATER.

10:30

LOT
LAYOUT

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

<input type="checkbox"/> NEW HOUSE	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> SOIL EVALUATION	<input type="checkbox"/> PLAT
<input type="checkbox"/> EXISTING HOUSE	<input type="checkbox"/> ACCESSORY M.H.	<input type="checkbox"/> NEW WELL	<input type="checkbox"/> PERMIT #
<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHER	<input type="checkbox"/> OLD WELL	<input type="checkbox"/> PERMIT DATED

OWNER: HILL, ROY DATE: 12-19-85 FIXTURES:

ADDRESS: _____ PHONE: _____ (H) DISHWASHER _____

LOT SIZE: _____ (O) HOUSE _____

BEDROOMS: 2^{NOW} 3^{LATER} BATHROOMS: 1 2^{LATER} BASEMENT: YES NO OTHER _____ TOTAL: _____

EMPLOYEES: _____ SHIFTS: _____

LOCATION: Deerfield Ac. LOT #19 B. - HUFFINE Mill Rd.

FIR HILL BILLY LN.

SOIL CHARACTERISTICS AND CLASSIFICATION: _____

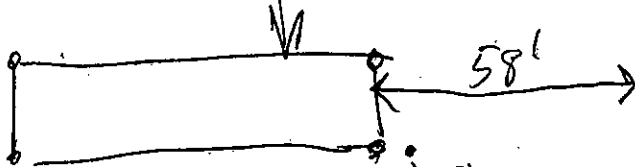
SIGNATURE: _____

REMARKS:

EH 753 8/85

DSL 58'
SB(Front) 44'

To Huffine
mill Rd
414'



Elec
Powermeter

X X
Mecklenberg
12-19-85
JRR
X

APPL

S.R. 2779

DEERFIELD ACRES
RESUBD.
SECTION 18
PB. 72, PG. 94

NOTE: HILLBILLY LANE IS
A PRIVATE ROAD IN
ACCORDANCE WITH
GS 136-102.6

LOCATION MA
1"=2000'

NOTE: JANUARY 4, 1984
LOT 19-A HAS AN EXISTING
SEPTIC TANK SYSTEM
LOT 19-B IS APPROVED FOR
A SEPTIC TANK SYSTEM IN
THE AREA NOTED
EARL TYSINGER

DEERFIELD ACRES
SECTION 18
PB. 69, PG. 32

HILLBILLY LANE

(0.033 ACRES)
142.94'

S43°58'50"E

10.01' PRIVATE ROAD

10.01'

710.00' TOTAL

567.06'

20' UTILITY EASEMENT

N44°02'52"E
228.00' TOTAL

217.99'

S43°58'50"E

143.00'



306.48'

316.49' TOTAL

4.57 ACRES IN LOT
0.033 ACRES IN ROAD
4.190 ACRES TOTAL

1.017 ACRES

19-A

20' UTILITY EASEMENT

S43°42'16"W

20' DRAINAGE EASEMENT

19-B

10'

20'

305.00'

20' UTILITY EASEMENT

S36°20'W

92.17' CH.

R. RAD. = 2417.41'

I.P.

143.00'

20' UTILITY EASEMENT

605.79'

748.79' TOTAL

CONTROL CORNER

CONTROL CORNER

N45°27'12"W

ACRES

20

20' OF LOT 19
AS
BOOK

74
48
1984-4

DAN R.

PERMIT TO CONSTRUCT OR REPAIR A WELL

4C

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

Permit Date: Nov 6, 1989

Well Owner(s) Address: 5702 Hillbilly Ln Huffine mill Rd Cross
McLeansville Rd T/R Hillbilly Ln Mt on (R)

Well Owner: Bailey, Tim

Well Contractor: _____

Pump Installer: _____

House _____ Mobile Home Business _____ Other _____

Casing Type: _____ Casing Diameter: _____

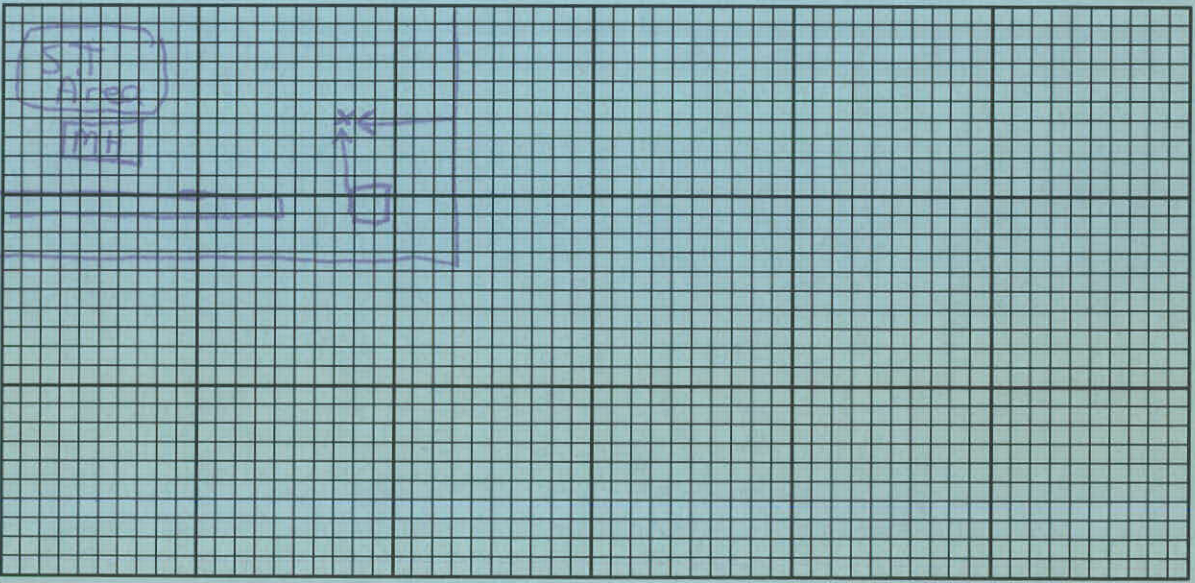
Nature of repairs (if applicable) _____

Above information certified by: Tim Bailey

This permit expires one year from date of issue. Signed: Laura Honeycutt
Sanitarian

Location diagram of well to include lot size and shape, location of building, septic tank, streams, privies, etc.

Well -
36 ft from
left front
of garage
54 ft from
right prop
line



Paid Amount: \$ 80⁰⁰ Date: 11/7/89 Receipt #: 5153 Rec'd by: [Signature]

IMPROVEMENTS PERMIT

Guilford County Department of Public Health
Septic Tank System

3150 W. Monocleter
7-28-86
No 018309

Name Hill, Roy Address 5704 H. H. Billy Ln, Guilford

Property Location 1/4 R H. H. Billy Ln. lot at end of lawn on right
lot 14 B Deerfield H.C.

Total fixtures: 5 Number of bedrooms: 2 Basement: Yes No Fixtures: Yes No

Lot size: 3312 710 x 312 x 605 Water supply: Well City

New Mobile Home Addition Garbage disposal: Yes No

Above information certified by: Roy Hill Jr

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval by the Health Director and compliance with local zoning and building regulations.

Size of tank: 900 gal Conventional line: 400' line

Siphon with block system line _____

Remarks: Setback 20' off front line offset 50' off left. Plumb
out rear. Put system in rear. Put diversion ditch around
system

Permit: Granted Denied Date: 6-23-86

This permit expires one year from date of issue. Signed: Roy Hill

This permit will become valid only after the payment of \$200 at the county inspections dept.

IMPROVEMENTS PERMIT

Guilford County Department of Public Health

Septic Tank System

OVERBEY
NOW

4020

1-9-86

014120

Name Hilly Roy Address _____

Property Location Maple Hill Rd Maple Hill Bill Wolfe Rd

Total fixtures: 89 Number of bedrooms: 3 Basement: Yes No Fixtures: Yes No

Lot size: 4157 AC Water supply: Well City

New Mobile Home Addition Garbage disposal: Yes No

Above information certified by: _____

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval by the Health Director and compliance with local zoning and building regulations.

Size of tank: 1000 Gal Conventional line: 5/8"

Remarks: SB 454 JRR OS OSL 60' Siphon with block system line

Area changed! see call sheet

Permit: Granted Denied Date: 10-25-85

This permit expires one year from date of issue. Signed: _____

This permit will become valid only after the payment of 20.00 at the county inspections dept.

