



**PROPERTY SERVICE CHART**

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

ADDRESS (Print) \_\_\_\_\_ Name: \_\_\_\_\_

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

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

SERVICE	COMMENTS	DATE	SANITARIAN
Soil	4 bedroom/no basement soil. Approved to rear of proposed SFR. (CU)	8-17-17	EGD/JPS
IP	Issued IP.	8-21-17	EGD
Soil	4 BDRM AREA EXPANDED TO REAR. APPROVED	11/15/17	SKB
	remailed IP 11/27/17 job		
AC & well		12-14-17	SKS <span style="float: right;">Review 1/28/18 12:44:42</span>
Well Grout	Built-Rite set 95' OF casing and grouted 14 bags of bentonite to the surface	02/16/18	JLV
SEPTIC FINAL PARTIAL	DRIBBLERS SET HOPP 1000 S/S 760 (6/16/18) AND HOPP 1250 PT 42 C/180 INSTALLED 40' CONVENTIONAL SYSTEM FOR PARTIAL FINAL.	10/11/18	SKS
SEPTIC FINAL	DRIBBLERS ADDED REMAINING 170' CONVENTIONAL SYSTEM FOR COMPLETE FINAL.	10/21/18	SKS
P/A Well Final	Field smooth. Drainfield okay. Well final okay.	7/25/19	JLV
PERMITS	OP AND WELL COC ISSUED. Emailed permit to owner	7/26/19	JLV



Guilford County  
 Environmental Health Division  
 Water Quality Section  
 400 W. Market Street  
 Greensboro, NC 27401  
 336.641.7613



**Operation Permit**

**Address:** 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

**Permit Number:** 17-08-SNHR-04190

Contractor:

DRIGGERS SEPTIC TANK

Charles Driggers

Filter Type	Polylock	Product Name	Gravel
Pump Tank Size	GAL1250	System Type	3b/g - Other Non-Conv. with Pump
Pump Tank Type	HPPP PT 42	Trench Length	440 FT
Septic Tank Size	GAL1000	Trench Width	36 IN
Septic Tank Type	HPPP STB 760	Wastewater Flow	480 GPD

**Comments:**

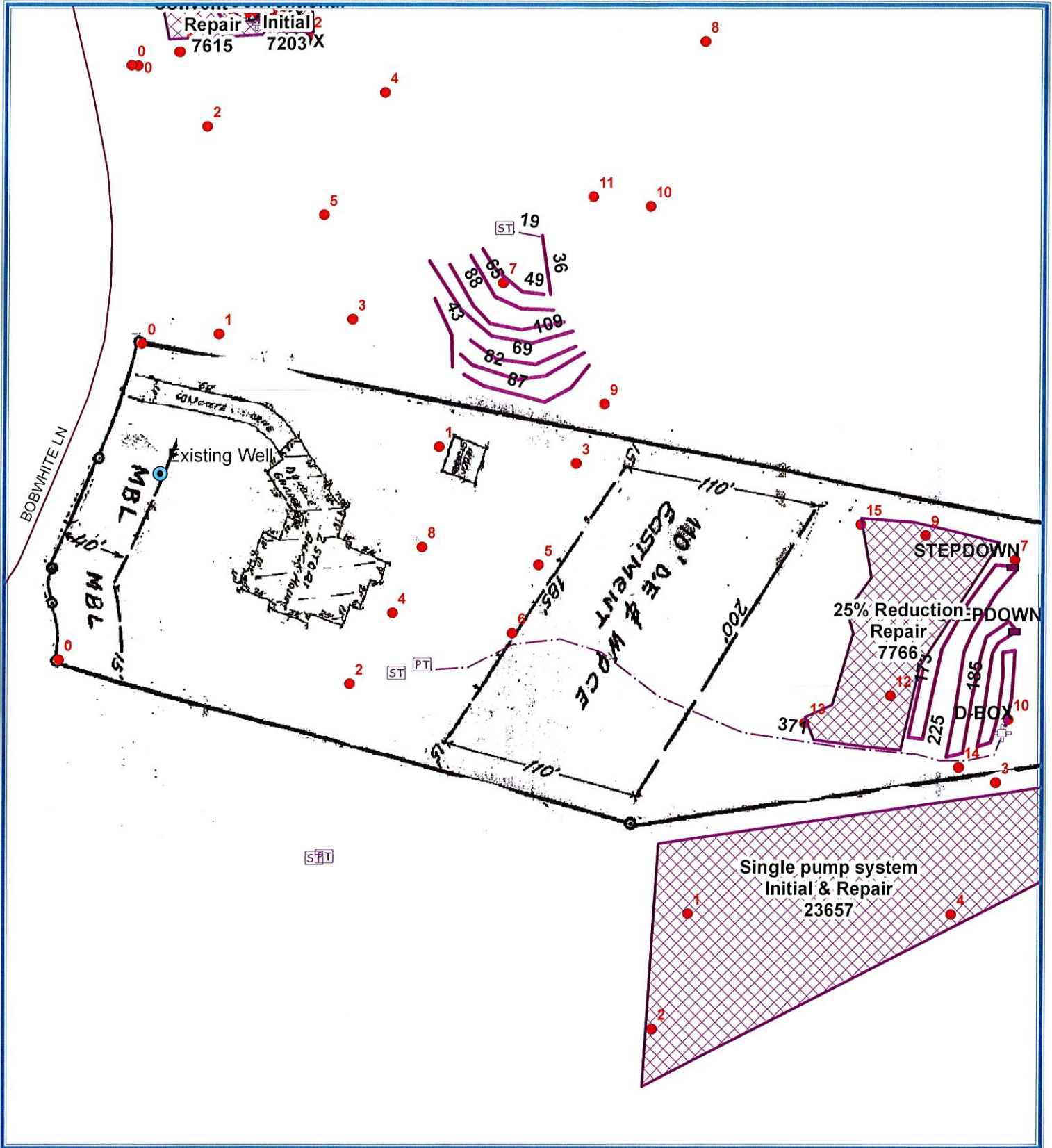
Driggers set HPPP 1000 STB 760 (6/26/18) and HPPP 1250 PT 42 (6/25/18). Installed 480' conventional system.

Drainfield Approval:	<u>SKB</u>	Date:	<u>10-02-19</u>
	Environmental Health Specialist		
Tank Approval:	<u>SKB</u>	Date:	<u>10-02-19</u>
	Environmental Health Specialist		
Supply Line Approval:	<u>SKB</u>	Date:	<u>10-02-18</u>
	Environmental Health Specialist		
Pump/Alarm Approval:	<u>[Signature]</u>	Date:	<u>7-25-19</u>
	Environmental Health Specialist		
Operational Permit Approval:	<u>[Signature]</u>	Date:	<u>7-26-19</u>
	Environmental Health Specialist		

**This System is in compliance with Article 11 of G.S. Chapter 130A .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



Permit #: 17-08-SNHR-04190  
 Address: 6584 Bobwhite Ln  
 Issuer's Initials: JLV



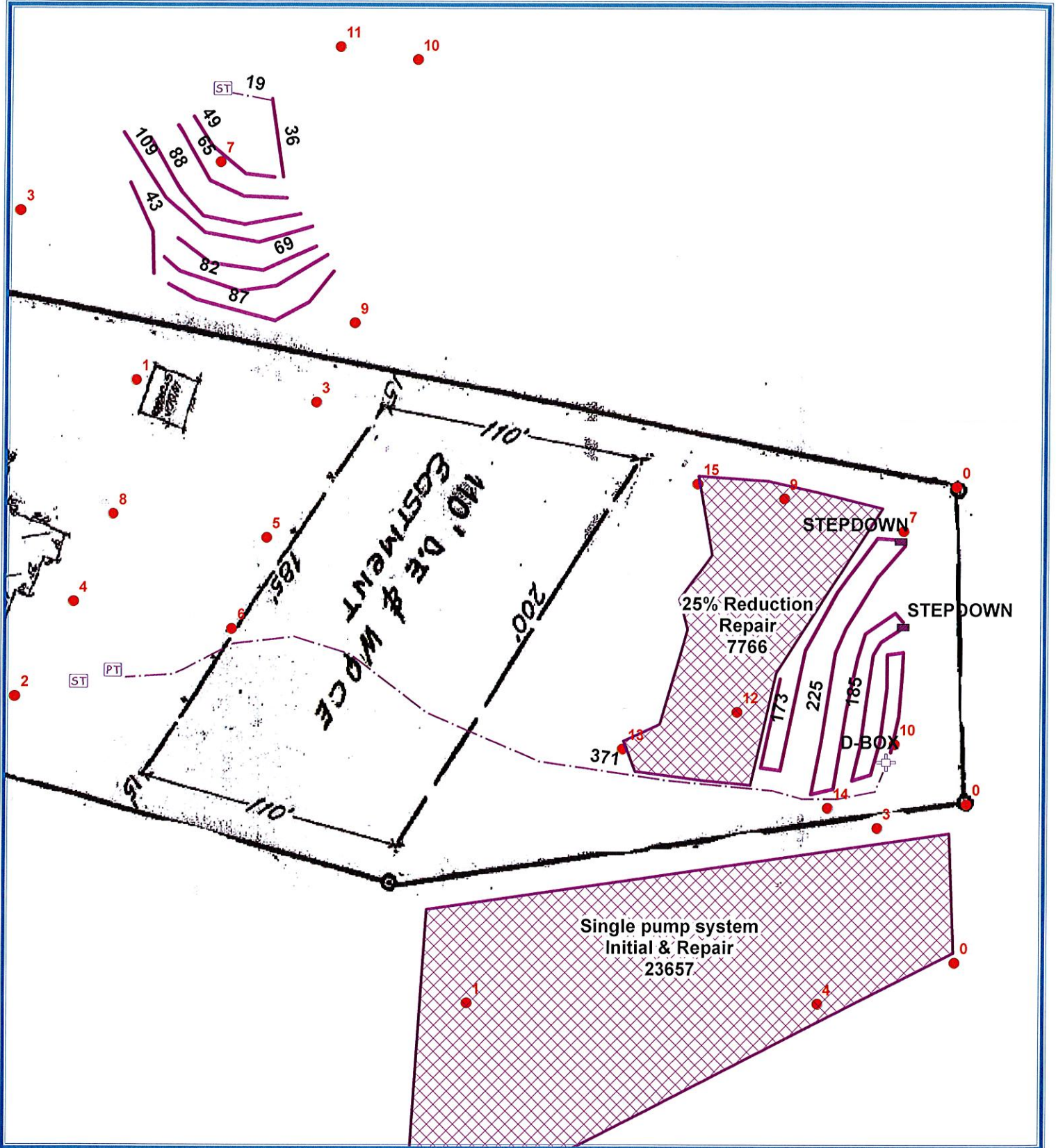
1 inch = 80 feet

**DISCLAIMER:**  
 The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.

Date: 7/26/19

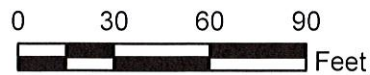


# Diagram



Permit #: 17-08-SNHR-04190  
 Address: 6584 Bobwhite Ln  
 Issuer's Initials: JLW

Date: 7/26/19



1 inch = 60 feet

**DISCLAIMER:**  
 The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.  
 Page 2 of 3

CONDITIONS:

Initial system and designated repair areas must be protected from traffic, construction, destruction, cultivation, landscaping, erosion, or any other circumstances that may alter site conditions and may cause problems with the initial system or the future 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.

Access to tanks, tank components (pumps, float controls, valves, etc.), drainfields, or other system components must be maintained to allow periodic follow up inspections as required and/or to evaluate system concerns.

To avoid damage to the system, the septic tanks should be pumped out every 3-5 years.



2/2018  
 7/23/19

**Record of Construction, Repair, or Abandonment of a Well**

Address of Well: 6584 Bobwhite Ln LATITUDE 3  
 Well Permit Number: \_\_\_\_\_ LONGITUDE \_\_\_\_\_  
 Well Contractor Company: Built Rite Completion Date: 2-15-18  
 Total Well Depth: 120 ft. Well Yield: 30 gpm Static Water Level: 30 ft.

**Outer Casing** Material: SDR21 **Formation Log**  
 Casing Diameter: 6 1/2 in. Casing Depth: 95 ft. **Depth** **Description**  
 From: 0 ft. To: 95 ft. sand  
**Inner Casing** Material: \_\_\_\_\_ From: 95 ft. To: 120 ft. rock  
 Casing Diameter: \_\_\_\_\_ in. Casing Depth: \_\_\_\_\_ ft. From: \_\_\_\_\_ ft. To: \_\_\_\_\_ ft.  
 From: \_\_\_\_\_ ft. To: \_\_\_\_\_ ft.  
 From: \_\_\_\_\_ ft. To: \_\_\_\_\_ ft.  
**Grout**  
 Depth Material Method  
 From: 0 ft. To: 20 ft. Bentonite Pump  
 From: \_\_\_\_\_ ft. To: \_\_\_\_\_ ft.  
 From: \_\_\_\_\_ ft. To: \_\_\_\_\_ ft.

**Water Production Zones**  
 Depth: 108 ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft.  
 Yield: 30 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: [Signature] Certification #: 2594 Date: 2-15-18

**Record of Pump Installation**

Pump Installation Company: Built Rite Completion Date: 2-22-18  
 Pump Depth: 80 ft. Static Water Level: 30 ft.  
 Pump Brand: Myers Pump Size and Rating: 1/2 hp 12 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: [Signature] Certification #: 4235-C Date: 2-22-18





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

## Improvement Permit

Address: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

Permit Number: 17-08-SNHR-04190

This Improvement Permit shall be valid for 5 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: 480

Facility Type: Residence

Bedrooms: 4

Conditions: Property approved for a 4 bedroom/no basement single family residence utilizing a non-conventional initial and non-conventional repair 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 an 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.

Permit Issued:

*Shane K B PEASE*

Environmental Health Specialist

Date Issued:

11/21/17

#	1	2	3	4	5	6	7	8	9
landscp	L	L	L	L	L	L	L	L	L
slope	5	3	6	3	6	6	5	4	7
H1_depth	0 - 6	0 - 15	0 - 21	0 - 5	0 - 10	0 - 7	0 - 15	0 - 17	0 - 6
H1_text	Clay	L	Clay	CL	SCL	SCL	CL	L	CL
H1_consist	Fi	Fr	Fi	Fi	VFr	Fr	Fr	Fr	Fr
H1_strct	BK	GR	BK	BK	WBK	BK	WBK	GR	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H2_depth	6 - 42	15 - 19	21 - 40	5 - 11	10 - 19	7 - 10	15 - 29	17 - 24	6 - 21
H2_text	CL (BC)	SCL	CL (BC)	S (Sap)	Clay	CL	Clay	SCL	Clay
H2_consist	Fr	Fr	Fr	VFr	Fi	Fi	Fi	Fr	Fi
H2_strct	WBK	BK	WBK	M	BK	BK	BK	BK	BK
H2_minrl	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP
H3_depth				11 - 20	19 - 42		29 - 48	24 - 31	21 - 48
H3_text				SCL	CL (BC)		CL (BC)	CL (BC)	CL (BC)
H3_consist				Fr	Fr		Fr	Fr	Fr
H3_strct				BK	WBK		WBK	BK	WBK
H3_minrl				SEXP	SEXP		SEXP	SEXP	SEXP
H4_depth				20 - 20					
H4_text				S (Sap)					
H4_consist				VFr					
H4_strct				M					
H4_minrl				SEXP					
soil_wet	37	19				10		31	
saprolite	0	0	0	5	42	0	0	0	0
class	PS	PS	PS	UNS	PS	UNS	PS	PS	PS
ltar	0.25	0.1	0.25	0	0.25	0	0.275	0.25	0.275
notes	from 17-36"	Drip	from 25-40"		ch depth 26"				
eval_by	JPS	EGD	JPS	EGD	JPS	EGD	JPS	EGD	JPS
eval_date	08/17/17	08/17/17	08/17/17	08/17/17	01/01/00	08/17/17	08/17/17	08/17/17	08/17/17
Initial/Repair LTAR	0.25	0.275							
Initial/Repair System Type									
Comments	6584 Bobwhite Ln								



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



## Authorization for Wastewater System Construction

Address: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

Permit Number: 17-08-SNHR-04190

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.

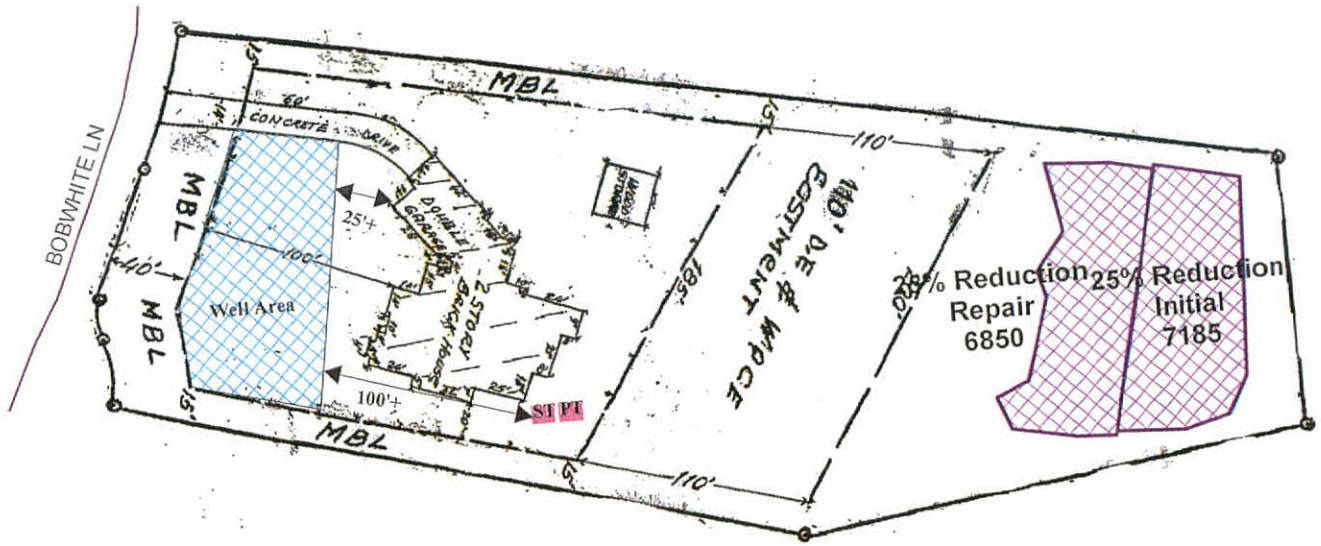
System Type:	3b/g - Other Non-Conv. with Pump	Wastewater Flow:	480	GPD
Repair System Type:	3b/g - Other Non-Conv. with Pump	Facility Type:	Residence	
Trench Length:	440 ft	Bedrooms:	4	
Trench Depth:	22 in to 30 in	<u>Site Requirements:</u>		
Trench Width:	36 in	Setback:	140	ft off of the Front
Gravel Depth:	in	Offset:	35	ft off of the Right
Trench Separation:	9 ft On-Center	Setup:		ft off of the rear
Soil Cover:	10 in to 18 in	Basement:	N	
Septic Tank Size:	1000 gal	Well Site:	Center Front	
Pump Tank Size:	1000 gal	Repair Area Maintained:	Y	
Dosing Volume:	185 gal to 215 gal			

Authorization Issued: Shane K B PEMS-T Environmental Health Specialist Date Issued: 12/14/17

Owner or Authorized Agent: Shane B Owner or Authorized Agent Date: 12-18-17

Comments: Plumb out right rear.  
Keep system within the approved area.  
All property lines and corners shall be flagged before installation.  
Pump to highest elevation of approved area and install D-box at beginning of first line.  
Keep nitrification trench bottoms level and maintain a constant trench depth in each line.  
Must maintain a minimum of 100 feet separation from any well.  
This septic system type requires periodic Health Department inspection with applicable fees.

Diagram



1 inch = 100 feet

**Wastewater System Separation Requirements:**

Well: 100'

Building Foundations: 5'

Basement or 2' Cuts: 15'

Property Lines: 10'

Issuer's Initials: SKB

Date Issued: 12/19/17

Permit: 17-08-SNHR-04190

#	10	12
landscp	L	L
slope	4	5
H1_depth	0 - 13	0 - 15
H1_text	CL	CL
H1_consist	Fi	Fi
H1_strct	BK	BK
H1_minrl	SEXP	SEXP
H2_depth	13 - 37	15 - 30
H2_text	Clay	Clay
H2_consist	Fi	Fi
H2_strct	BK	BK
H2_minrl	SEXP	SEXP
H3_depth	37 - 48	30 - 48
H3_text	CL (BC)	CL (BC)
H3_consist	Fr	Fr
H3_strct	BK	BK
H3_minrl	SEXP	SEXP
H4_depth		
H4_text		
H4_consist		
H4_strct		
H4_minrl		
soil_wet		
saprolite	0	0
class	PS	PS
ltar	0.3	0.3
notes		
eval_by	EGD	EGD
eval_date	08/17/17	08/17/17
Initial/Repair LTAR		
Initial/Repair System Type		
Comments		

#	13	14	15
landscp	L	L	L
slope	8	8	8
H1_depth	0 - 15	0 - 14	0 - 5
H1_text	CL	CL	CL
H1_consist	Fr	Fi	Fr
H1_strct	WBK	WBK	WBK
H1_minrl	SEXP	SEXP	SEXP
H2_depth	15 - 27	14 - 40	5 - 24
H2_text	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi
H2_strct	BK	BK	BK
H2_minrl	SEXP	SEXP	SEXP
H3_depth	27 - 38	40 - 48	24 - 36
H3_text	CL (BC)	CL (BC)	CL (BC)
H3_consist	Fr	Fr	Fr
H3_strct	WBK	WBK	WBK
H3_minrl	SEXP	SEXP	SEXP
H4_depth			
H4_text			
H4_consist			
H4_strct			
H4_minrl			
soil_wet			
saprolite	38	0	36
class	PS	PS	PS
ltar	0.25	0.3	0.225
notes			
eval_by	SKB	SKB	SKB
eval_date	11/15/17	11/15/17	11/15/17
Initial/Repair LTAR			
Initial/Repair System Type			
Comments			



**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

Improvement Permit  
Application

*IP*

Building Permit # \_\_\_\_\_ Septic # 17-08-SNHR-04190 Well # \_\_\_\_\_

Property Information

Address 6584 Bobwhite lane City Browns Summit State NC Zip 27214

Tax Parcel # 0129482 Township: \_\_\_\_\_

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

Section/Phase: \_\_\_\_\_ Lot #: 15 Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Plat Book: \_\_\_\_\_ Page: \_\_\_\_\_

Lot of Record  First Lot Out  Plat Required  > 5 Acres (5-17-65 to 2-1-74)  > 10Acres (2-1-74 to Present)

Located in recorded roadway corridor, do not permit. Contact NCDOT

Zoning Information

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

Overlay (Check):  MH  SR  HD  AR  FH

Watershed: \_\_\_\_\_ Watershed Critical Area: \_\_\_\_\_

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

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

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

Applicant Information

Applicant Name David Vaca Salazar Address 1905 saint charles ln Greensboro NC 27405 Phone (336)457-9842

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Development Information \_\_\_\_\_ Phone \_\_\_\_\_

NEW  ACCESSORY  SWMH  MULTIFAMILY/DUPLEX  ADDITION (TYPE) \_\_\_\_\_  
 HOUSE  MODULAR  DBMH  RENOVATION OTHER TYPE: \_\_\_\_\_

Residential Specifications: 4 # of Bedrooms Total # of Rooms \_\_\_\_\_ # of Occupants \_\_\_\_\_  
N Basement (Y or N) \_\_\_\_\_ Basement Fixtures 2 # of Stories \_\_\_\_\_ Size of Structure (sq ft) 3600

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: North on Vanceville, T/L on Archergate Rd, T/L Bobwhite Lane.

A Plat or 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.

*Edna Barlow*  
Owner/Applicant Signature

8-10-17  
Date



**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

Improvement Permit  
Application *Soil*

Building Permit # \_\_\_\_\_ Septic # 17-08-SNAR-04/90 Well # \_\_\_\_\_

Address 6584 Bobwhite Ln City Brown Summit State NC Zip 27214

Tax Parcel # \_\_\_\_\_ Township: \_\_\_\_\_

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

Section/Phase: \_\_\_\_\_ Lot #: \_\_\_\_\_ Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Plat Book: \_\_\_\_\_ Page: \_\_\_\_\_

- Lot of Record  First Lot Out  Plat Required  > 5 Acres (S-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 Zoning (Describe): \_\_\_\_\_

Overlay (Check):  MH  SR  HD  AR  FH

Watershed: \_\_\_\_\_ Watershed Critical Area: \_\_\_\_\_

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

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

*Soil to move initial area*

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

Applicant Information

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 (Y or N) \_\_\_\_\_ 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 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.

*John B. [Signature]*

Owner / Applicant Signature

*11-03-17*

Date





**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

Improvement Permit  
Application

*layout*

Building Permit # 17-12-GCRP-0638 <sup>84</sup> ~~17-12-GCRP-0638~~ <sub>Sept</sub> # 17-08-SNHR-04190 Well # 17-12-WNHR-06439

Address 6584 Bobwhite Ln City Brown Summit State NC Zip 27214

Tax Parcel # 0129482 Township: \_\_\_\_\_

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

Section/Phase: \_\_\_\_\_ Lot #: 15 Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Plat Book: \_\_\_\_\_ Page: \_\_\_\_\_

- 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

DEC 7 2017

Zoning: \_\_\_\_\_ Conditional Zoning (Describe): \_\_\_\_\_

Overlay (Check):  MH  SR  HD  AR  FH

Watershed: \_\_\_\_\_ Watershed Critical Area: \_\_\_\_\_

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

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

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

Applicant Information

Silvia Bermudez David Vaca Salazar  
Applicant Name Address Phone Email  
1905 St Charles Ln 680 27405 336-  
Owner Name Address Phone Email 451-9842

Development Information

- NEW  ACCESSORY  SWMH  MULTIFAMILY/DUPLEX  ADDITION (TYPE) \_\_\_\_\_  
 HOUSE  MODULAR  DBMH  RENOVATION OTHER TYPE: \_\_\_\_\_

Residential Specifications: 4 # of Bedrooms \_\_\_\_\_ Total # of Rooms \_\_\_\_\_ # of Occupants \_\_\_\_\_  
N Basement (Y or N) \_\_\_\_\_ 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: Yanceyville Rd, 1/2 Archergate Rd, 1/2 Bobwhite Ln

A Plat or 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.

Edna B... 12/7/17  
Owner/Applicant Signature Date



**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

**Improvement Permit  
Application**

Building Permit # 18-04-GCRP- Septic # \_\_\_\_\_ Well # \_\_\_\_\_  
01963

Property Information

Address 6584 BOENHUTE City DIANNE SUMMIT State NC Zip \_\_\_\_\_

Tax Parcel # 0129482 Township: \_\_\_\_\_

Development Name: SUMMERS POINTE

Section/Phase: 2 Lot #: 15 Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Plat Book: 125 Page: 13

- 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: R540 Conditional Zoning (Describe): \_\_\_\_\_

Overlay (Check):     MH     SR     HD     AR     FH

Watershed: \_\_\_\_\_ Watershed Critical Area: \_\_\_\_\_

Building Setbacks (Zoning): Front Street: 40 Side Street: 40 Side Yard: 15 Rear: 30

Comments: 25X25 DETACHED GARAGE

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

Applicant Information

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

DAVID & SILVIA VAREA

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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 (Y or N)    \_\_\_\_\_ 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 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.

David Varea  
Owner / Applicant Signature

4/2/18  
Date

*on original site plan  
(location revised)*



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

**Permit to Construct a Well**

Address: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

Permit Number: 17-12-WNHR-06439

Comments/Specifications:

Above Information Certified By:

John B. De  
Owner or Authorized Agent

Date:

12-18-17

Permit Issued:

Shane K B REHS-I  
Environmental Health Specialist

Date Issued:

12/14/17

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

Partial Grout Inspection:

\_\_\_\_\_  
Environmental Health Specialist

Date:

\_\_\_\_\_

Final Grout Inspection:

Shane K B REHS-I  
Environmental Health Specialist

Date:

02-16-18

**Permits for the Construction of New 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 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>
125732	12/18/2017	Silvia Bermudez	Visa		\$140.00

Cashier ID: JBAUMGA

<u>Fee Item Description</u>	<u>Account Code</u>	<u>Amount</u>
Conventional W/Pump Permit	210545 43217	\$140.00
	<b>Total</b>	<b>\$140.00</b>

*JB*

**APPLICATION INFO**

<u>Application #</u>	<u>Application Type</u>	<u>Application Name</u>
17-08-SNHR-04190	Building/Guilford County/Health Residential/Soil Evaluations New	

**PROPERTY INFO**

<u>Property Address</u>	<u>Property Owner</u>	<u>Parcel #</u>
6584 BOBWHITE LN BROWNS SUMMIT, NC 27214	David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	0129482

**CONTACT INFO**

<u>Contact Name</u>	<u>Contact Type</u>
David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	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>
----------------	------------------	---------------------	----------------------	----------------------	-----------------



## 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>
125731	12/18/2017	Silvia Bermudez	Visa		\$450.00

Cashier ID: JBAUMGA

<u>Fee Item Description</u>	<u>Account Code</u>	<u>Amount</u>
Well Permit	210545 43218	\$450.00
	<b>Total</b>	\$450.00 <i>JB</i>

### APPLICATION INFO

<u>Application #</u>	<u>Application Type</u>	<u>Application Name</u>
17-12-WNHR-06439	Building/Guilford County/Health Residential/New Well	

### PROPERTY INFO

<u>Property Address</u>	<u>Property Owner</u>	<u>Parcel #</u>
6584 BOBWHITE LN BROWNS SUMMIT, NC 27214	David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	0129482

### CONTACT INFO

<u>Contact Name</u>	<u>Contact Type</u>
David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	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

*layout*



NUMBER: 17-08-SNHR-04190

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

PROPERTY ADDRESS: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

**APPLICANT:** Applicant

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

**Phone:** 336-451-9842  
**Phone:**  
**Fax:**  
**Email:** jazminbermudez575@gmail.com

**OWNER:**

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

Phone:

**PARCEL NUMBER:** 0129482

Subdivision: Phase: Lot: 15  
Lot Size: 2.64 Recorded prior to 1983?: No  
Directions: Yanceyville Rd, t/l Archergate Rd, t/l Bobwhite Ln

**EXISTING:**

Water Supply: No Location:  
Septic System: No Location:

**PROPOSED:**

Bedrooms: 4 Residents:  
Water Supply: Private SFR Additional Type:  
Facility Type: Dining Area:  
Building Size: Floor Drains:  
Employees/Seats: Industrial Process:  
Kitchen: Shifts:

**COMMENTS:**

~~4 bedroom layout, no basement - 12/8/17-jb~~

**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



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

## Improvement Permit

Address: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

Permit Number: 17-08-SNHR-04190

This Improvement Permit shall be valid for 5 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: 480

Facility Type: Residence

Bedrooms: 4

Conditions: Property approved for a 4 bedroom/no basement single family residence utilizing a non-conventional initial and a conventional repair 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 an 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.

Permit Issued: Eric Dollins REHS  
Environmental Health Specialist

Date Issued: 8-21-17

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

JP



NUMBER: 17-08-SNHR-04190  
APPLICATION TYPE: Building/Guilford County/Health Residential/Soil Evaluations New  
PROPERTY ADDRESS: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

APPLICANT: Applicant

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

Phone: 336-451-9842  
Phone:  
Fax:  
Email: jazminbermudez575@gmail.com

OWNER:

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

Phone:

PARCEL NUMBER: 0129482

Subdivision: Phase: Lot: 15  
Lot Size: 2.64 Recorded prior to 1983?: No  
Directions: Yanceyville Rd, t/l Archergate Rd, t/l Bobwhite Ln

EXISTING:

Water Supply: No Location:  
Septic System: No Location:

PROPOSED:

Bedrooms: 4 Residents:  
Water Supply: Private SFR Additional Type:  
Facility Type: Dining Area:  
Building Size: Floor Drains:  
Employees/Seats: Industrial Process:  
Kitchen: Shifts:

COMMENTS:

Soil evaluation to move initial area. 11/13/17 jb

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



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

IP



NUMBER: 17-08-SNHR-04190  
APPLICATION TYPE: Building/Guilford County/Health Residential/Soil Evaluations New  
PROPERTY ADDRESS: 6584 BOBWHITE LN, BROWNS SUMMIT, NC 27214

APPLICANT: Applicant

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

Phone: 336-451-9842  
Phone:  
Fax:  
Email: jazminbermudez575@gmail.com

OWNER:

David Vaca Salazar  
1905 Saint Charles Ln  
Greensboro, NC, 27405

Phone:

PARCEL NUMBER: 0129482

Subdivision: Phase: Lot: 15  
Lot Size: 2.64 Recorded prior to 1983?: No  
Directions: Yanceyville Rd, t/l Archergate Rd, t/l Bobwhite Ln

EXISTING:

Water Supply: No Location:  
Septic System: No Location:

PROPOSED:

Bedrooms: 4 Residents:  
Water Supply: Private SFR Additional Type:  
Facility Type: Dining Area:  
Building Size: Floor Drains:  
Employees/Seats: Industrial Process:  
Kitchen: Shifts:

COMMENTS:

4 bedroom soil evaluation, no basement, IP only. 8/10/17 jb

**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



**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>
125053	11/13/2017	Silvia Bermudez	Visa		\$200.00

Cashier ID: JBAUMGA

<u>Fee Item Description</u>	<u>Account Code</u>	<u>Amount</u>
Residential Soil Evaluation	210545 45122	\$200.00
	<b>Total</b>	\$200.00

**APPLICATION INFO**

<u>Application #</u>	<u>Application Type</u>	<u>Application Name</u>
17-08-SNHR-04190	Building/Guilford County/Health Residential/Soil Evaluations New	

**PROPERTY INFO**

<u>Property Address</u>	<u>Property Owner</u>	<u>Parcel #</u>
6584 BOBWHITE LN BROWNS SUMMIT, NC 27214	David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	0129482

**CONTACT INFO**

<u>Contact Name</u>	<u>Contact Type</u>
David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	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>
----------------	------------------	---------------------	----------------------	----------------------	-----------------



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>
123125	08/10/2017		Visa		\$400.00

Cashier ID: JBAUMGA

<u>Fee Item Description</u>	<u>Account Code</u>	<u>Amount</u>
Residential Soil Evaluation	210545 45122	\$400.00
	<b>Total</b>	\$400.00

*JB*

**APPLICATION INFO**

<u>Application #</u>	<u>Application Type</u>	<u>Application Name</u>
17-08-SNHR-04190	Building/Guilford County/Health Residential/Soil Evaluations New	

**PROPERTY INFO**

<u>Property Address</u>	<u>Property Owner</u>	<u>Parcel #</u>
6584 BOBWHITE LN BROWNS SUMMIT, NC 27214	David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	0129482

**CONTACT INFO**

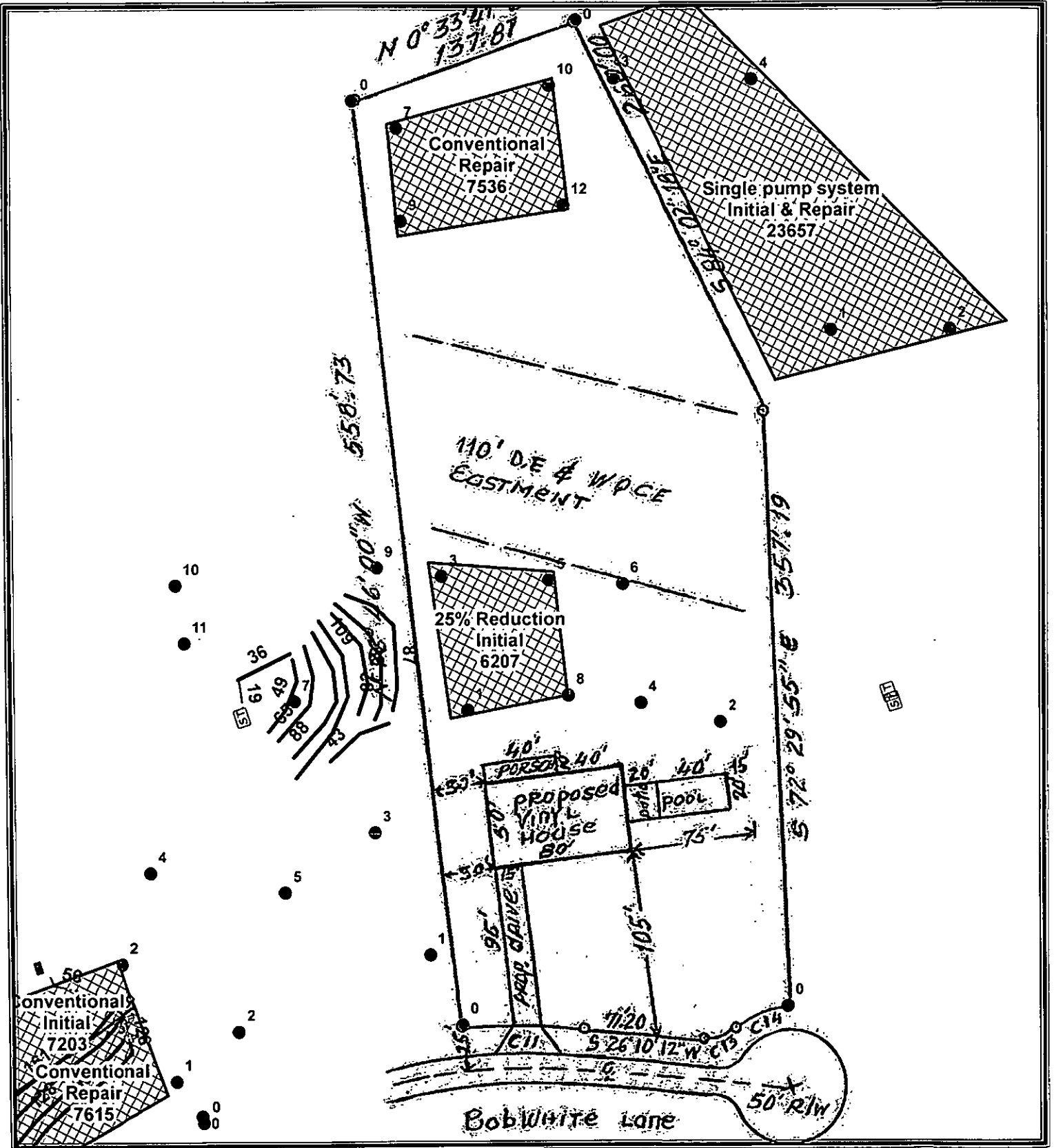
<u>Contact Name</u>	<u>Contact Type</u>
David Vaca Salazar 1905 Saint Charles Ln Greensboro, Nc 27405	Applicant

**LICENSED PROFESSIONAL INFO**

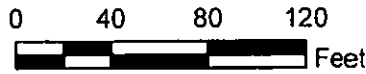
<u>Primary</u>	<u>License #</u>	<u>License Type</u>	<u>Licensed Prof</u>	<u>Business Name</u>	<u>Lawson #</u>
----------------	------------------	---------------------	----------------------	----------------------	-----------------



# Diagram



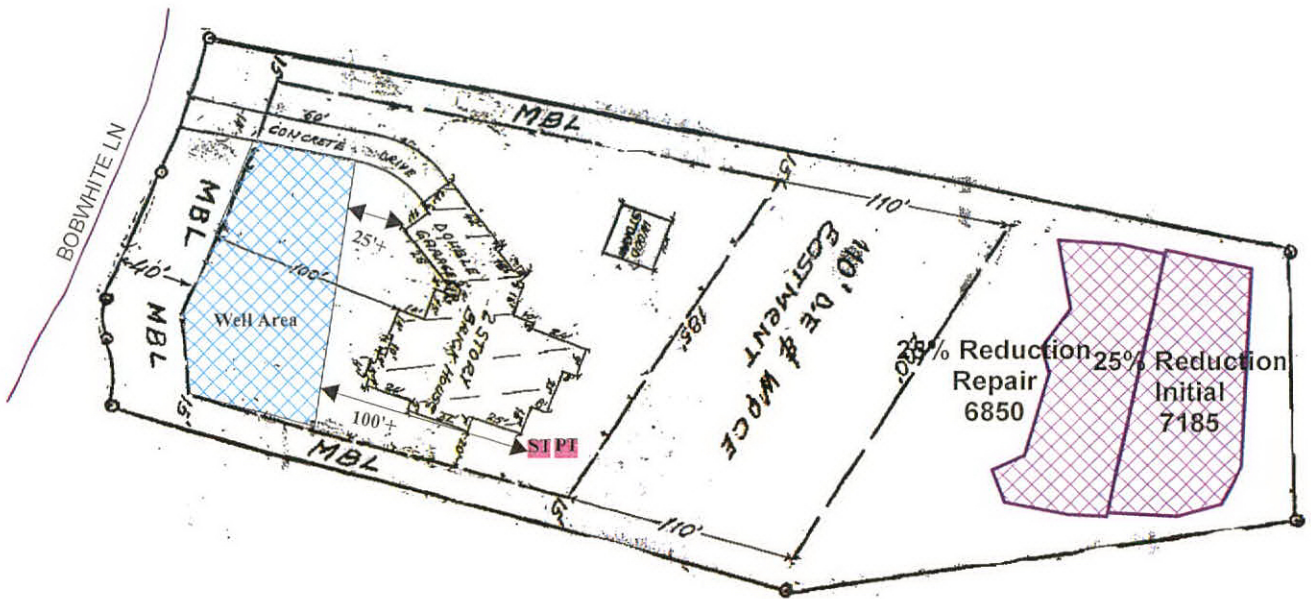
Address: 6584 Bobwhite Ln  
 Permit #: 17-08-SNHR-04190  
 Issuer's Initials: EGD  
 Date: 8/21/2017



1 inch = 80 feet

**DISCLAIMER:**  
 The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.

Diagram

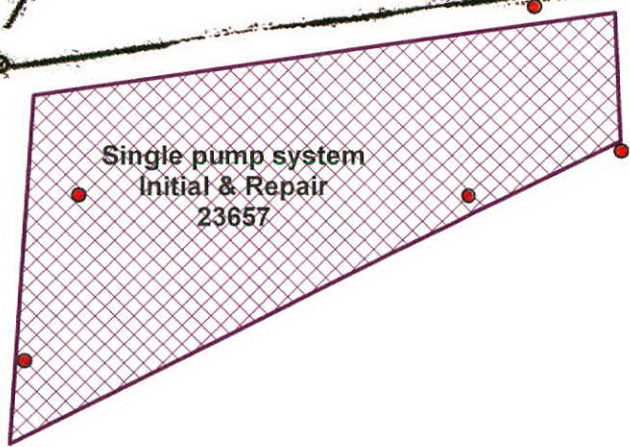
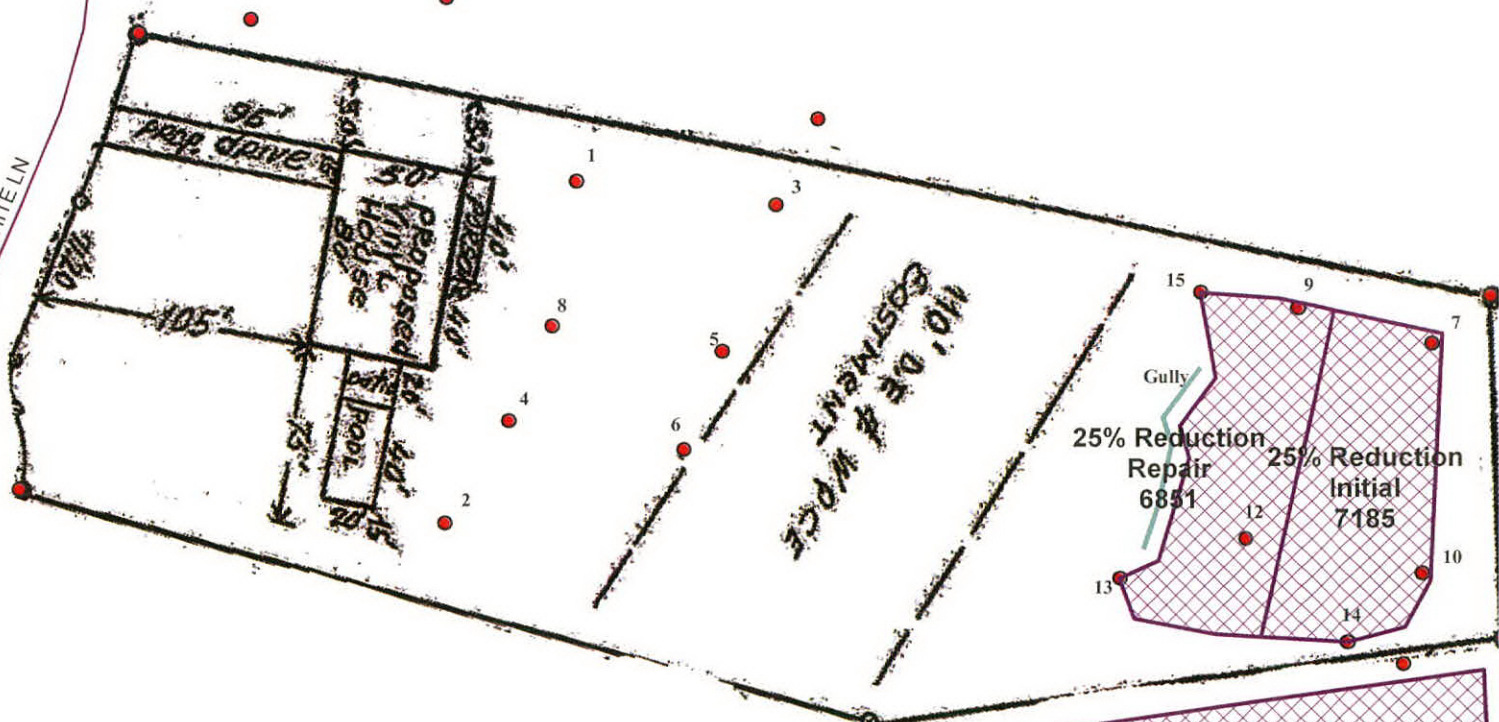


1 inch = 100 feet

Conventional  
Repair  
7615

Conventional  
Initial  
7203

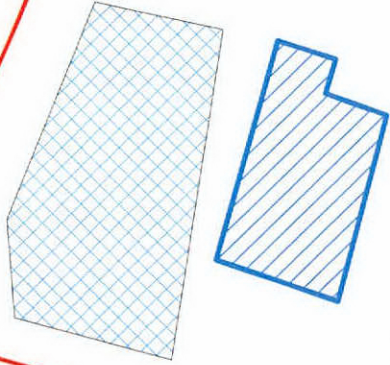
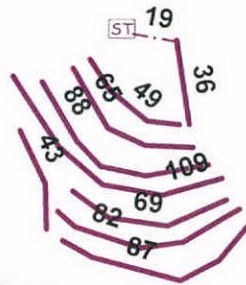
BOBWHITE LN



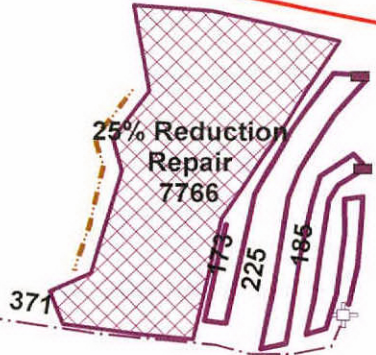
1 inch = 80 feet



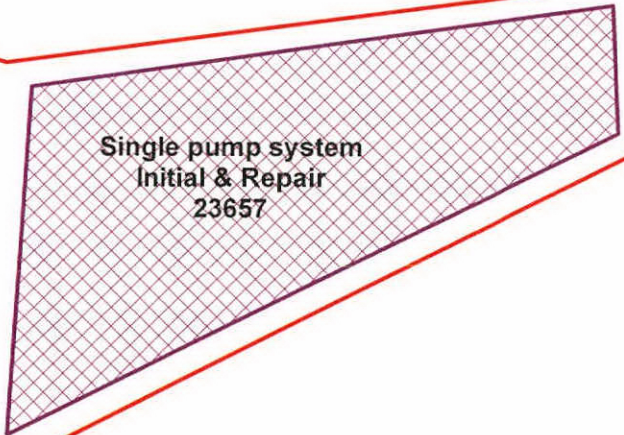
BOBWHITE LN



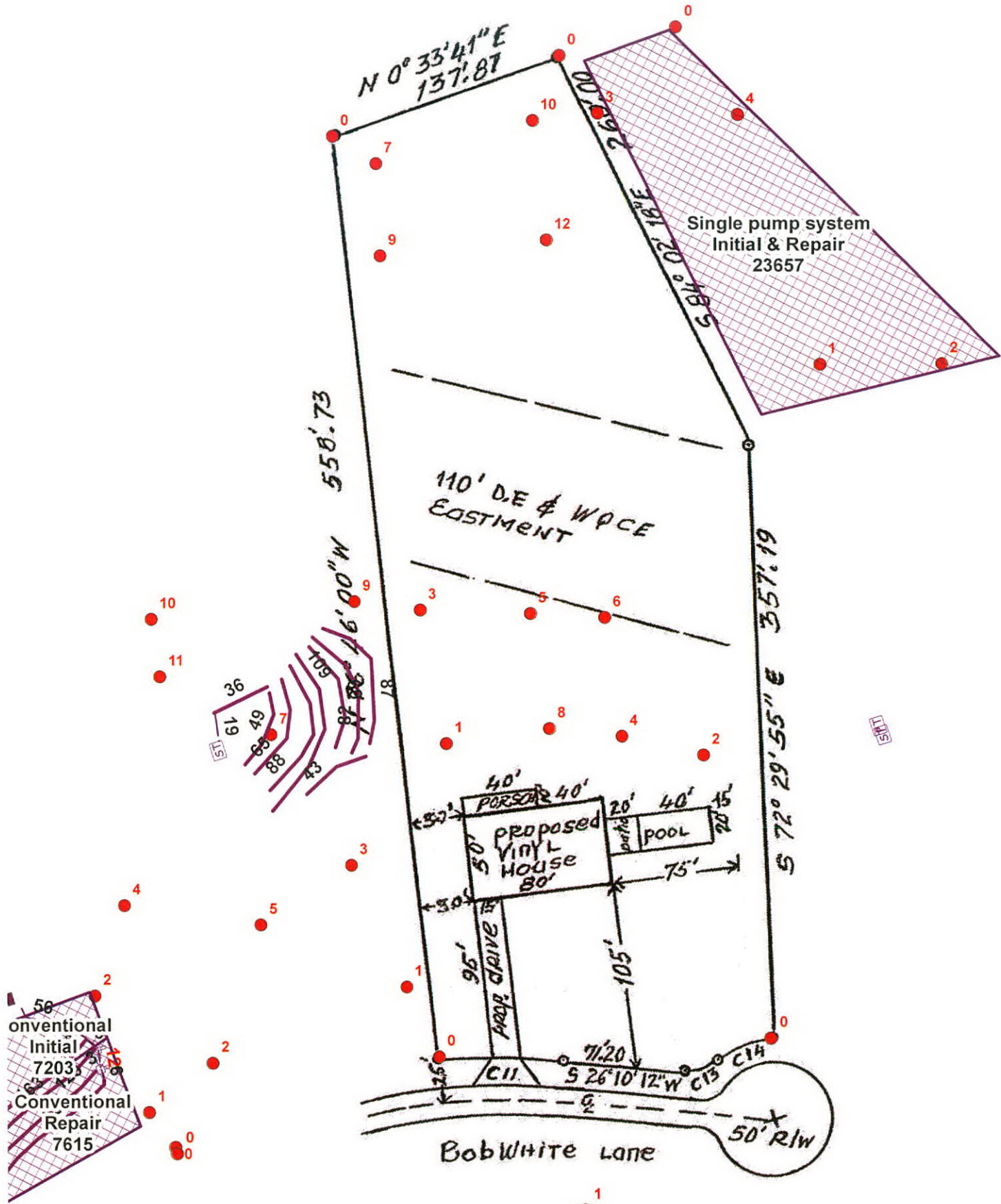
ST PT



ST



1 inch = 80 feet

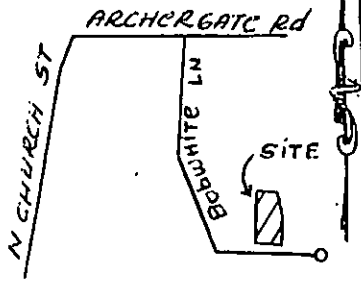
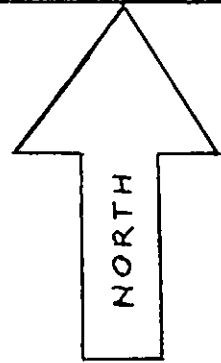


1 inch = 80 feet



THIS MAP IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD.

SITE PREPARED FOR:  
 DAVID SALAZAR  
 6584 Bobwhite Lane  
 'Brown Summit'  
 GREENSBORO, N.C.  
 27214

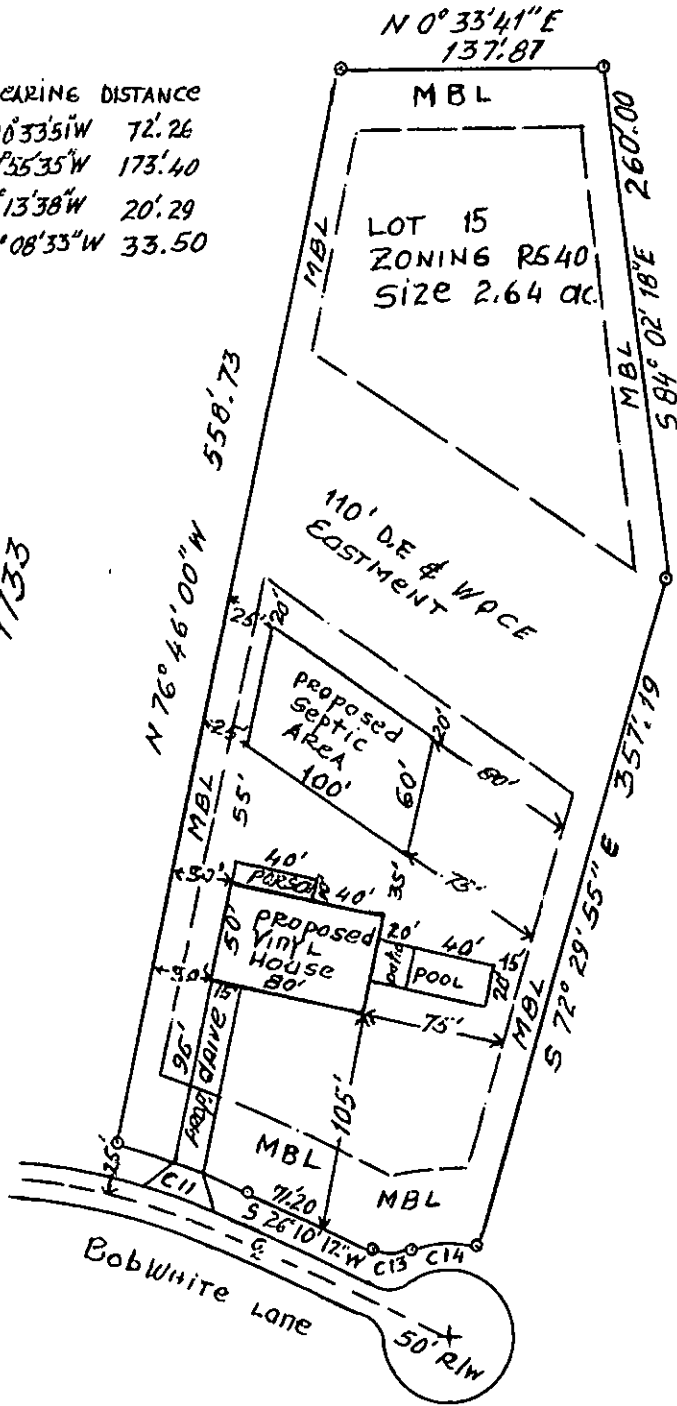


VICINITY MAP: NO SCALE

CITY OF GREENSBORO  
 deed: 2300-296

NUM	RADIUS	BEARING	DISTANCE
C11	325.0	S20°33'51"W	72.26
C12	275.0	S75°35'35"W	173.40
C13	25.0	S213°38'W	20.29
C14	50.0	S7°08'33"W	33.50

*Rimmer, Dennis, L.;  
 Rimmer, Lori, L.  
 deed: 706-1733*



*Lee Christing, L.;  
 Lee Michael, F.  
 deed: 7642-1984*

T.M.: PARCEL 0129482  
 PLAT BOOK: 175-13  
 DEED REF:  
 BOOK 7236 PAGE 317  
 GUILFORD COUNTY

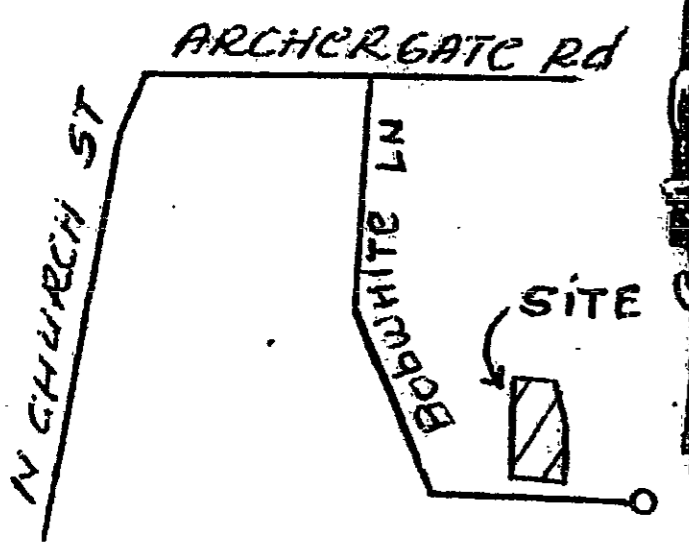


Geodesign Maps Inc.  
 131 Orville Drive  
 High Point, N.C. 27260

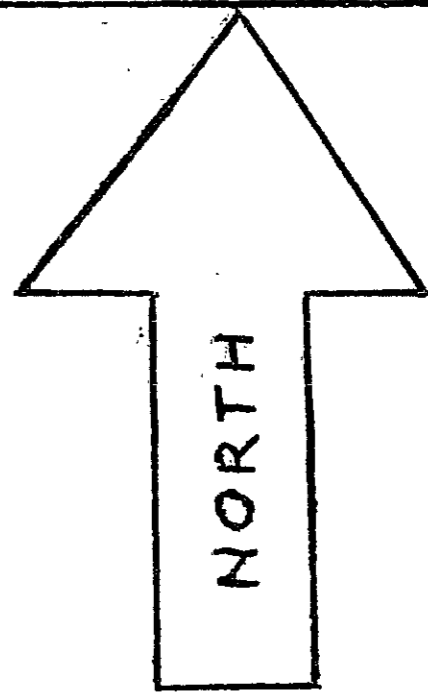
DRAWN BY: J. E. F

SCALE: 1" = 100'  
 DATE: 07-20-17  
 REVISED: T.T. II  
 JOB NO. 5017-045

THIS MAP IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD.



SITE PREPARED FOR:  
 DAVID SALAZAR  
 6584 BOBWHITE LANE  
 'BROWN SUMMIT'  
 GREENSBORO, N.C.  
 27214

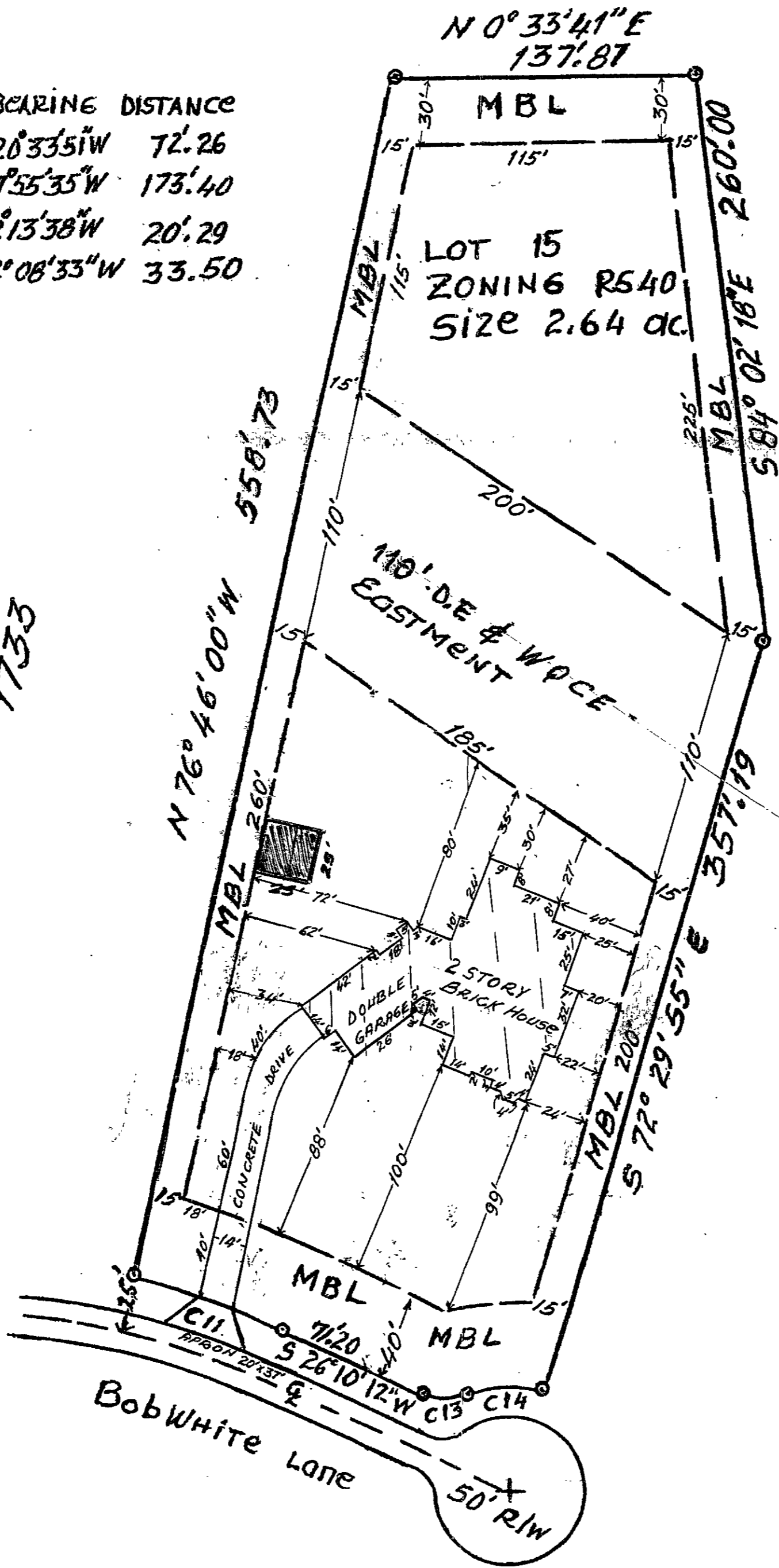


VICINITY MAP: NO SCALE

CITY OF GREENSBORO  
 deed: 2300-296

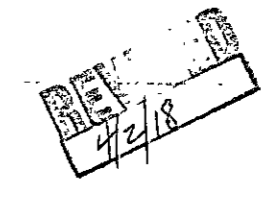
NUM	RADIUS	BEARING	DISTANCE
C11	325.0	S20°33'51"W	72.26
C12	275.0	S7°55'35"W	173.40
C13	25.0	S2°13'38"W	20.29
C14	50.0	S2°08'33"W	33.50

*Rimmer, Dennis, L;  
 Rimmer, Lori, L  
 deed: 7306-1733*



*Lee Christine, L;  
 Lee Michael, F;  
 deed: 7642-1984*

PERMIT # 18-04-6000-01962  
 P500  
 F-10 515' 280'  
 APPROVED BY: [Signature]  
 DATE: 4-2-18

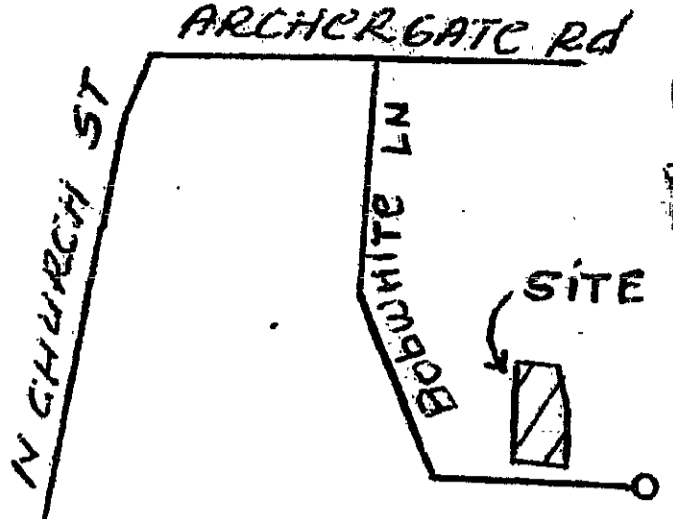


T.M.: PARCEL 0129482  
 PLAT BOOK: 175-13  
 DEED REF:  
 BOOK 7236 PAGE 317  
 GUILFORD COUNTY

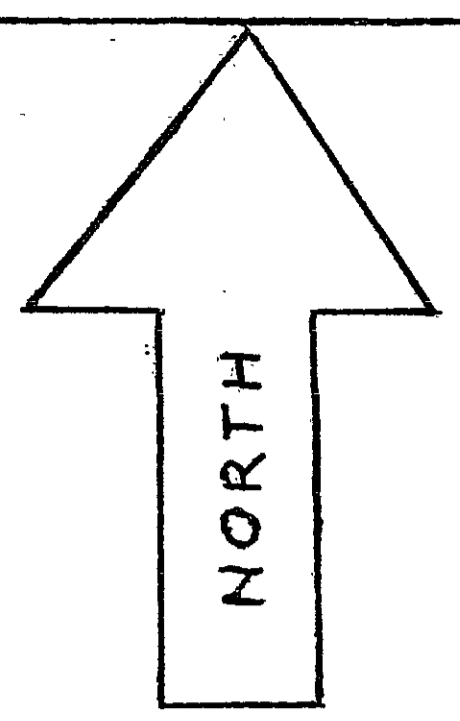
**Geodesign Maps Inc.**  
 131 Oracle Drive  
 High Point, N.C. 27260

DRAWN BY: J.E.F  
 SCALE: 1"=50'  
 DATE: 11-20-17  
 REVISED: T.T.II  
 JOB NO. 5017-045

THIS MAP IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD.

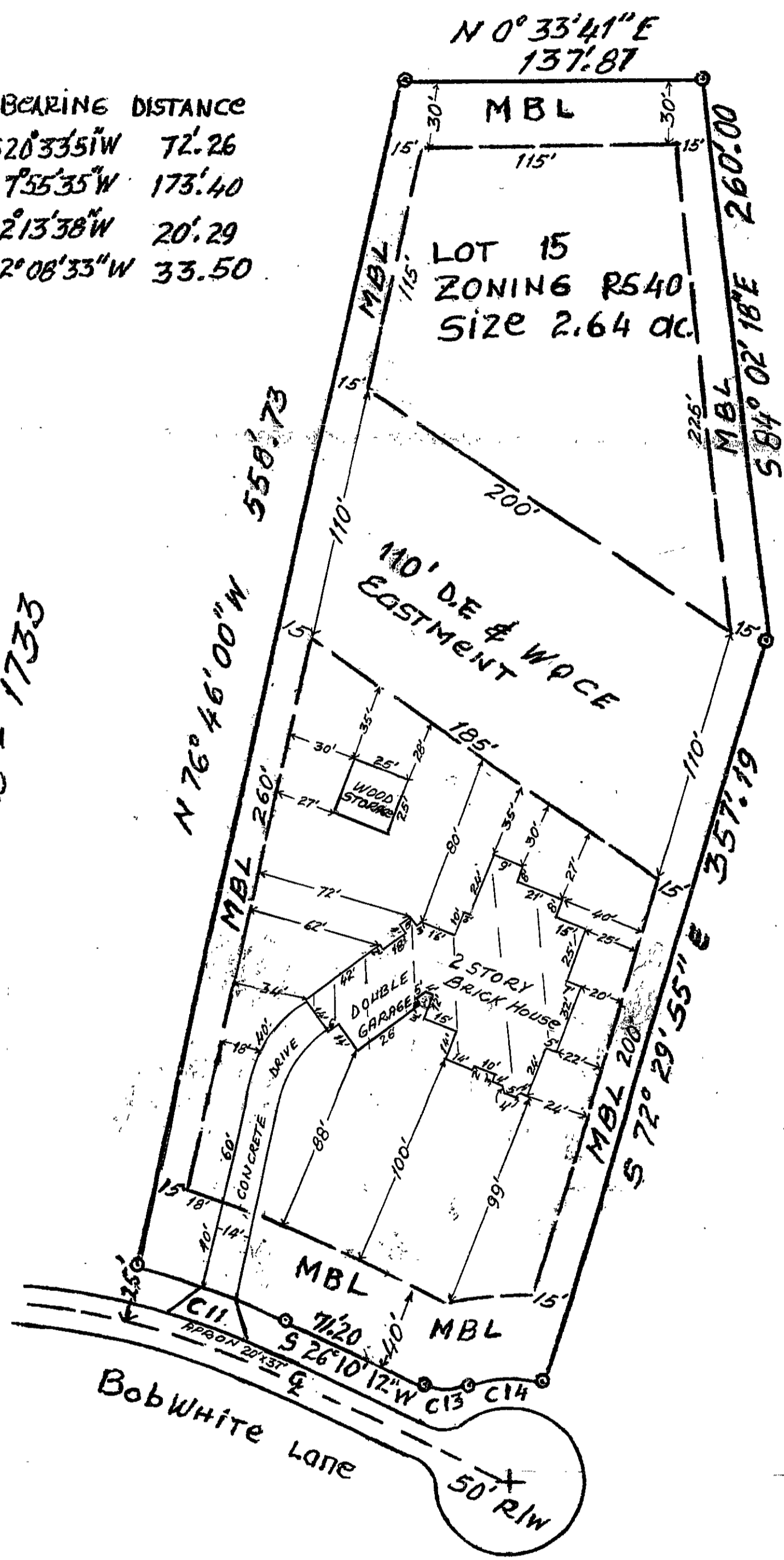


SITE PREPARED FOR:  
 DAVID SALAZAR  
 6584 BOBWHITE LANE  
 'BROWN SUMMIT'  
 GREENSBORO, N.C.  
 27214



CITY OF GREENSBORO  
 deed: 2300-296

NUM	RADIUS	BEARING	DISTANCE
C11	325.0	S2°33'51"W	72.26
C12	275.0	S7°55'35"W	173.40
C13	25.0	S2°13'38"W	20.29
C14	50.0	S2°08'33"W	33.50




Rimmer, Dennis, L.;  
 Rimmer, Lori, L.  
 deed: 1306-1733

Lee Christine, L.;  
 Lee Michael, F.  
 deed: 7642-1984

APPROVED BY: [Signature]  
 DATE: 12-7-17

FRONT YARD: 12-12-17  
 SIDE YARD: 150  
 REAR YARD: 150

T.M.: PARCEL 0129482  
 PLAT BOOK: 175-13  
 DEED REF:  
 BOOK 7236 PAGE 317  
 GUILFORD COUNTY

 Geodesign Maps Inc.  
 131 Oreck Drive  
 High Point, N.C. 27260

DRAWN BY: J.E.F  
 SCALE: 1"=50'  
 DATE: 11-20-17  
 REVISED: T.T.II  
 JOB NO. 5017-045