





400 W. Market St. Suite 300  
Greensboro, NC 27401

January 25, 2021

Record Number: 21-01-SNHR-00530

Mam Realty Inc  
3500 Vernon Woods Dr  
Summerfield, NC 27358

Ref: 6514 Horseman CT, Summerfield, NC 27358

Dear Mam Realty Inc,

On January 25, 2021 a soil/site evaluation was conducted on your property described as 6514 Horseman CT, Summerfield, NC 27358.

This evaluation was performed to determine if the property meets site evaluation criteria as defined in Article 11 of Chapter 130A of the General Statutes of North Carolina for the installation of a subsurface sewage and disposal system.

Based on the site evaluation, this property was determined to be unsuitable for installation of a subsurface sewage and disposal system due to the following reason(s):

- Topography and landscape position (.1940)
- Soil Characteristics (morphology) (.1941)
- Soil Wetness (.1942)
- Soil Depth (.1943)
- Restrictive Horizons (.1944)
- Available space (. 1945)
- Other (.1946)

Due to the limitations on your site, this department is not aware of any modifications or alternative measures that can be implemented to upgrade the classification from 'unsuitable' to 'provisionally suitable'. Your application for Improvement Permit must, therefore be denied.

You have the right to an informal review of this decision by the Environmental Health Supervisor of this Department of Health and Human Services and also by the regional staff of the Department of Health and Human Services. You should contact the Department of Health and Human Services to arrange for this further review.

You may also wish to obtain the services of a private consultant to collect site-specific data and submit such data and a system design to the Department of Health and Human Services for technical review. A site may be reclassified to provisionally suitable provided written documentation, including engineering, hydrogeologic, geologic, or soil studies indicates to the local Department of Health and Human Services that a proposed subsurface sewage and disposal system or a proposed alternative system can reasonably be expected to function satisfactorily.



400 W. Market St. Suite 300  
Greensboro, NC 27401

Mam Realty Inc  
January 25, 2021  
Page 2

Record Number: 21-01-SNHR-00530

This substantiating data from these studies must indicate that:

- A. The effluent (wastewater) will receive adequate treatment;
- B. The effluent (wastewater) will not contaminate any ground water or surface water; and
- C. The effluent (wastewater) will not be exposed on the ground surface or be discharged to surface waters where it could come into contact with people, animals, or vectors.

Finally, you have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Centers, Raleigh, NC 27699-6714. A copy of a petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 30 days after the date of this notice. The hearing will be held in the county in which your property is located.

If you file a petition for a hearing, you must send a copy of the petition to: Office of Administrative Hearings, 6714 Mail Service Centers, Raleigh, NC 27699-6714.

Please call or write this office if you have any questions or need additional assistance.

Sincerely,

Environmental Health Specialist

336-641-7613 office

cc: Water Quality Unit Manager  
File

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE



NUMBER: 21-01-SNHR-00530  
APPLICATION TYPE: Building/Guilford County/Health Residential/Soil Evaluations New  
PROPERTY ADDRESS: 6514 Horseman CT, Summerfield, NC 27358

APPLICANT: Applicant

Ken Mackovic  
3500 Vernon Woods Dr  
Summerfield, NC, 27358

Phone:  
Phone:  
Fax:  
Email:

OWNER:

Mam Realty Inc  
3500 Vernon Woods Dr  
Summerfield, NC, 27358

Phone:

PARCEL NUMBER: 148251

Subdivision: Polo Farms Phase: 1 Lot: 10  
Lot Size: .97 ac Recorded prior to 1983?: No  
Directions: Corner of Horseman TI and Horseman Ct

EXISTING:

Water Supply: No Location:  
Septic System: 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/private well 1/21/21

**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



**GENERAL NOTES**

THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS OR RIGHTS OF WAY OF RECORD, PRIOR TO THE DATE OF THIS PLAT, WHICH WERE NOT VISIBLE AT THE TIME OF MY INSPECTION. THIS SURVEY PREPARED WITHOUT TITLE REPORT.

THE RATIO OF PRECISION IS GREATER THAN 1:10,000.

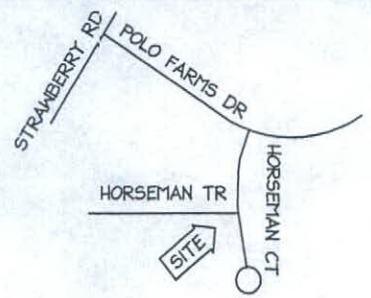
METHOD OF COMPUTATION IS BY COORDINATE CALCULATION

SUBJECT TO ALL APPLICABLE REGULATIONS / ORDINANCE

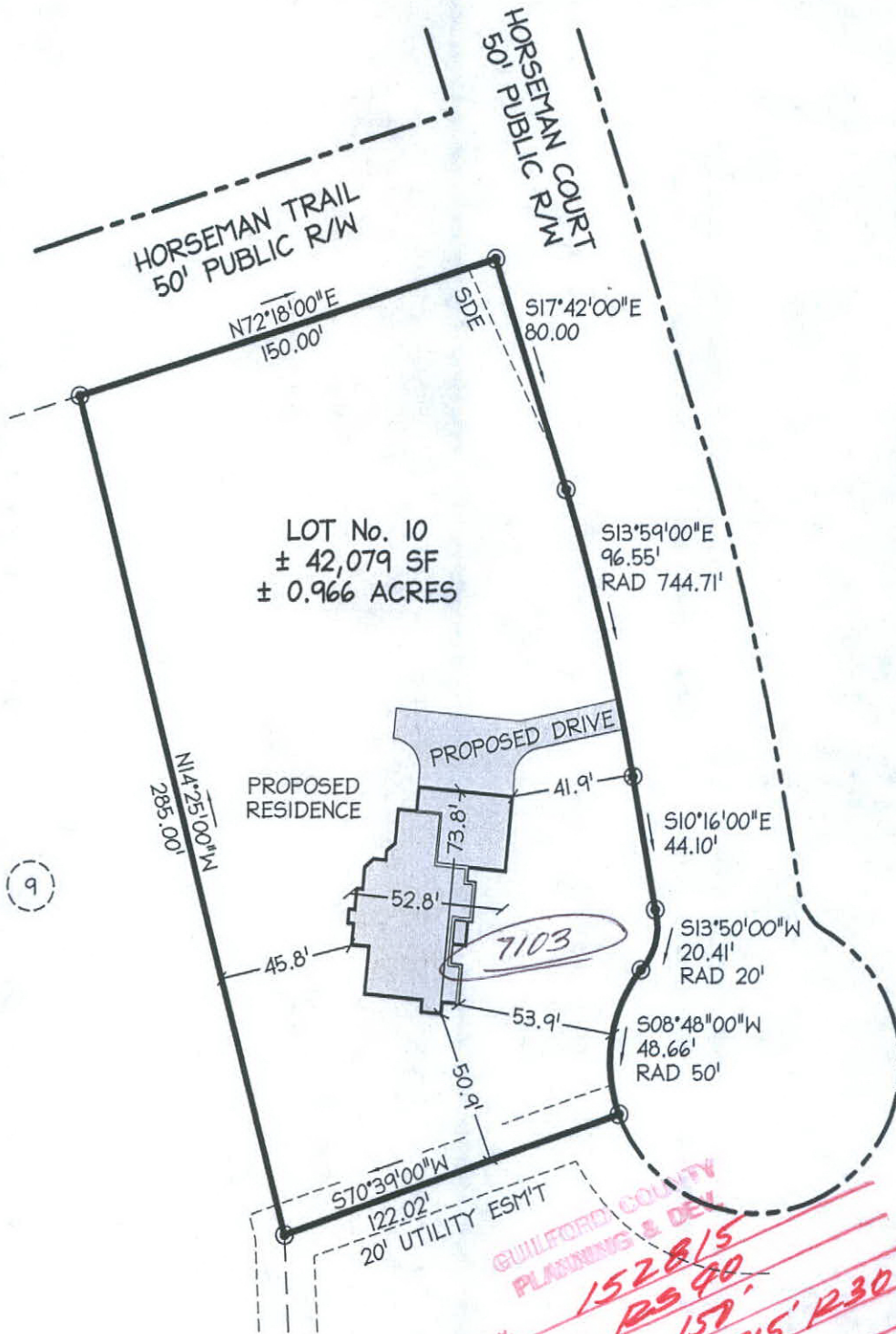
THIS PLAT AND ANY ACCOMPANYING DOCUMENTS ARE FURNISHED TO THE PERSON / FIRM NAMED BELOW AND NO ALTERATIONS OR USE BY OTHERS IS PERMITTED WITHOUT EXPRESS WRITTEN CONSENT OF LAND SOLUTIONS

**LEGEND**

- EIP • EXISTING IRON PIPE
- EIR • EXISTING IRON ROD
- NIR • NEW IRON ROD
- R/W • RIGHT OF WAY
- DE • DRAINAGE EASEMENT
- SDE • SIGHT DISTANCE EASEMENT
- PT • POINT (NO MONUMENT SET)
- RCP • REINFORCED CONCRETE PIPE
- CMP • CORRUGATED METAL PIPE
- ESM'T • EASEMENT
- DMUE • DRAINAGE, MAINTENANCE & UTILITY ESM'T
- • PROPERTY CORNER
- • LINES NOT SURVEYED
- - - - - • FENCE
- ○ ○ • OVERHEAD UTILITIES
- UP • UTILITY POLE
- LP • LIGHT POLE
- C/L • CENTERLINE
- B/L • BUILDING LINE
- NTS • NOT TO SCALE



VICINITY MAP - NOT TO SCALE



PLAT BOOK 94, PAGE 98

GUILFORD COUNTY  
PLANNING & DEV

FRONT # 152815  
ZONING RS 90  
SETBACKS 150'  
FRONT F90'S15'R30

APPROVED BY 3.24.05

**PLOT PLAN / SITE DEVELOPMENT PLAN FOR**

LOT No. 10, POLO FARMS SUBDIVISION, SECTION ONE, MAP TWO  
RECORDED AT PLAT BOOK 94, PAGE 98  
BRUCE TOWNSHIP, GUILFORD COUNTY, NORTH CAROLINA  
Property Address is: 6514 Horseman Trail, Summerfield, NC

Prepared For:  
**CAROLINA LANDMARKS BUILDERS**



**LAND SOLUTIONS, P.C.**

LAND SURVEYING, DESIGN and PLANNING

Street Address: 1539-A Pleasant Ridge Road, Greensboro, NC 27409  
Mailing Address: P.O. Box 35392, Greensboro, NC 27425-5392  
Phone: (336) 605-0328 Fax: (336) 605-0329  
Email: landsolutions@landsolutionspc.com

Project No.	05300012
Drawing No.	05300012
Drawn By:	CMR
Survey Date	N/A

NO FIELD SURVEYING  
WAS PERFORMED FOR  
THIS PLAN.  
  
MAPPING ONLY.





IMPROVEMENT PERMIT

NEW RESIDENTIAL SEPTIC SYSTEM

PERMIT NO. 9507313

REF: 6514 HORSEMAN TL

IMPROVEMENT OF YOUR PROPERTY AS REFERENCED ABOVE, BY INSTALLATION OF AN ON-SITE SEWAGE DISPOSAL SYSTEM IS HEREBY AUTHORIZED FOR A FIVE YEAR PERIOD FROM THE DATE INDICATED BELOW. THIS AUTHORIZATION IS PROVIDED SUBJECT TO THE LIMITATIONS LISTED BELOW.

SYSTEM REQUIREMENTS:

TRENCH LENGTH	535 FEET	NUMBER OF BEDROOMS	4
TRENCH DEPTH	18 - 24 INCHES	SYSTEM TYPE	SEPTIC SYSTEM - PU
TRENCH WIDTH	36 INCHES		
DEPTH OF GRAVEL	12 INCHES		
TRENCH SEPARATION	9 FEET CENTER		
SOIL COVER	6 - 12 INCHES		
SIZE OF TANK	1000 GALS.		
SIZE OF PUMP TANK	1400 GALS.		
DOSING VOLUME	235.0 - 265.0 GALS.		
OTHER			

*William D. Harts AS*

08/24/95

ENV. HEALTH SPECIALIST ISSUANCE DATE

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

OWNER/AUTHOR. AGENT SIGNATURE DATE

FLOOR PLAN / SITE PLAN REVIEW

MUST BE COMPLETED BY THE COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF BUILDING PERMITS AND PRIOR TO THE INSTALLATION OF THE SEPTIC SYSTEM.

REPAIR AREA MAINTAINED \_\_\_\_\_

BASEMENT \_\_\_\_\_

WELL LOCATION AVAILABLE \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_

ALTERNATIVE SYSTEM \_\_\_\_\_

SETBACKS MAINTAINED \_\_\_\_\_

DESIGN APPROVED \_\_\_\_\_

SETUP

SETBACK

OFFSET

ENV. HEALTH RELEASE

ENV. HEALTH SPECIALIST RELEASE DATE



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

AUGUST 24, 1995

CORNERSTONE 1 PROPERTIES  
910 N ELM ST  
GREENSBORO, NC 27401

DEAR

ON 08-24-95, A SOIL/SITE EVALUATION WAS CONDUCTED ON THE PROPERTY DESCRIBED AS 6514 HORSEMAN TL.

THIS EVALUATION WAS PERFORMED TO DETERMINE IF THE PROPERTY MEETS SITE EVALUATION CRITERIA AS DEFINED IN ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA FOR THE INSTALLATION OF A GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM.

BASED ON THE SITE EVALUATION, THIS PROPERTY IS CONSIDERED PROVISIONALLY SUITABLE FOR INSTALLATION OF A GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM AS CURRENTLY DEFINED IN THE AFOREMENTIONED REGULATIONS.

PLEASE NOTE THAT THIS REPORT IS FOR INFORMATION ONLY AND DOES NOT REPRESENT A PERMIT FOR ANY SITE WORK. FINAL APPROVAL IS ASSOCIATED WITH THE ISSUANCE OF AN IMPROVEMENT PERMIT FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. ANY UNAUTHORIZED SOIL OR SITE MODIFICATIONS MAY RENDER THE SITE UNSUITABLE FOR THE INSTALLATION OF A GROUND ABSORPTION SYSTEM.

IF YOU DESIRE FURTHER INFORMATION, PLEASE CONTACT THIS OFFICE AT 373-7613 BETWEEN THE HOURS OF 8:00 A.M. AND 10:00 A.M.

SINCERELY,

*William D. Newton RS / Don Clapp, R.S.*  
ENVIRONMENTAL HEALTH SPECIALIST

CC: WATER QUALITY UNIT MANAGER  
PROPERTY FILE

Att: Donnie Newton

7/25/05

Please be advised that, as owner of ECR of North Carolina, Inc., I hereby give Guilford County personnel authority to go onto my property known as Lot #10 in the Polo Farms SD in Guilford County NC in order to evaluate the soil for septic purposes.

ECR of North Carolina, Inc

BY: *[Signature]*, President



Evaluate area ~~to~~ left side  
of lot



APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM

NUMBER: 9507313

DATE PRINTED 02/03/97

PROPERTY ADDRESS: 6514 HORSEMAN TL

DIRECTIONS:

PROPERTY OWNER/ADDRESS

PHONE: H 910 545-7939 W

ECR OF NC INC

TAX #: 13 06-0339-0 0838-S 024

2618A BATTLEGROUND AVE

LOT SIZE: 0.960 ACRES

GREENSBORO, NC 27408

SUBDIV/M HOME PARK NAME

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

POLO FARMS

010

PROPOSED

WATER SUPPLY: PRIVATE

WATER USAGE INCREASE:

POWER ON:

LOC:

SEWAGE DISPOSAL:

LOC:

NO BDRMS: 4 NO RES: 0 BASEMENT: N PLUMBING: N FIXTURES: 0

EXISTING:

WATER SUPPLY:

TYPE WELL:

WELL HEAD ABOVE GROUND:

LOC:

SEWAGE DISPOSAL:

YR INSTALLED:

LOC:

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

NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

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

I HEREBY GRANT AUTHORIZED COUNTY AND/OR STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS AND EVALUATIONS TO DETERMINE COMPLIANCE WITH THE APPLICABLE RULES. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

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

  
OWNER/AUTHORIZED AGENT SIGNATURE

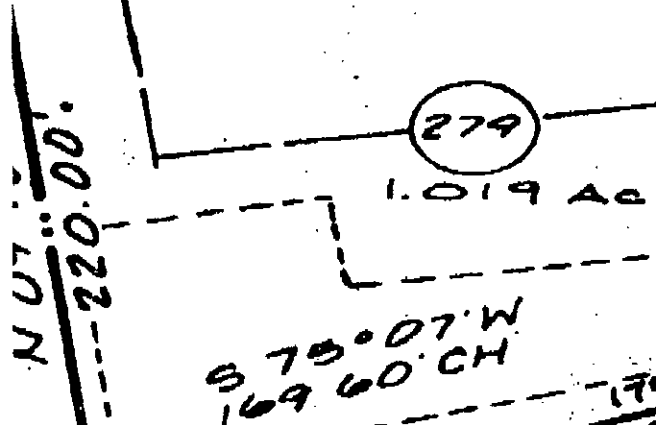
DATE

COUNTY REPRESENTATIVE

DATE

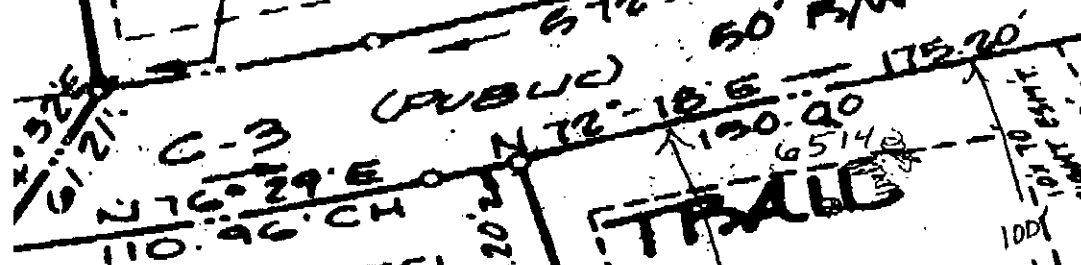
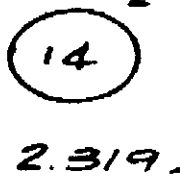
Magnetic North

N 87° 57' E  
226.20'



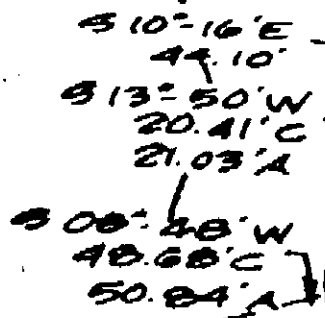
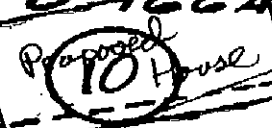
LOIL 100.50' CH

HORSEMAN  
N 08° 42' W  
S 12° 43' E



HORSEMAN  
House corners (4) marked w/ Blue Flag  
Well marked with white flag.  
Scale 1" = 50'

TRAIL  
M.B.L.



Please review area most southern portion of lot 9

1.865 Ac.



SOIL EVALUATION

# GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

Building Permit: 152815 Improvement Permit (Septic) 0503818 Improvement Permit (Well) 0503819

### Property Information

Street Address: 7103 HORSEMAN-COURT Twp: 13 BRUCE Tax Map: 06-0339-0-0838-5-024  
Development Name: POLO FARMS Section/Phase: SECT 1, MAP 2 Lot #: 10 Deed Book: - Plat Book: 9A-98

\* 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: RS 40 Conditional Use (Describe):      Overlay (Circle):      Watershed:      WCA:       
MH SR HD AR FH

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

Comments:

PLANNING DEPARTMENT OFFICIAL: [Signature]

### Applicants Information

Applicant: LAND SOLUTIONS P.O. BOX 35392 GREENSBORO NC 27425 Address:      Phone: 605-0328  
Owner: ECR OF NC, INC. Address: 3500 VERNON RD DR. SUMMERFIELD, NC 27358 Phone:     

### 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       
     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      PPBS      Pre-Treatment       
Other (specify) 220 N - Rt on Strawberry Rd - Polo Farm Subd.

Directions: CALL LAND SOLUTIONS WHEN I.P. IS READY

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: 3-24-05

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICE

APPLICATION TYPE: NEW RESIDENTIAL SEPTIC SYSTEM      NUMBER: 0503818  
DATE PRINTED 03/24/05

PROPERTY ADDRESS: 7103 HORSEMAN CT  
DIRECTIONS:  
220N, T/R STRAWBERRY RD., POLO FARM SUB.

PROPERTY OWNER/ADDRESS      PHONE: H 336 605-0328      W  
SOLUTION LAND      TAX #: 13 06-0339-0 0838-S 024  
PO BOX 35392      LOT SIZE: 0.966      ACRES  
GREENSBORO, NC 27425  
SUBDIV/M HOME PARK NAME      LOT #      SEC #      NEW SUB/LOT      REC PRIOR 83?  
POLO FARMS      010

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

EXISTING:  
WATER SUPPLY:      TYPE WELL:      WELL HEAD ABOVE GROUND:  
LOC:  
SEWAGE DISPOSAL:      YR INSTALLED:  
LOC:  
NO BDRMS: 4      NO RES: 0      BASEMENT:      PLUMBING:      FIXTURES:

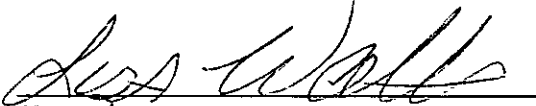
NATURE OF REPAIRS (IF APPLICABLE):

IMPORTANT

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

I HEREBY GRANT AUTHORIZED COUNTY AND/OR STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS AND EVALUATIONS TO DETERMINE COMPLIANCE WITH THE APPLICABLE RULES. I UNDERSTAND THAT THE PROCESSING AND ISSUANCE OF AN IMPROVEMENT PERMIT IS DONE BY THE HEALTH DEPARTMENT PURSUANT TO THE EXERCISE OF ITS GOVERNMENTAL MANDATE.

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

 3-24-05  
OWNER/AUTHORIZED AGENT SIGNATURE      DATE      COUNTY REPRESENTATIVE      DATE





# GUILFORD COUNTY APPLICATION FOR IMPROVEMENT PERMIT

(11)

Building Permit # 89190    Septic Permit # 9507313    Well Permit # 9507314

Filled Out By Applicant

Applicant	Address	City/State/Zip	Phone
<u>Billy Clapp</u>	<u>3162 Hwy 62 E</u>	<u>Liberty N.C.</u>	<u>910-565-4632</u>
Property Owner	Address	City/State/Zip	Phone
<u>Cornerstone Properties</u>	<u>910 N. Elm St.</u>	<u>Greensboro N.C.</u>	<u>910-691-0069</u>
Directions to Property <u>220 N 7R on Strawberry Rd (Polo Farms)</u>			

Filled Out By Staff and/or Applicant  
PERMIT INFORMATION

New  Renovation  Addition  Accessory  Attached  or Detached

House  Modular Home  Mobile Home - Single Wide  Double Wide  Duplex  MHP

Multifamily  Other  (or moving house)

Type of Renovation/Addition/Accessory \_\_\_\_\_ Proposed Size of Structure \_\_\_\_\_

Residential Specifications      Specifications in Common      Commercial/Industrial/Other (must have site or floor plan)

# of Bedrooms 4      Basement \_\_\_\_\_      Retail  Church  Restaurant  Industrial

Total # of Rooms \_\_\_\_\_      # of Fixtures \_\_\_\_\_      Other \_\_\_\_\_ # of Seats \_\_\_\_\_

# of Occupants \_\_\_\_\_      # of Stories \_\_\_\_\_      # of Employees/People \_\_\_\_\_ Plumbing \_\_\_\_\_

With Kitchen  Without Kitchen       Industrial or Mfg. Waste \_\_\_\_\_

Water Supply: New Well  Existing Well  Public Water  Community Well

Sewage Disposal: New Septic Tank  Existing Septic Tank  Septic Tank Repair

Public Sewer  Package Treatment Plant  Other \_\_\_\_\_ # of Sites \_\_\_\_\_

Filled Out By Staff  
PROPERTY LOCATION AND ZONING

6514 Horseman Trl    Bruce    06-0339-0-0838    S-024    .96

Address of Property      Township      Tax Map #      Lot Size

Polo Farms      \_\_\_\_\_      10      94-98

Development Name      Section      Lot #      Plat Book & Page      Deed Book & Page

Lot Classification      Platted       LOR       First Lot Out       > 5 Acres       > 10 Acres       Government Action

(from 5-17-65 to 2-1-74)      (from 2-1-74 to present)

Zone (CU or SP?) RS40      Setbacks: Street Front 40      Street Side 40      Side 15      Rear 30      Variance Approved

Overlays: Greensboro      Watershed \_\_\_\_\_      Tier 2/3      FH       SR       MH       HD       AR

Comments: Soil evaluation for 4 bedroom SFR.

PLANNING OFFICIAL: K. Maxwells      DATE: 7-5-95

**IMPORTANT**

A scaled plat or survey map must accompany this application. Clearly stake and flag all property lines, corners, and the corners of all proposed structures. I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. I understand that any and all permits for or granted shall be void if any information provided is false. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. The owner/applicant is solely responsible for compliance with the applicable regulations.

OWNER/APPLICANT SIGNATURE Billy O Clapp      DATE 7/5/95

Site / Soil Evaluation

Factors	Profiles							
	1	2	3	4	5	6	7	8
Landscape position	L	L	L	L	L	L	L	L
Slope (%)	9	7	7	7	9	8	11	9
HORIZON I DEPTH	0-4	0-10	0-8	0-8	0-6	0-10	0-26	0-4
Texture Group	CL	CL	CL	CL	CL	CL	CL	CL
Consistence	fr	fr	fr	hk	FR	FR	FR	FR
Structure								
Minerology	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
HORIZON II DEPTH	4-39	10-36	8-26	8-26	6-30	10-25	26-48	4-32
Texture Group	C	C	C	C	C	C	C	C+S
Consistence	fi	fi	fi	h	Fi	Fi	Fi	Fi
Structure								
Minerology	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
HORIZON III DEPTH	39-43	h. + Rock	26-42	26-42	30-44	25-46		32
Texture Group	C+S		C+S	C+S	C+S	C+S		SAP+C
Consistence	fi		fi	h	Fi	Fi		
Structure								
Minerology	1:1		1:1	1:1	1:1	1:1		
HORIZON IV DEPTH								
Texture Group								
Consistence								
Structure								
Minerology								
SOIL WETNESS								
RESTRICT. HORIZON								
SAPROLITE								
CLASSIFICATION	P.S.	P.S.	P.S.	P.S.	P.S.	P.S.	P.S.	U
LONG-TERM ACCEPTANCE RATE	.3	.3	.3	.3	.325	.300	.325	P5/ST .250

SITE CLASSIFICATION: P5 SITE LONG-TERM ACCEPTANCE RATE: .3  
 EVALUATED BY: WDN CAC 8-24-95  
 OTHER(S) PRESENT: BILLY CLAPP

REMARKS:  
03/04/97 DGD  
Trial .300  
REPAIR .275 (shallow Trench)



**GUILFORD COUNTY**  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH

**EXHIBIT I**

Two (2) sets of Building Plans and two (2) sets of Site Plans showing the location of the structures, the septic tank system, and the well will be submitted to the inspections director as part of the Building Permit Application.

**EXHIBIT II**

Notwithstanding the note on the face of this permit this permit expires three (3) years from date of issuance.

/hn

301 North Eugene Street  
P.O. Box 3508  
Greensboro, N. C. 27401  
Phone: (919) 373-3771

pd 8.2589  
REC 71 3999

# IMPROVEMENTS PERMIT

Guilford County Department of Public Health  
Septic Tank System

20-30

NO 20207

Name Mark One Construction Address 6514 ~~Home Trail~~ Horseman Trail

Property Location 220 N TR Strawberry Rd Lot #10 Phase I  
Polo Farm

Total fixtures: \_\_\_\_\_ Number of bedrooms: 4 Basement:  Yes  No Fixtures:  Yes  No  
Lot size: \_\_\_\_\_ Water supply:  Well  City

New  Mobile Home  Addition  Garbage disposal:  Yes  No

Above information certified by: [Signature]

**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 + Sump + Pump Conventional line: 800' Drainage  
Diversion as needed Siphon with block system line \_\_\_\_\_

Remarks: Prior to issuance of a building permit on this lot a site plan will be submitted showing the location of the structures, the septic tank system, and the well.

Permit:  Granted  Denied Date: 8/25/79

This permit expires one year from date of issue. Signed: [Signature]

This permit will become valid only after the payment of 9500 at the county inspections dept.







