



**County of Wayne**  
**Environmental Health**  
**Department**  
 134 North John Street  
 Goldsboro, NC 27530

Permit NO.: EH-IMPROV-2412-01009  
 Permit Type: EH - Septic Improvement  
 Work Classification: EH - New Septic System  
 Permit Status: Issued

Township: **10** State Road: **1535 / 34**

Location Address: **305 CREEKS EDGE DR (Creeks Edge - Lot 34), PIKEVILLE, NC 27863**  
 Parcel Number: **3633469059**

**Contacts**

<b>Owner</b> WOODCOX DEVELOPMENTS LLC 104 TWIN OAKS PL, Goldsboro, NC 27530	<b>Applicant</b> HMT Construction, LLC (G: 12/31/2025) 228 George Wilton Dr, Clayton, NC 27520 (919)754-7378 hmtconstructionllc@gmail.com
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**Description:** Creeks Edge - Lot 34

**Inspection Requests:**  
 Inspections: 919-731-1169 / Planning: 919-731-1650 /  
 Environmental Health: 919-731-1174

Fees	Amount
EH - SEPTIC - Improvements New	\$350.00
<b>Total:</b>	<b>\$350.00</b>

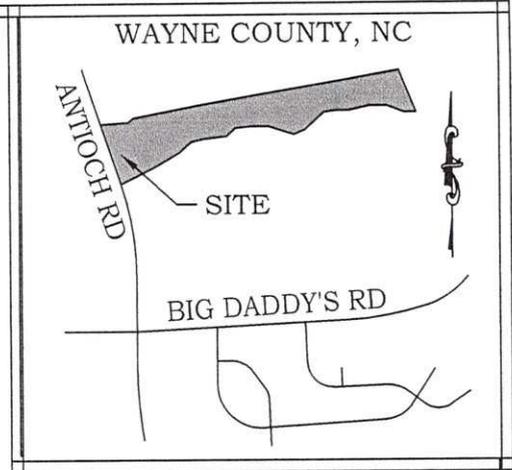
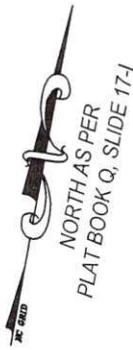
Payments	Amt Paid
<b>Total Fees</b>	<b>\$350.00</b>
Check # 01576	\$350.00
<b>Amount Due:</b>	<b>\$0.00</b>

Inspection Type	Environmental Health Specialist	Date Issued	Exp Date	Status
EH - IP (Improvements Permit)	<i>L. Morris</i>	7-3-25	7-3-30	OK
EH - CA (Construction Authorization)	<i>L. Morris</i>	7-3-25	7-3-30	OK
EH - OP (Operation Permit)				

**Additional Information**

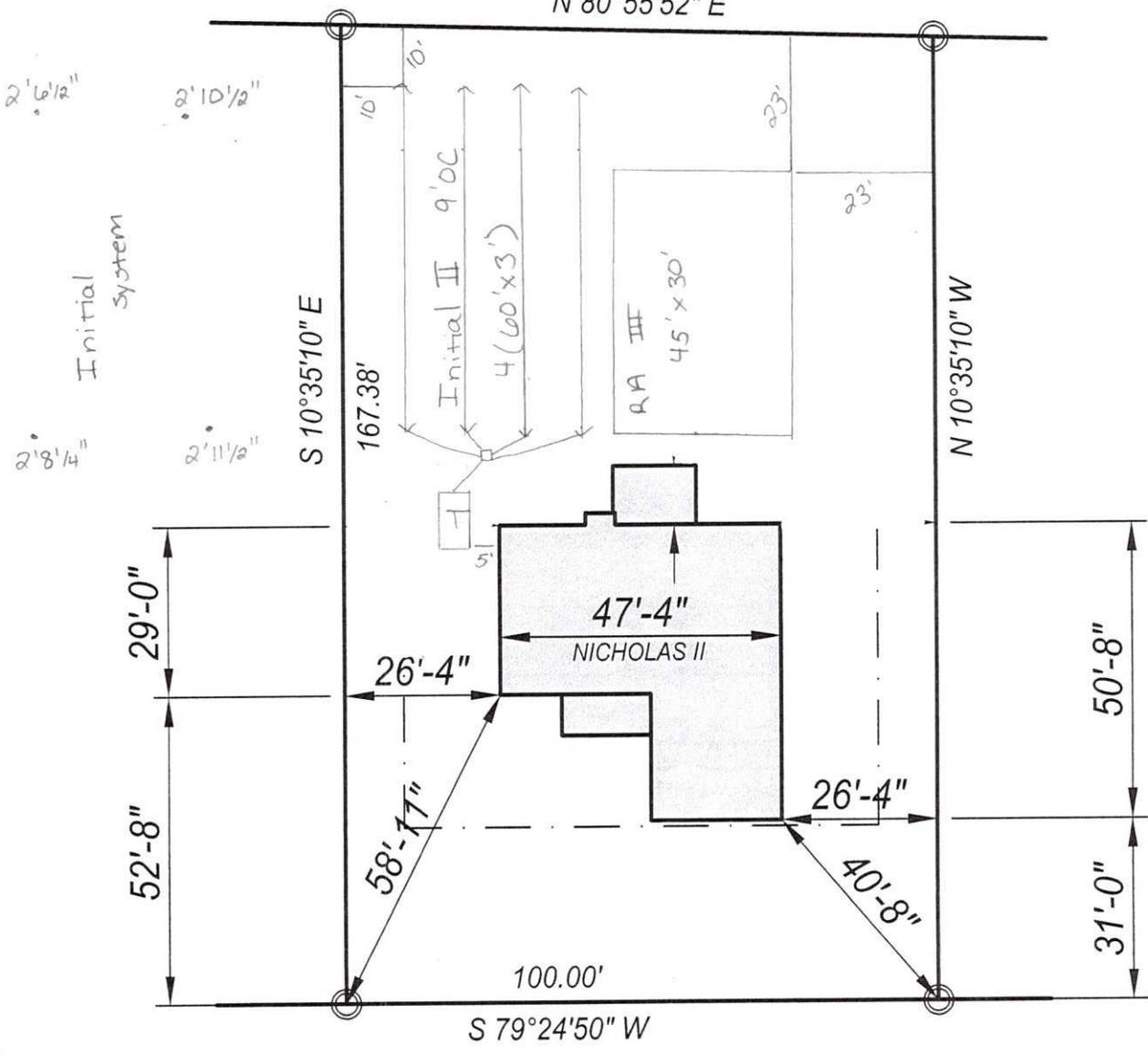
**Water Source:** Public  
**Type of Establishment:** Residential Dwelling Units  
**Multiple Dwelling Units:** No  
**Unit Type:** Bedrooms  
**Unit\_Count:** 3  
**Septic GPD:** 360  
**System Classification:** Type II - Con Septic (<=480 GPD or Single-Family)  
**Other:** conventional  
**Line Length:** 4(60x3)  
**Line Depth:** 24  
**Nitrification Square Feet:** 720  
**Tank #1:** Septic Tank  
**Tank #1 Size:** 1000  
**Pump Required?:** No  
**System Notes:** Max trench depth is 36".

CREEK'S EDGE SUBDIVISION  
 PLAT CABINET Q, SLIDE 17-1  
 LOT NUMBER 34  
 PIKEVILLE TOWNSHIP  
 WAYNE COUNTY, NC  
 LOT AREA = 16,606 SF

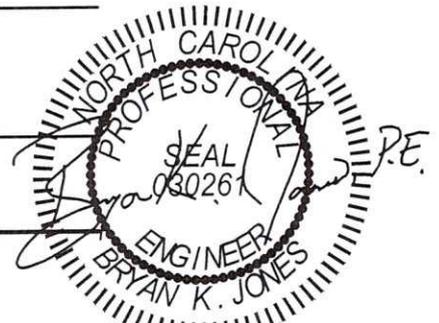


VICINITY MAP  
 N.T.S.

N 80°55'52" E

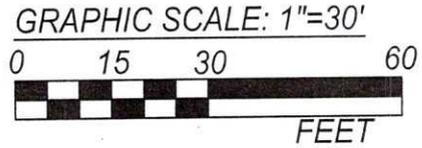


**CREEK'S EDGE DR.**  
 50' PUBLIC RW

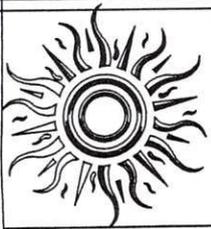


Digitally signed by:  
 Bryan K. Jones, PE

- MIN. BUILDING SETBACKS
- FRONT = 30 FT
  - SIDE = 10 FT
  - REAR = 25 FT
  - CORNER SIDE = 25 FT
  - NCSR = 60 FT



THIS PRE-CONSTRUCTION, PLAN IS DEVELOPED TO DISPLAY THE LAYOUT OF BUILDINGS, DRIVEWAYS, UTILITIES, ETC. FROM A PREVIOUSLY APPROVED AND RECORDED SUBDIVISION PLAT. REFER TO RECORDED DOCUMENT FOR ADDITIONAL INFORMATION NOT SHOWN ON THIS PLAN.



**BRYAN K. JONES CONSULTING ENGINEERS, P.A.**  
 Post Office Box 10882  
 Goldsboro, North Carolina 27532 LIC#:C-3065  
 919-221-5222

Project Name: **CREEK'S EDGE**  
 Title: **PRECONSTRUCTION PLAN: LOT 34**  
PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES, OR SALE  
 Client: **HMT CONSTRUCTION**

Drawn By: **BKJ** Project Number: **25058** Scale: **1" = 30'** Date: **6/24/2025 REV** Sheet: **1 of 1**

Wayne County Health Department  
Application Addendum

- Survey plat to scale\* submitted
- Scaled\* site plan submitted
- Unscaled site plan submitted
- \*scale of 1" = no more than 60'

Improvement Permit      Authorization to Construct

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THE PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. (COMPLETE SITE PLAN = 60 MONTHS; COMPLETE PLAT = WITHOUT EXPIRATION)**

Site plan or Plat must show:

- Property Lines with Dimensions
- Driveway
- Proposed well or water line location
- Location of all proposed structures including garage or pool
- Where you want your septic system
- Streams or other Surface waters

HMT Construction     228 George Wille Dr  
 Current Property Owner     305 Creeks Edge Pr     Address     Creeks Edge     Phone #     9197547378  
 Site Address     Pikeville     Subdivision Name     Section/Phase/Lot#     Lot # 34 Creeks Edge

**DEVELOPMENT INFORMATION:**

- New Single Family Residence
- Expansion of Existing System
- Repair to Existing Subsurface Sewage Disposal System
- Non-Residential Type of Structure

**Residential Specifications:**

Maximum # of bedrooms: 3  
 Maximum # of occupants: \_\_\_\_\_  
 If expansion: Current # of bedrooms: \_\_\_\_\_  
 Proposed expansion \_\_\_\_\_  
 Public or Private Water Source \_\_\_\_\_

**Non-Residential Specifications:**

Type of Business: \_\_\_\_\_ Total Square Footage of Building: \_\_\_\_\_  
 Maximum # of Employees: \_\_\_\_\_ Maximum # of Seats: \_\_\_\_\_  
 Date Property with current boundaries was originally deeded & recorded: \_\_\_\_\_

**If applying for Authorization to Construct, please indicate desired system types:**

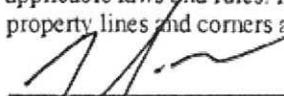
(Systems can be ranked in order of your preference)

- Conventional (gravel)      Innovative (chamber, polystyrene, tire chips, multipipe, peat, sand, filter, drip, etc.)
- Any      Accepted (certain chamber or polystyrene)      Other (specify) \_\_\_\_\_

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- yes      no     Does the site contain any jurisdictional wetlands?
- yes      no     Is any wastewater going to be generated on the site other than domestic sewage?
- yes      no     Is the site subject to approval by any other public agency?
- yes      no     Does property have Easements or Right of ways across it?
- yes      no     Are there any existing wells, springs, or waterlines on this property?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

 \_\_\_\_\_ Date 6-25-25  
 Property owner's or owner's legal representative\*\* signature (required)

\*\*Must provide documentation to support claim as owner's legal representative

Property owner's or owner's legal representative email address: HMT Construction-LLC@gmail.com

**READ CAREFULLY AND SIGN BELOW**

Our Environmental Health Specialists are anxious to assist you by evaluating your property. However, before we can evaluate your property we need your help. The following items are your responsibility:

- 1 For Improvement Permits without expiration: A RLS Plat; This is a property survey prepared by a Registered Land Surveyor, drawn to scale of one inch equals no more than 60 feet, that includes: Location of the proposed facility and appurtenances, site of proposed wastewater system, location of water supplies and surface waters, all irons must be in place.
- 2 Make the property accessible and visible, remove excessive vegetation and brush.
- 3 Identify all permanent property boundaries (corner and sidelines) with ribbons, stakes, flags, irons, etc.
- 4 Identify location of building site(s) and amenities (drives, swimming pools, our buildings) with ribbons stakes, flags, etc.
- 5 The issuance of the Improvements Permit in no way guarantees the issuance of other permits (e.g., building permits).
- 6 The Improvements Permit shall have no expiration date if the lot is officially surveyed and recorded, and is valid for 5 years if not. It is subject to revocation if the site plans or the intended use change. The authorization to construct shall be valid for 5 years from the date of the Improvements Permit.
- 7 An Operations Permit shall indicate the sewage system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

This permit is issued subject to compliance with subdivision and zoning regulations when applicable. To insure surface drainage, area in which nitrification field is installed must be landscaped properly with a "turtle-back" shaping of site and diversion of all surface runoff. Water from house gutters and downspouts must be diverted away from the septic tank system. Where artificial drainage has been installed to control the water table it must be maintained and downstream drainage outlets kept properly draining or malfunction of the septic tank will result. This permit does not constitute a warranty. This improvements permit does not negate or supercede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply. Use of water-saving fixtures and plumbing is highly recommended. Wells should be located 100 ft. preferable from such sources of contamination such as building foundations chemically treated for pests, fuel tanks, animal pens, etc. This permit in no way guarantees the sewage disposal system or the functioning of the sewage disposal system.

- 8 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.
- 9 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

I understand this document is not an improvements permit or an authorization to construct a septic system. This document is only an application for an improvements permit. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: \_\_\_\_\_  
(Owner/Applicant)

Date: 6-25-25

**SOIL/SITE EVALUATION**  
**for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

OWNER: HMT Construction  
 ADDRESS: 228 George Wilton Dr.  
 PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.0400): 360  
 LOCATION OF SITE: Creeks Edge lot 34  
 WATER SUPPLY:  Public  Single Family Well  Shared Well  Spring  Other \_\_\_\_\_  
 EVALUATION METHOD:  Auger Boring  Pit  Cut

APPLICATION DATE: 06/25/25  
 DATE EVALUATED: 07/02/25  
 PROPERTY SIZE: \_\_\_\_\_  
 PROPERTY RECORDED: \_\_\_\_\_  
 WATER SUPPLY SETBACK: \_\_\_\_\_

TYPE OF WASTEWATER:  Domestic  High Strength  IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)			OTHER PROFILE FACTORS				PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ			
1	S 1-2%	0-12	SL	GR	SEXP VFR NSNP	S	S	N/A	N/A	III 0.5	0
		12-36	SCL	SBK	SEXP FR SSSP						
2	S 1-2%	0-15	SL	GR	SEXP VFR NSNP	S	S	N/A	N/A	III 0.5	0
		15-48	SCL	SBK	SEXP FR SSSP						
3	S 1-2%	0-14	SL	GR	SEXP VFR NSNP	S	S	N/A	N/A	III 0.5	0
		14-48	SCL	SBK	SEXP FR SSSP						
4	S 1-2%	0-18	SL	GR	SEXP VFR NSNP	S	S	N/A	N/A	III 0.5	0
		18-48	SCL	SBK	SEXP FR SSSP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	II	III
Site LTAR	0.5	0.5
Maximum Trench Depth	36"	24"

SITE CLASSIFICATION (.0509): S  
 EVALUATED BY: J. Morro - Chittar  
 OTHER(S) PRESENT: \_\_\_\_\_

**LEGEND**

*use the following standard abbreviations*

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1965 LTAR*	LPP .1967 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
CV (Convex Slope)		LS (Loamy Sand)				
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		
DS (Debris Slope)		L (Loam)				
FP (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		
FS (Foot Slope)		SiCL (Silty Clay Loam)				
H (Head Slope)		CL (Clay Loam)				
L (Linear Slope)		SCL (Sandy Clay Loam)				
N (Nose Slope)		SL (Silt Loam)				
R (Ridge)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VH (Very Firm v. Very Sticky) EPI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
S (Shoulder Slope)		SiC (Silty Clay)				
T (Terrace)		C (Clay) O (Organic)				

\*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**NOTES**  
 HORIZON DEPTH: In inches below natural soil surface  
 DEPTH OF FILL: In inches from land surface  
 RESTRICTIVE HORIZON: Thickness and depth from land surface  
 SAPROLITE: S (suitable) or U (unsuitable)  
 SOIL WETNESS: Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation  
 CLASSIFICATION: S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)  
 Evaluation of saporlite shall be by pits.  
 Long-term Acceptance Rate (LTAR): gal/day/ft<sup>2</sup>

Show profile locations and other site features (dimensions, reference or benchmark, and North).

