



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

Permit NO.: EH-IMPROV-2504-01690
Permit Type: EH - Septic Improvement
Work Classification: EH - New Septic System
Permit Status: Denied

Township: **06** State Road: **1571**

Unsuitable

Location Address: **1800 TOMMYS RD, GOLDSBORO, NC 27534** Parcel Number: **3620332319**

Contacts
Legacy Homes (G: 12/23) **Applicant**
2121 EMMAUS CHURCH RD, DUDLEY, NC 28333
(919)223-1364 legacyhomes@live.com

Description:

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

Fees	Amount
EH - SEPTIC - Improvements New	\$350.00
Total:	\$350.00

Payments	Amt Paid
Total Fees	\$350.00
Credit Card	\$350.00
Amount Due:	\$0.00

Inspection Type	Environmental Health Specialist	Date Issued	Exp Date	Status
EH - IP (Improvements Permit)	<i>L. Morris</i>	4-30-25	—	Denied
EH - CA (Construction Authorization)	_____	_____	_____	_____
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
Pump Required?: No



WAYNE COUNTY HEALTH DEPARTMENT
 301 NORTH HERMAN STREET, BOX CC
 GOLDSBORO, NC 27530
 Phone (919) 731-1000 Fax (919) 731-1232



Improvement Permit Denial Letter

Date 04/30/2025

Re: Application for improvement permit for 1800 Tommy's Road.

Dear Mr. Crumpler,

The Wayne County Health Department, Environmental Health Division on April 30th, 2025 evaluated the above referenced property at the site designated on the plat/site plan that accompanied your improvement permit application for a four bedroom septic system. The evaluation was done in accordance with the laws and rules governing wastewater systems in NC General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in Title 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is UNSUITABLE for a sanitary system of sewage treatment and disposal. Therefore, we must deny your request for an improvement permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- Unsuitable soil topography and/or landscape position (Rule .0502)
- Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- Unsuitable soil wetness condition (Rule .0504)
- Unsuitable soil depth (Rule .0505)
- Unsuitable saprolite (Rule .0506)
- Presence of restrictive horizon (Rule .0507)
- Insufficient space for septic system and repair area (Rule .0508)
- Unsuitable for meeting required setbacks (Rule .0601 or .0602)
- Other(Cite applicable rule): _____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of modified, innovative, or alternative systems approved under 15A NCAC 18E. However, the Wayne County Environmental Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .0509(a) and (d).

Note that a site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an information review by the NC Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at <http://www.oah.nc.gov>. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. The date of this letter is May 30th , 2025. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, NC Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,


Lauren Morris-Chilton

Enclosures: (Enclose copy of site evaluation)

PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES OR SALES.

**PROPERTY OF
COREY E. BELL
STONEY CREEK TOWNSHIP
WAYNE COUNTY, N.C.**

REFERENCE:
DEED BOOK 3963 PAGE 134
PLAT CABINET L SLIDE 49-C LOT NO. 1

PIN NUMBER
3620332319

- AREA
- 1.165 ACRES± INCLUDING ROAD RIGHT-OF-WAY AND EASEMENT
 - 0.148 ACRES± ROAD RIGHT-OF-WAY
 - 0.195 ACRES± EASEMENT
 - 0.823 ACRES± EXCLUDING ROAD RIGHT-OF-WAY AND EASEMENT

CONTACT
LEGACY HOMES
SHION MCINTOSH
2121 EMMAUS CHURCH ROAD
DUDLEY, N.C. 28333
919-223-1364
legacyhomes@live.com

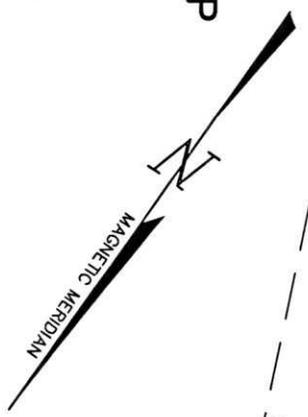
SCALE: 1" = 40'
APRIL 16, 2025

PROPERTY ZONED R-16
(CITY OF GOLDSBORO)

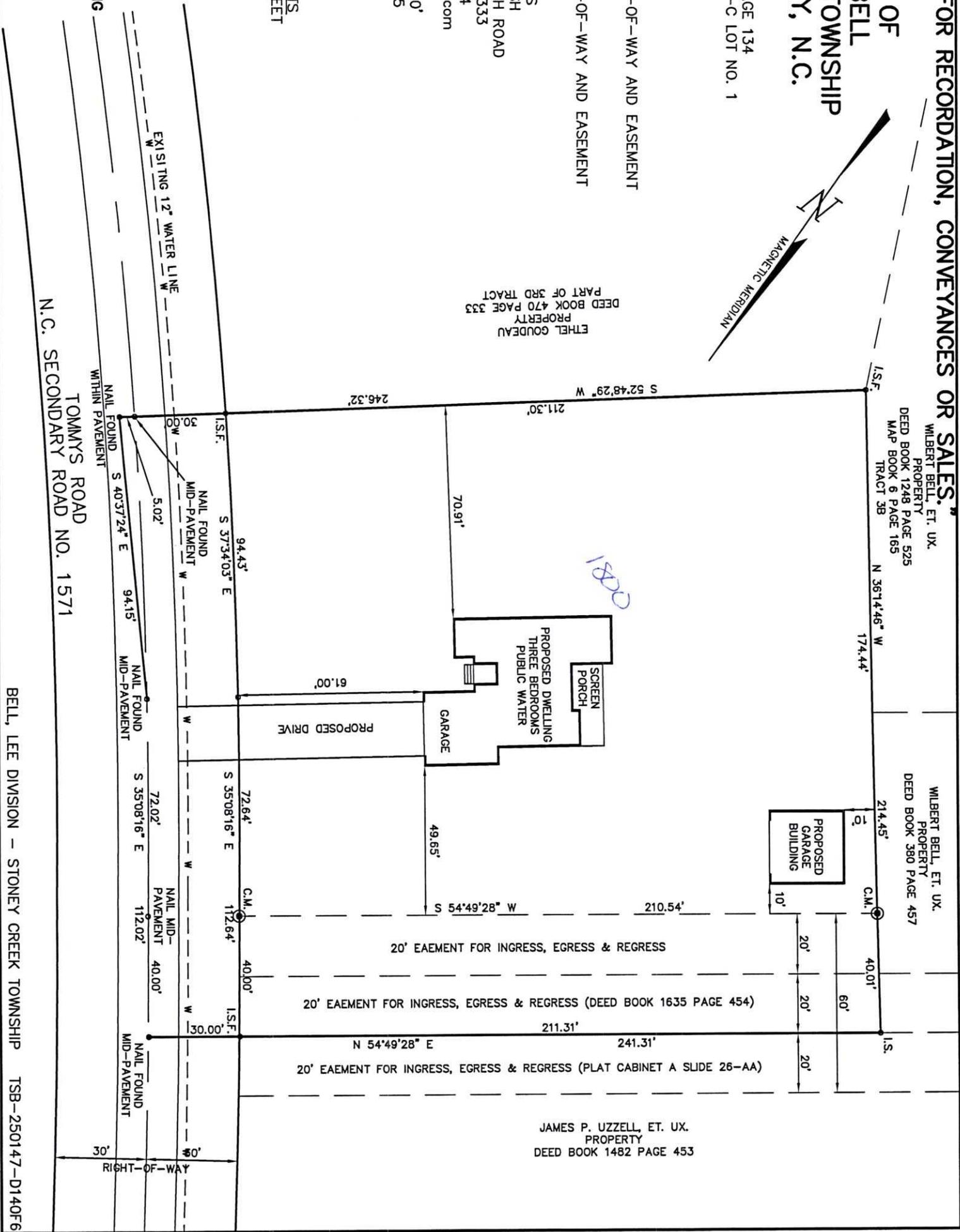
MINIMUM SETBACK REQUIREMENTS
FRONT TOMMYS ROAD = 60 FEET
REAR = 25 FEET
SIDE = 16 FEET
CORNER = 32 FEET
MAXIMUM HEIGHT = 35 FEET

B. R. KORNEGAY, INC.
LAND SURVEYING · ENGINEERING · PLANNING

License Number: F-1054
300 East Walnut Street
Goldboro, N.C. 27533-1435
(919) 735-5886 Fax: (919) 590-9053



ETHEL GOUDEAU
PROPERTY
DEED BOOK 470 PAGE 333
PART OF 3RD TRACT



WILBERT BELL, ET. UX.
PROPERTY
DEED BOOK 1248 PAGE 525
MAP BOOK 6 PAGE 165
TRACT 3B

WILBERT BELL, ET. UX.
PROPERTY
DEED BOOK 380 PAGE 457

JAMES P. UZZELL, ET. UX.
PROPERTY
DEED BOOK 1482 PAGE 453

Wayne County Health Department Application Addendum

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: including or pool

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

COREY E. BELL c/o LEGACY HOMES 2121 EMMAUS CHURCH ROAD, DUDLEY 28333 919-223-1364
Current Property Owner Address Phone

1800 TOMMYS ROAD PIN NUMBER 3620332319 PLAT CABINET L SLIDE 49-C LOT NO. 1
Street Address Subdivision Name Section/Phase/Lot#

DEVELOPMENT INFORMATION

(X) New Single Family Residence

Expansion of Existing System

() Repair to Existing Subsurface Sewage Disposal System

() Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms: 3

Maximum number of occupants: _____

If expansion: Current number of bedrooms: _____

Proposed expansion _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Date property with current boundaries was originally deeded & recorded

If applying for Authorization to Construct: Please Indicate Desired System Type(s):
(Systems can be ranked in order of your preference)

(1) **Conventional** (gravel) (2) **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 (X) no Does the site contain any jurisdictional wetlands?

() yes (X) no Is any wastewater going to be generated on the site other than domestic sewage?

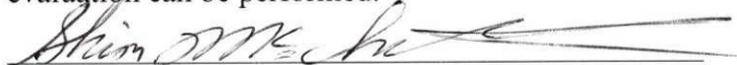
() yes (X) no Is the site subject to approval by any other public agency?

() yes (X) no Does property have subsurface tiles or drainage?

(X) yes () no Does property have Easements or Right of ways across it?

() yes (X) 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.



Property owner's or owner's legal representative** signature (required)

APRIL 16, 2025

Date

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

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

OWNER: Legacy Homes
ADDRESS: 2121 Emmaus Church Rd.
PROPOSED FACILITY: Residential PROPOSED DESIGN FLOW (.0400): 3600
LOCATION OF SITE: 1800 Tommy's Road
WATER SUPPLY: Public Single Family Well Shared Well Spring Other _____
EVALUATION METHOD: Auger Boring Pit Cut

APPLICATION DATE: 4-16-25
DATE EVALUATED: 4-30-25
PROPERTY SIZE: _____
PROPERTY RECORDED: _____
WATER SUPPLY SETBACK: _____
TYPE OF WASTEWATER: Domestic High Strength IPWW

PROFILE #	.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%	D-12	SL	Gr	vfr nsnp SEP	SWC less than 12"	US	N/A	N/A	US	0	
		12-24	CL	SBK	fr ss sp SEP	2.5Y 6/1						
2	S 1-2%	D-10	SL	Gr	vfr nsnp SEP	SWC less than 12"	US	N/A	N/A	US	0	
		10-24	CL	SBK	fr ss sp SEP	2.5Y 7/1						
3	S 1-2%	D-8	SL	Gr	vfr nsnp SEP	SWC less than 12"	US	N/A	N/A	US	0	
		8-24	CL	SBK	fr ss sp SEP	2.5Y 6/2						
4 r 5	S 1-2%	D-10	SL	Gr	vfr nsnp SEP	SWC less than 12"	US	N/A	N/A	US	0	
		10-24	CL	SBK	fr ss sp SEP	2.5Y 7/1						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): <u>US</u> EVALUATED BY: <u>J. Morris-Chitrow</u> OTHER(S) PRESENT: _____
Available Space (.0508)	<u>US</u>	<u>US</u>	
System Type(s)	<u>1</u>	<u>1</u>	
Site LTAR	<u>1</u>	<u>1</u>	
Maximum Trench Depth			

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 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)
CV (Convex Slope)		LS (Loamy Sand)				
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky)
DS (Debris Slump)		L (Loam)				
FP (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy) FR (Prismatic)
FS (Foot Slope)		SiCL (Silty Clay Loam)				
H (Head Slope)	IV	CL (Clay Loam)	0.4 - 0.1	0.2 - 0.05	MOIST VFR (Very Friable) FR (Friable) FI (Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky)
L (Linear Slope)		SCL (Sandy Clay Loam)				
N (Nose Slope)		SIL (Silt Loam)			VFI (Very Firm v. Very Sticky) EPI (Extremely Firm)	VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
R (Ridge)		SC (Sandy Clay)				
S (Shoulder Slope)		SiC (Silty Clay)				
T (Terrace)		C (Clay)				
		O (Organic)	None	None		

* 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 saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

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

