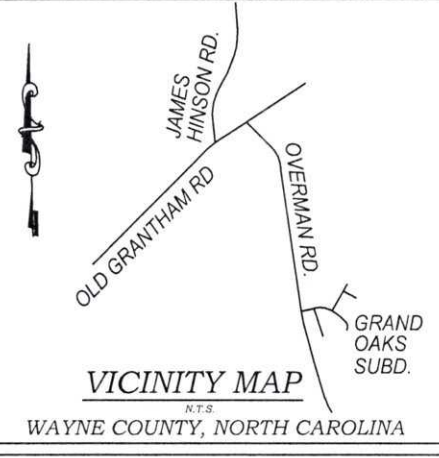
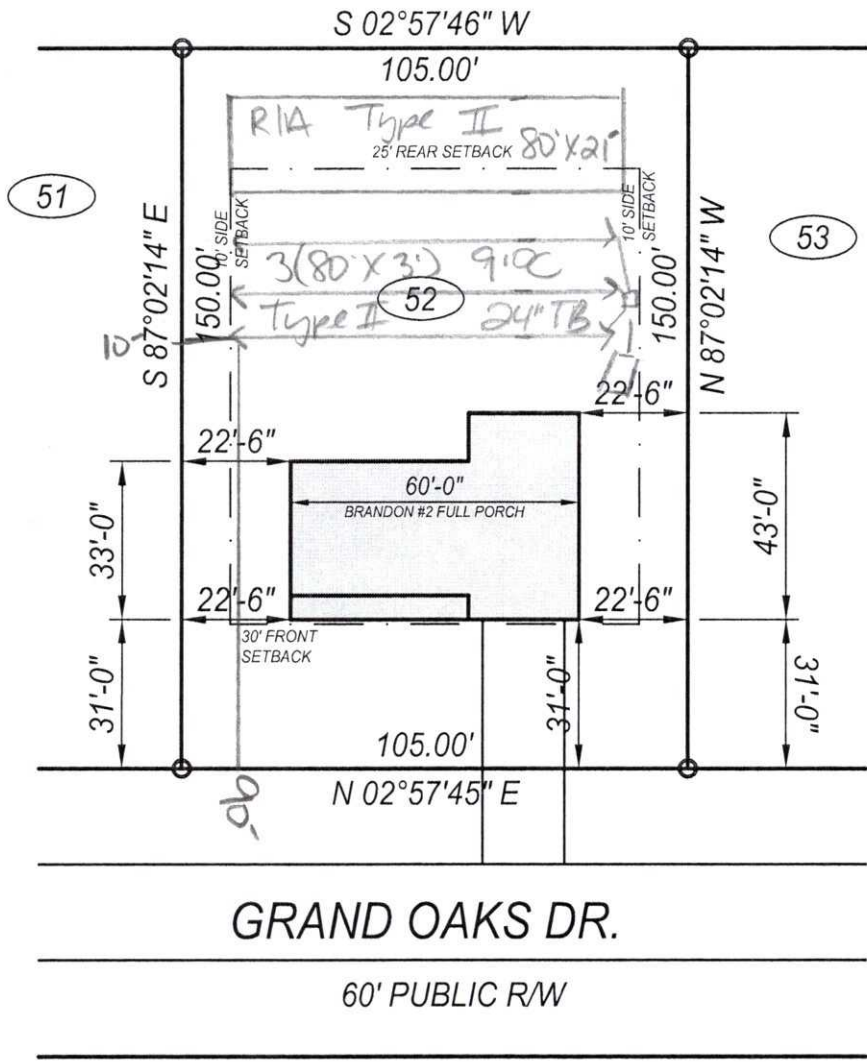


GRAND OAKS SUBDIVISION
 PLAT CABINET P, SLIDE 70-G
 LOT NUMBER 52
 BROGDEN TOWNSHIP
 WAYNE COUNTY, NC
 LOT AREA = 15,750 SF

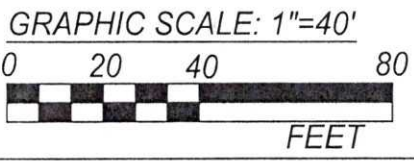
Bryan K. Jones, PE
 North Carolina Professional Engineer
 SEAL 080261
 ENGINEER
 BRYAN K. JONES
 Digitally signed by: Bryan K Jones, PE
 DN: CN = Bryan K Jones, PE
 email = bkjones@nc.rr.com C = US O = BK Jones Consulting Engineers, PA
 Date: 2022.11.22 08:09:50 -05'00'



PLAT CABINET P, SLIDE 70-G



GRAND OAKS DR.
 60' PUBLIC R/W



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: GRAND OAKS SUBDIVISION
	Title: PRECONSTRUCTION PLAN: LOT 52 <small>PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES, OR SALE</small>	Client: CARROLL CONSTRUCTION
Drawn By: BKJ	Project Number: 22999	Scale: 1" = 40'
Date: 10/25/2022	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. (COMPLTE SITE PLAN = 60 MONTHS; COMPLTE 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

Carroll Construction Homes 63 Veon Ct Willow Spring NC 27592 919.634.3281
Current Property Owner Address Phone #
302 Grand Oaks Dr Grand Oaks 52
Site Address Subdivision Name Section Phase Lot#

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: 6
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:

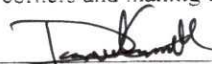
(Systems can be ranked in order of your preference)

- 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.


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

12/14/22

Date

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

Property owner's or owner's legal representative email address: Dgcarrol22@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: 12/14/22

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Carroll Const. APPLICATION _____
 DATE: 5-2-23
 ADDRESS: 3302 Grand Oaks DATE EVALUATED: _____
 PROPOSED FACILITY: 3302 PROPOSED DESIGN FLOW (.1949): 300 gpd PROPERTY SIZE: _____
 LOCATION OF SITE: _____ PROPERTY RECORDED: _____
 WATER SUPPLY: Private Public Well Spring Other _____
 EVALUATION METHOD: Auger Boring Pit Cut _____
 TYPE OF WASTEWATER: Sewage Industrial Process Mixed _____

P R O F I L E #	.1940 LAND- SCAPE POSITION/ SLOPE %	HORI- ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ.	
1	S	0-36	SL gr fr	ns np nexu	PS	PS	PS	PS	II 0.6
2	S	0-12	SL gr fr	ns np nexu	PS	PS	PS	PS	III 0.5
		12-36	SCL sbk fi	SS sp seyp					
3	S	0-19	SL gr fr	ns np nexu	PS	PS	PS	PS	III 0.5
		19-36	SCL sbk fi	SS sp seyp					
4	S	0-15	SL gr fr	ns np nexu	PS	PS	PS	PS	III 0.5
		15-36	SCL sbk fi	SS sp seyp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	Y	Y	SITE CLASSIFICATION (.1948):
System Type(s)	II	II	EVALUATED BY: <u>J. Carter</u>
Site LTAR	0.5	0.5	OTHER(S) PRESENT:

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
III	SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay) Si (Silt)	0.6 - 0.3	0.3 - 0.15		
IV	SC (Sandy Clay) SiC (Silty Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		

*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

LANDSCAPE POSITION
 CC (Concave Slope)
 CV (Convex Slope)
 D (Drainage Way)
 DS (Debris Slump)
 FP (Flood Plain)
 FS (Foot Slope)
 II (Head Slope)
 L (Linear Slope)
 N (Nose Slope)
 R (Ridge)
 S (Shoulder Slope)
 T (Terrace)

