



HALIFAX COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SECTION
 PO BOX 10
 HALIFAX, NC 27839
 PH # (252)583-6651 FAX # (252)583-2245

IP #: 9426
 ZP #: 10041
 PIN #: 10-00385
 WELL PERMIT #: 1623
 SYSTEM TYPE: 2C

OPERATION PERMIT

OWNER: SAMUEL MEDFORD
 ADDRESS: 265 MEDFORD RD.
 CITY/ST/ZIP: TARBORO, NC 27886
 LOCATION: 13619 HWY 258
 SUBDIVISION: _____ LOT #: _____
 FACILITY TYPE: _____ SFD _____
 MAXIMUM DAILY SEWAGE FLOW: 600 GALLONS/DAY
 MAXIMUM # BEDROOMS: 5
 MAXIMUM # PEOPLE: 10
 SYSTEM INSTALLER: HUX BACKHOE SERVICE

SPECIFIC PERMIT REQUIREMENTS
 (SEE REVERSE FOR GENERAL REQUIREMENTS & MAINTENANCE REQUIREMENTS)

DO NOT DRIVE, PARK OR BUILD ON ANY PART OF THE SEPTIC SYSTEM OR REPAIR AREA.

NC DENR AUTHORIZED AGENT P. A. L. Y. R. S. DATE 5/2/06

THIS OPERATION PERMIT DOES NOT CONSTITUTE OR IN ANY WAY WARRANTY THAT THE SEWAGE SYSTEM WILL FUNCTION PROPERLY FOR ANY GIVEN TIME.

HALIFAX COUNTY ENVIRONMENTAL HEALTH DIVISION IP#: 9426
 INSTALLATION APPROVAL CHECKLIST PUMP SHEET ATTACHED 11c
 LOCATION (911 ADDRESS): 13619 Hwy. 258
 SEPTIC SYSTEM INSTALLER: Hux Backhoe Service

| SEPTIC TANK | | FEE & BEDROOM REQUIREMENTS: | |
|-----------------|-------------------------------------|-----------------------------|-------------------------------------|
| DATE | <u>9/12/05</u> | OPERATION PERMIT FEE PAID | <input checked="" type="checkbox"/> |
| STB #/NAME | <u>URP 609</u> | NUMBER OF BEDROOMS VERIFIED | <input checked="" type="checkbox"/> |
| CAPACITY | <u>1200 gal</u> | DISTRIBUTION DEVICE (TYPE) | <u>11' - 12" (2)</u> |
| LIDS | <input checked="" type="checkbox"/> | GRADE, TANK TO DEVICE | <u>4' 7" - 5' 4" (1)</u> |
| RISER | <input checked="" type="checkbox"/> | GRADE, DEVICE TO TRENCH | <input checked="" type="checkbox"/> |
| BAFFLE | <input checked="" type="checkbox"/> | D-BOX LEVEL | <input checked="" type="checkbox"/> |
| VENT | <input checked="" type="checkbox"/> | DISTANCE, TANK TO D-BOX | <u>15'</u> |
| SEALANT | <input checked="" type="checkbox"/> | DISTANCE, D-BOX TO TRENCH | <input checked="" type="checkbox"/> |
| EFFLUENT FILTER | <input checked="" type="checkbox"/> | | |

SETBACKS
 MEETS ALL SETBACKS

MODIFICATIONS:
 SURFACE DIVERSION
 SUBSURFACE DIVERSION
 FILL (DEPTH IN INCHES)
 COVER (DEPTH IN INCHES)

| NITRIFICATION TRENCH DATA | | | |
|---------------------------|--------|--------------|----------|
| A | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| B | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| C | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| D | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| E | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| F | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| G | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |
| H | PIPE | <u>4' 5"</u> | FT. LONG |
| | TRENCH | <u>1' 3"</u> | IN. DEEP |

445'
 TOTAL LINEAR FT OF DRAIN LINE

12"
 GRAVEL DEPTH

D-BOX TIMING
A → B → C → D

OPERATION PERMIT WITHHELD FOR THE FOLLOWING (IF APPLICABLE):
Owner's choice of pipe type

THIS CERTIFIES THAT THE SYSTEM HAS BEEN INSTALLED AND COMPLETED.
5/17/06 DATE P. A. L. Y. R. S. NC DENR AUTHORIZED AGENT



AUTHORIZATION FOR CONSTRUCTION PERMIT
 HALIFAX COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 PO BOX 10
 HALIFAX, NORTH CAROLINA 27839

| | |
|--|------------------------|
| PROPERTY OWNER: CARL SLOAN (OO HOME) 13619 HWY 258 | IP PERMIT #: 9426 |
| ADDRESS: 1390 WESLEYAN BLVD. | WELL PERMIT #: 1623 |
| CITY: ROCKY MOUNT | ZONING PERMIT #: 10041 |
| STATE/ZIP: NC 27864 | PIN #: 10-00305 |
| PHONE #: 252-443-3700 | TOWNSHIP: ROSENEATH |

LOCATION & SITE INFORMATION

| | |
|-----------------------|----------------------|
| ROAD #: HWY 258 | DIRECTIONS: |
| STRUCTURE: SFD | SUBDIVISION: LOT #: |
| # OF BEDROOMS: 5 | 13619 HWY 258 |
| # OF PEOPLE: <=10 | |
| WATER SUPPLY: PRIVATE | |

SYSTEM SPECIFICATIONS

| | | |
|-------------------------------------|-----------------------------------|----|
| SITE CLASSIFICATION: PS | TOTAL LINEAR FT OF DRAINLINE: 445 | FT |
| DAILY FLOW RATE: 600 GPD | SYSTEM TYPE: 2C | |
| SOIL APPLICATION RATE: 0.45 in/d/ft | TRENCH WIDTH: 3 | FT |
| SEPTIC TANK: 1250 gal | MAX TRENCH DEPTH: 24 | IN |
| PUMP TANK: NA gal | DISTANCE FROM WATER SUPPLY: >100 | FT |
| NITRIFICATION FIELD: 1334 sq. ft. | TYPE OF DISTRIBUTION: D-BOXES | |
| NUMBER OF DRAINLINES: 4 | EFFLUENT FILTER REQUIRED: YES | |

PERMIT SPECIFICATIONS

- 1) THE HOME MUST BE LOCATED AS SHOWN AND THE HOUSE PLUMBING MUST BE KEPT HIGH ENOUGH TO ALLOW GRAVITY FLOW TO THE SEPTIC TANK AND DRAINFIELD.
- 2) THE DRAINFIELD CONSISTS OF 4 DRAINLINES OF THE FOLLOWING LENGTHS (115', 110', 110' AND 110'). ALL DRAINLINES BEGIN AND END AT 24" DEEP EXCEPT THE DRAINLINE FLAGGED BLUE WHICH WILL BEGIN AT 22" DEEP AND END AT UP TO 26" DEEP. INSTALL 3 DISTRIBUTION BOXES AS SHOWN.
- 3) DO NOT INSTALL IN WET SOIL CONDITIONS.

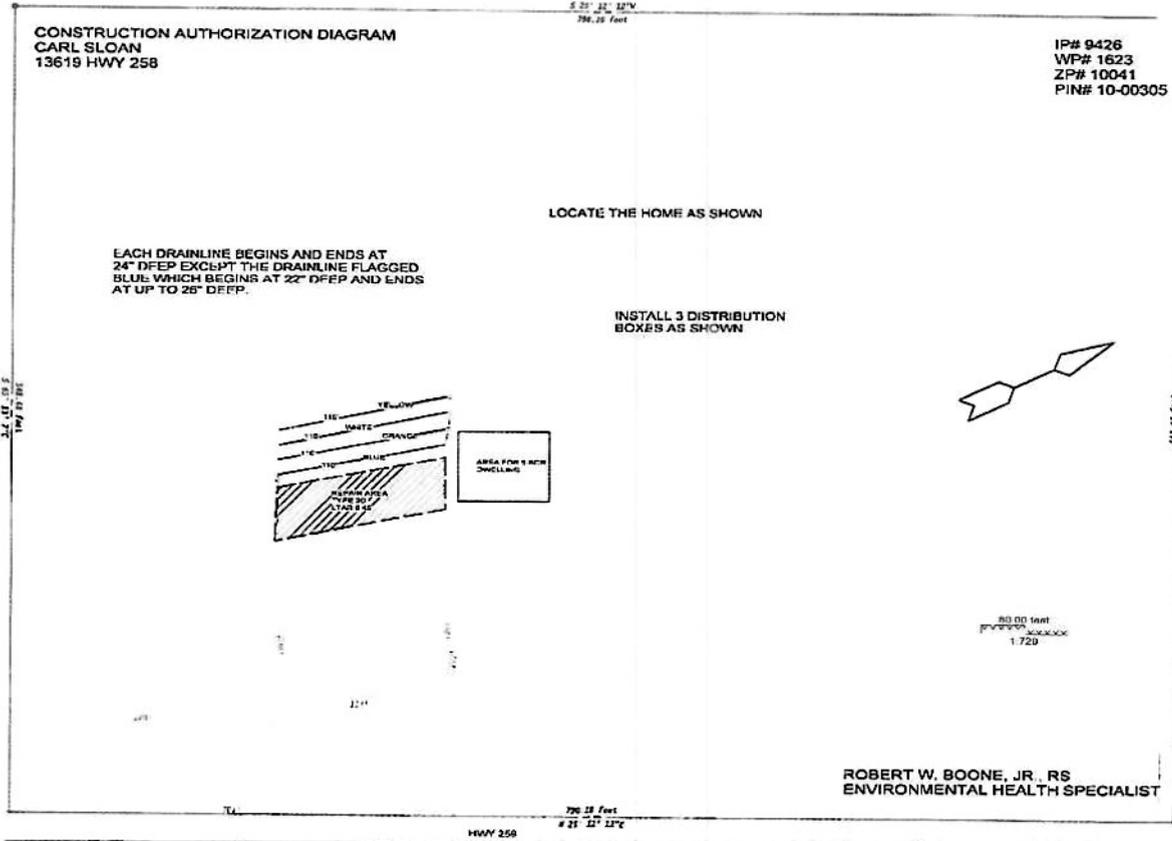
3/20/06

Robert W. Boone, Jr.

NCDENR AUTHORIZED AGENT

NOTE: THIS AUTHORIZATION FOR CONSTRUCTION PERMIT EXPIRES UPON EXPIRATION OF THE IMPROVEMENT PERMIT OR FIVE YEARS FROM DATE OF ISSUANCE WHICHEVER IS LESS.

C:\ppl\mca\mca.plt 03-20-2006



ROBERT W. BOONE, JR., R.S.
 ENVIRONMENTAL HEALTH SPECIALIST



Halifax County, NC



Overview



Legend

- Address Points
- Parcels
- Roads

| | | | | | | | | | |
|------------------|-----------------|----------------|-----------|---------|------------------------|--------------|----------|------|---------------|
| Parcel ID | 1005068 | Class | R | Owner | CHANDLER, STEPHANIE | Last 2 Sales | | | |
| Alternate ID | 4843-00-57-3500 | Acreage | 10.0 | Address | JEAN | Date | Price | Qual | Reason |
| Property Address | 13619 HWY 258 | Assessed Value | \$348,400 | | CHANDLER, HUNTER JAMES | 3/28/2023 | \$385000 | Q | NOT VALIDATED |
| Deed | 2728 / 232 | | | | 13619 HWY 258 | 3/7/2006 | \$30000 | Q | NOT VALIDATED |
| Book/Page | | | | | SCOTLAND NECK, NC | | | | |
| Brief | n/a | | | | 27874 | | | | |
| Tax Description | | | | | | | | | |

(Note: Not to be used on legal documents)

Please note that parcel data is for the **2025 tax year**. In other words, the records reflect tax listing and recorded documents for the period between **January 1 and December 31, 2024**. **Property changes such as ownership or acreage due to documents recorded after December 31, 2024 are NOT included.** Users of this website should understand that changes to official tax records may not be reflected on this website. This website is not a connection to the Halifax County Tax Office's "live" assessment database and is updated each business day after 5:00 p.m. Numerous changes occur to the assessment database each day and will not be reflected online until the next update. Please call (252) 583-2121 or email taxhelp@halifaxnc.com with questions.

Date created: 9/19/2025
Last Data Uploaded: 9/19/2025 5:17:57 AM

Crestline Homes, Inc.
 5580 Crestline Road Laurinburg, NC 28352

DATA PLATE

NTA, Inc
 305 N. Oakland Avenue
 Nappanee, IN 46550

The battery in this and
 smoke detectors must be connected
 before home is habitable

Job/Name/Location: ROCKY MOUNT, NC
 Unit Serial Number: CLHABC233655 NC
 State Label Number: NC# 92041
 NTA Label Number: F2# 257923-24-25
 Date of Mfg.: 4/12/2006
 Type of Construction: VB, UNPROTECTED
 Bldg. Ht/Story Limit: ONE STORY

Model 3419 W/POD

Date Label Affixed 4/12/2006
 Date Data Plate Affixed 4/12/2006
 Use Group RESIDENTIAL
 Floor Area 1760

| |
|-------|
| 8 1/2 |
| 5 1/2 |
| 9 1/2 |

SEAL NUMBER
 F2- **257923**
 Inspected to applicable code listed on the
3655 A

Furnace: NONE
 Mfg. _____
 Model. _____
 Range: KENMORE
 Mfg. 79096019405
 Model. _____
 Dishwasher: KEMORE
 Mfg. 58715189400
 Model. _____
 Washer: NONE
 Mfg. _____
 Model. _____

Water Heater: BRADFORD-WHITE
 Mfg. M250S6DS2-130
 Refrigerator: NONE
 Mfg. _____
 Model. _____
 Microwave: KENMORE
 Mfg. 72180419500
 Model. _____
 Dryer: NONE
 Mfg. _____
 Model. _____

Electrical Ratings: 1φ, 3W, 120/240 V AC
 Main Rating Amps: 200

Serial No. 92041

Codes & Standards Complied With:
 NC Residential Code - 2002 Edition
 NC Mechanical Code - 2002 Edition
 NC Plumbing Code - 2002 Edition
 NC Electrical Code - 2005 Edition with 2005 Amendments

| | | | | | |
|--------------------|-------|------|--------------|------------------|------|
| Design Parameters: | 30 | PSF | Floor Load | 40 | PSF |
| Snow Load | 100 | PSF | Ice Temp | 18 | F |
| Wind Load | 79000 | PSF | Dry Test | ON SITE BY OTHER | PSIG |
| Water Test | | PSIG | Leak Days | 70 | |
| Unit Wt. | | lbs | Seismic Zone | D2 | |
| | | | Wall | 21 | |
| | | | Floor | 25 | |

Special Instructions:
 Insulation Values:
 ON HOMES W/1600 SQ FT OR MORE PER LEVEL, A 2ND AIR RETURN GRILL TO BE INSTALLED
 ON SITE, ALL GAS CONNECTIONS & TEST TO BE DONE ON SITE
 Instructions for water / drain connections BELOW FLOOR BY SITE CONTRACTOR

ATTENTION INSTALLATION TECHNICIAN
 IN EFFORT TO PROVIDE INFORMATION IN L
 CROSS-OVER WIRING, WE HAVE ATTA
 DIAGRAM OF THIS HOME TO THE B
 CABINET, IF YOU SHOULD ENCOUR
 CONNECTIONS PLEASE CONTACT
 HOMES

g, NC 28352

The battery in this and
smoke detectors must be connecte
before home is habitable.

19 W/POD

4/12/2006

4/12/2006

RESIDENTIAL

1760

BRADFORD-WHITE

M250S6DS2-130

NONE

Water Heater:

Mfg. Model:

Refrigerator:

| INSULATED | |
|------------|---------|
| THE FOL | |
| INSULATION | R-VALUE |
| R-25 | 8 |
| R-21 | 5 |
| R-30 | 9 1/2 |

SEAL NUMBER
F2- 257923

NTA INC. hereby certifies that this
Modular Structure has been inspected to,
and conforms with, the applicable code
compliance standards as listed on the
manufacturer's DATA PLATE.

Manufacturer's Serial Number: **233655 A**

STATE OF NORTH CAROLINA
MODULAR CONSTRUCTION
"VALIDATION STAMP"

Admitted by NTA
NORTH CAROLINA
DEPARTMENT OF INSURANCE
MANUFACTURED BUS

Jim [Signature]
Commissioner of I

Serial No. 92041