

04.1727.29



Wayne County (Environmental) – Improvements Permit

301 N. Herman Street, Box CC, Goldsboro, NC 27530

Phone:(919) 731-1174

Fax:

092903

Permit No: 09070107540
Status: PENDING

Appl. Dt.: 11/5/2009 Exp. Dt.: 11/5/2014
Status Dt.: 11/5/2009

Owner Information

Name : Real Estate Management Inc
Address : P O Box 10219
Goldsboro NC 27532
Phone(W) :
Phone(H) :
Phone(M) :

Applicant Information

Name : Real Estate Management Inc
Address : P O Box 10219
Goldsboro NC 27532
Phone(W) :
Phone(H) :
Phone(M) :

Property Information

PIN # : 043536447190
Address : 206 Clay Rd
Goldsboro NC 27532
Acreage : 0
Subdivision : Sutton's Run
Lot # : 29
Directions :
Watershed district :

Occupant Information

Name : Real Estate Management Inc

Water Details

System : New
Source : Public

Property Characteristics

Type of establishment : Residential dwelling units
Number of establishment : 4 Bedrooms
Septic GPD : 480
Basement : No
Basement Bath : No
Garbage Disposal : No
Multiple Dwelling Units : No

Site Details

System Classification :
System Description :
Line Length :
Line Depth :
Nitrification Sq. Ft. :
Tank #1 :
Tank #2 :
Tank #3 :

Property Notes :

Permit Information

Septic System Requested :
System Description Requested :

Notes : FEES PAID 3-7-02 \$75 SEE ATTACHED

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP	EHKWHITLEY	11/5/2009	PARTIAL	ATTACHED TO NEW SYSTEM
IP				
ATC				
OP				

Payment Information

Permit	Receipt No.	Fee	Ref#1	Amount	Status	Ref#2	Amount	Status	Ref#3	Amount	Status
MAINPERMIT		200.00									
Total				200.00							

17482 I WAYNE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

REF. NO. 04.1727 REM 29 DATE 03/07/02 TWP NEW HOPE FILE NO. TAX ID NO.

IMPROVEMENT PERMIT

HOUSE 3 or 4 BR HOUSE

MOBILE HOME _____

OTHER _____

EXPANSION _____

REPAIR _____

REVISION _____

WATER SUPPLY

PUBLIC

PRIVATE _____

OWNERS NAME / ADDRESS

Real Estate Management Services, Inc.
808 N. Berkeley Blvd
Goldsboro, N.C. 27534

PROPERTY ADDRESS SR 1727 SUTTON'S RUN SECT. 3 LOT 29
ADDRESS: Clay Road

TELEPHONE(S)
(919) 778-1960

SEE PLOT PLAN (THIS PERMIT IS VOID IF THERE IS ANY CHANGE OR DEVIATION FROM THIS PLOT PLAN OR PERMIT.)
READ CONDITIONS ON BACK OF THIS FORM

SIGNATURE OF OWNER OR AUTHORIZED AGENT FEE \$ 75
X Lac for Bell Wells

The above signature indicates that I have read, understand, and agree with all the provisions and information as outlined on the back of this form, and authorize Wayne County Environmental Health Department personnel to go onto this property for evaluation.

BEDROOMS 4

TANK SIZE = 1000 gal

FLOW RATE 480 gpd

NITRIFICATION FT² 600 FT²

LENGTH OF LINE 3(3'x6')

SYSTEM TYPE
T/Cow

OPERATOR n/a

REPAIR T/Cow

DEPTH OF NITRIFICATION LINES FROM TOP OF THE GROUND SURFACE:
24"

DO NOT PAVE OR DRIVE OVER ANY PART OF SEPTIC SYSTEM. OWNER IS RESPONSIBLE FOR LOCATING ALL UTILITY LINES AND EXISTING WATER LINES / WELLS.

REMARKS:

pd

PAID
DATE 3-7-02 AMT. 75
RECEIPT 25206 CNA 542
REC'D BY RB
E.H. SPECI.

DATE IP ISSUED 6/1/02 /EXPIRES: _____
DATE CA ISSUED 6/1/02 /EXPIRES: 6/1/07
DATE OP ISSUED 9/29/03
INSTALLER T. HARRIS

ENVIRONMENTAL HEALTH SPECIALIST [Signature] RS
ENVIRONMENTAL HEALTH SPECIALIST [Signature] RS
ENVIRONMENTAL HEALTH SPECIALIST [Signature] RS

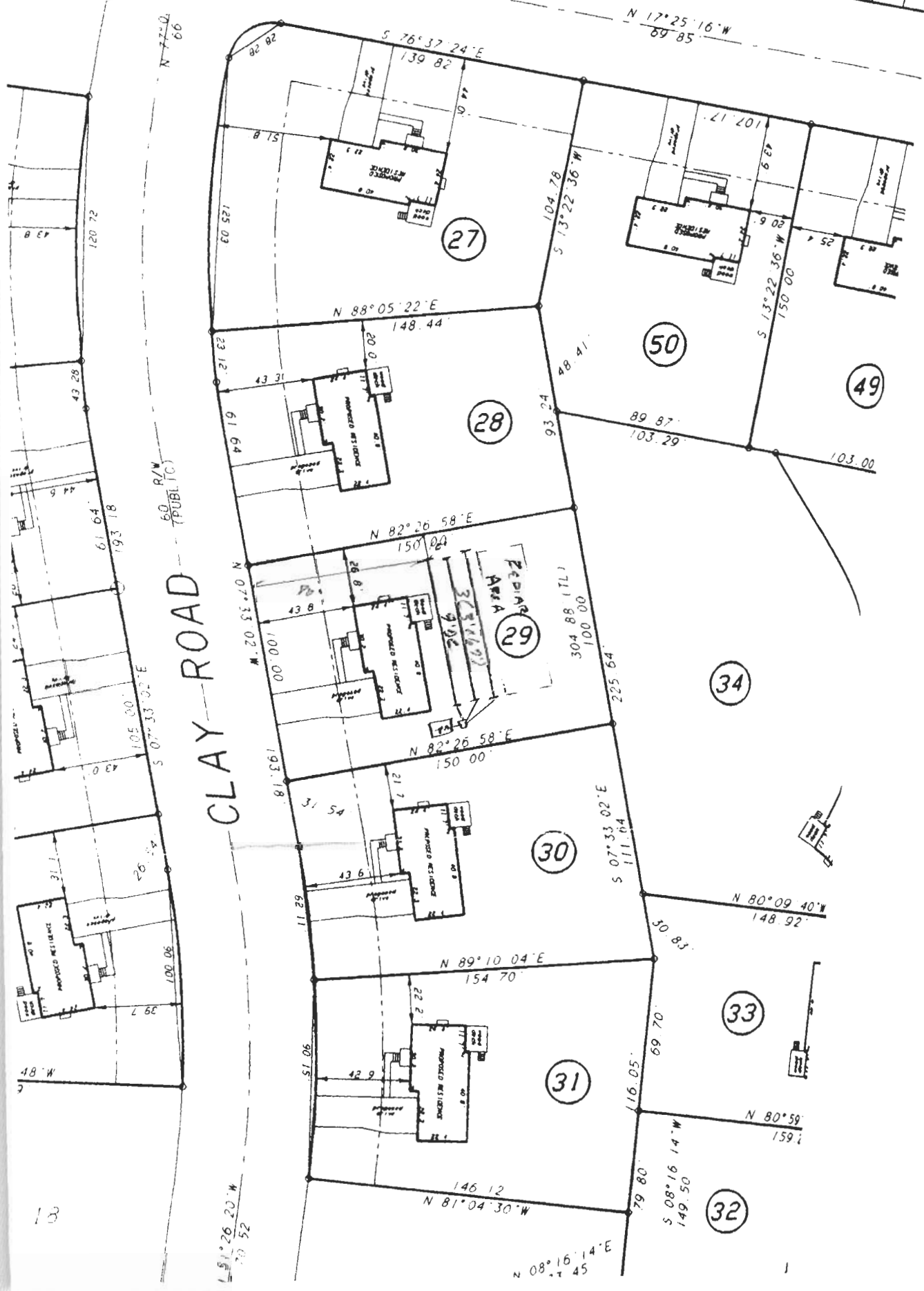
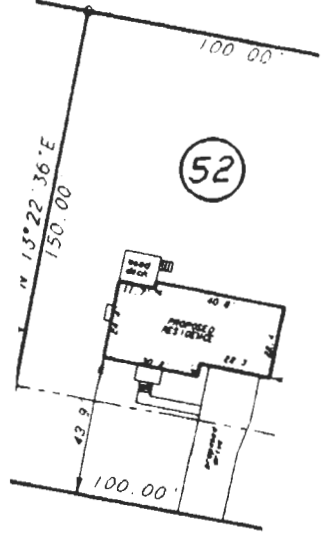
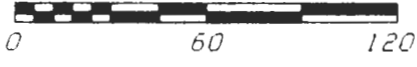
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FINAL PLAT FOR HEALTH DEPARTMENT:

SUTTON'S RUN

SECTION THREE
NEW HOPE TOWNSHIP
WAYNE COUNTY, N. C.

MARCH, 2002
SCALE 1" = 60'



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Real Estate Mgt. APPLICATION _____
 DATE _____
 ADDRESS: _____ DATE EVALUATED: _____
 PROPOSED FACILITY: 3 or 4 BR PROPOSED DESIGN FLOW (1949): 480 gpd PROPERTY SIZE: _____
 LOCATION OF SITE: SR 1727 Suttons Run Sect 3 Lot PROPERTY RECORDED: _____
 WATER SUPPLY: Private Public Well Spring Other _____
 EVALUATION METHOD: Auger Boring Pit Cut _____
 TYPE OF WASTEWATER: Sewage Industrial Process Mixed _____

PROFILE #	1940 LAND-SCAPE POSITION/SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941)		OTHER PROFILE FACTORS				PROFILE CLASS & L.T.A.R.
			1941 STRUCTURE/TEXTURE	1941 CONSISTENCE/MINERALOGY	1942 SOIL WETNESS/COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	
1		0-42	SE GR	VER NS AT	PS	PS			PS 0.8
2			SAME AS #1		PS	PS			PS 0.8
3			SAME AS #1		PS	PS			PS 0.8
4			SAME AS #1		PS	PS			PS 0.8

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (1946):
Available Space (1945)	✓	✓	SITE CLASSIFICATION (1948): _____
System Type(s)	<u>T/low</u>	<u>T/low</u>	EVALUATED BY: <u>[Signature]</u>
Site L.T.A.R.	<u>0.8</u>	<u>0.8</u>	OTHER(S) PRESENT: _____

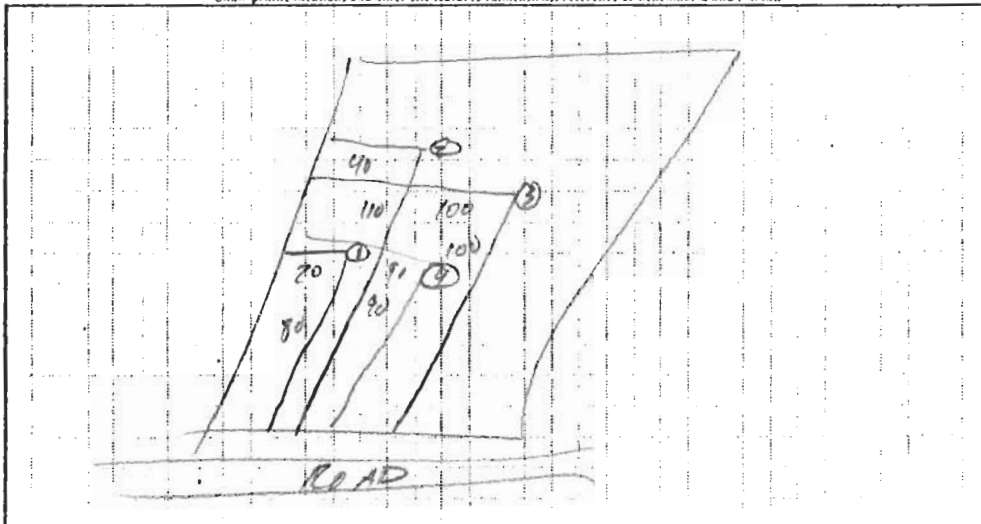
GROUPE	SOIL TEXTURE	CONVENTIONAL L.T.A.R.	EPF L.T.A.R.	MINERALOGY/CONSISTENCE	STRUCTURE
I	S (Sand) LS (Loamy Sand)	12-08	06-04	HEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Simple Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
II	SL (Sandy Loam) L (Loam)	08-06	04-03		
III	SiCl (Silt Clay Loam) CL (Clay Loam) SCl (Sandy Clay Loam) SLC (Silt Loam Clay) Si (Silt)	06-03	03-015		
IV	SC (Sandy Clay) SiC (Silty Clay) O (Organic)	04-01	02-005		

*Adjust L.T.A.R. due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality

NOTES
 HORIZON DEPTH: In inches below natural soil surface
 DEPTH OF FHL: In inches from land surface
 RESTRICTIVE HORIZON: Thickness and depth from land surface (S=Suitable or U=Unsuitable)
 SOIL WETNESS: Inches from land surface to first water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designations
 CLASSIFICATION: S=Suitable, PS (Provisionally Suitable), or U (Unsuitable)
 Evaluation of topographic shall be by site
 Long-term Acceptance Rate (L.T.A.R.) gal/day/10'

LANDSCAPE POSITION
 CC (Concave Slope)
 CV (Convex Slope)
 D (Drainage Ways)
 DS (Debris Shovel)
 FP (Foot Plain)
 FS (Foot Slope)
 H (Head Slope)
 I (Incon Slope)
 N (Nose Slope)
 R (Ridge)
 S (Shoulder Slope)
 T (Terrace)

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



WAYNE COUNTY HEALTH DEPARTMENT
(APPLICATION FOR AN IMPROVEMENTS PERMIT)

*SCALED PLAT OF PROPERTY MUST BE ATTACHED TO THIS APPLICATION

Property Owner Real Estate Management Services, Inc. Address (Mailing) 808 N. Berkeley Blvd
Phone Number (919)778-1960 Goldsboro, N.C. 27534

Address of Property _____ Township New Hope SR # _____ off N.C.S.R. 1727

Subdivision Sutton's Run Lot Number 29 Section Three Dollard Town Road

Proposed Building: (X) Bedroom House () Bedroom Mobile Home () Other (specify) _____

Number of Bedrooms in each dwelling 3 to 4

If business or industry give number of employees _____ Daily Estimated _____ (gal.)
Sewage Flow

This evaluation is for domestic sewage only

Will Facility Include: Dishwashing Machine X
Garbage Disposal or Grinder --
Washing Machine X

TYPE OF WATER SUPPLY: X PUBLIC _____ INDIVIDUAL (NON-PUBLIC)

Size of Property (Sq. Ft. or Acres) 15,000 S.F. 0.344 Acres

Directions to Property Take US HWY 70 East turn onto N.C.S.R. 1728 (Walnut Creek Rd),
drive to N.C.S.R. 1727 (Dollard Town Rd) turn left, property ahead on left side.

I hereby make application for an Improvement Permit and authorize Wayne County Health Department Personnel to go on said property to make an evaluation.

Remarks: _____

NOTE: The Improvement Permit shall have no expiration date but is subject to revocation if site plans or the intended use change. The authorization to construct shall be valid for 5 years.

*No Improvement Permit will be issued until a scaled plot plan of property (showing proposed building, driveways, parking facilities, etc.) is submitted. The scaled plat of the property must be prepared (Certified) by a registered surveyor and the corners staked.

PROPERTY LOCATED WITHIN ZONING JURISDICTION OF Wayne
(City or County)

Owner or Surveyor or Engineer: Claude L. Whitfield, P.E. L770/2819
(Representing Owner) (Signature) Registration No. or Seal

Date: February 20, 2002