

02.1219. 19820

052201



Wayne County (Environmental) - Repair Permit

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

Phone:(919) 731-1174

Fax:

Permit No: 11080103289

Appl. Dt.: 5/10/2011

Exp. Dt.: 5/10/2016

Status: PENDING

Status Dt.: 5/10/2011

Owner Information

Name : Roy Turnage
Address : 1317 Old Grantham Rd
Goldsboro NC 27530
Phone(W) :
Phone(H) :
Phone(M) :

Property Information

PIN # : 022577467920
Address : 1317 Old Grantham Rd
Goldsboro NC 27530
Acreage : 0
Subdivision : Riggsbee Fm
Lot # : 19&20
Directions :

Site Details

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

Applicant Information

Name : Roy Turnage
Address : 1317 Old Grantham Rd
Goldsboro NC 27530
Phone(W) :
Phone(H) :
Phone(M) :

Occupant Information

Name : Roy Turnage

Water Details

System : New
Source : Public

Property Characteristics

Type of establishment : Residential dwelling units
Number of establishment : 3 Bedrooms
Septic GPD : 360
Basement : No
Basement Bath : No
Garbage Disposal : No
Multiple Dwelling Units : No
Property Notes :

Notes : NO FEES SEE ATTACHED

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP	EHKWHITLEY	5/10/2011	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	11080102141	0	CASH	0	PAID						
Total		0									

Signature: _____

WAYNE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

REF. NO. 02-1219RT DATE 5-10-01 TWP Brogden FILE NO. _____ TAX ID NO. _____

IMPROVEMENT PERMIT	WATER SUPPLY	OWNERS NAME / ADDRESS
HOUSE _____ MOBILE HOME _____ OTHER _____ EXPANSION _____ REPAIR <u>3 BR House</u> REVISION _____	PUBLIC <input checked="" type="checkbox"/> PRIVATE _____	<u>Roy Turnage</u> <u>1317 Old Grantham Road</u> <u>Goldsboro NC</u>

PROPERTY ADDRESS SR 1219 Private lot
1317 Old Grantham Road TELEPHONE(S) 735-7238

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 X Roy Turnage FEE \$ _____

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 <u>3BR</u>	SYSTEM TYPE <u>CONVENT</u>	DEPTH OF NITRIFICATION LINES FROM TOP OF THE GROUND SURFACE: <u>36"</u>
TANK SIZE _____	OPERATOR <u>N/A</u>	
FLOW RATE <u>360 GPD</u>	REPAIR _____	
NITRIFICATION FT ² <u>400 ft²</u>		
LENGTH OF LINE <u>1/40'x4'</u> <u>1/40'x4'</u>		

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: INSTALL BACK FILL BARRIER.

PAID
 DATE _____ AMT. _____
 RECEIPT # _____ CK# _____
 REC'D BY _____
 E.H. SPECL _____

DATE IF ISSUED <u>5/16/01</u> / EXPIRES: _____	ENVIRONMENTAL HEALTH SPECIALIST <u>[Signature]</u>
DATE CA ISSUED <u>5/16/01</u> / EXPIRES: <u>5/16/06</u>	ENVIRONMENTAL HEALTH SPECIALIST <u>[Signature]</u>
DATE OF ISSUED <u>5-22-01</u>	ENVIRONMENTAL HEALTH SPECIALIST <u>[Signature]</u>
INSTALLER <u>ed Garbins</u>	

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ray Turinzi APPLICATION

DATE: _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: R1317 Private lot 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	0-2	0-48	SL CR	FR NS NP	S ≥ 48"	S	-	-	S .8
2	0-2	0-48			S ≥ 48"	S	-	-	S .8
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)		Y	SITE CLASSIFICATION (.1948): <u>S</u>
System Type(s)		Cony.	EVALUATED BY: <u>[Signature]</u>
Site LTAR	.8	.8	OTHER(S) PRESENT: <u>5/15/01</u>

GROUP	SOIL TEXTURE	CONVENTIONAL (.1955) LTAR	1 PP (.1957) LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
I	S (Sand) LS (Loamy Sand)	12 - 08	06 - 04	DESP (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)	08 - 06	04 - 03		
III	SuCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SIC (Silt Loam Clay) Si (Silt)	06 - 03	03 - 015		
IV	SC (Sandy Clay) SiC (Silty Clay) O (Organic)	04 - 01	02 - 005		

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

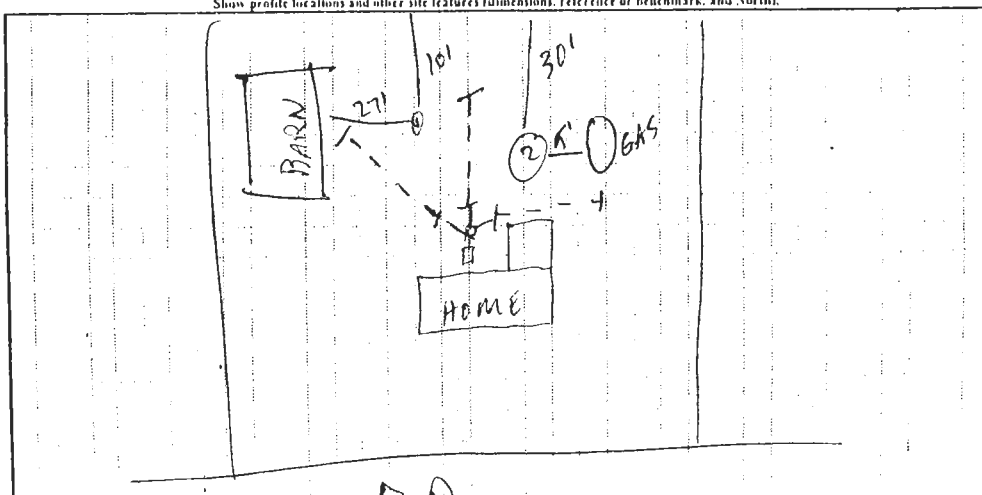
NOTES

HORIZON DEPTH: In inches below natural soil surface
DEPTH OF FHL: In inches from land surface
RESTRICTIVE HORIZON: Thickness and depth from land surface
SAPROUSE: 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), FS (Provisionally Suitable), or U (Unsuitable)
Evaluation of saporouse shall be by pits
Long term Acceptance Rate (LTAR) gal/day/ft²

LANDSCAPE POSITION

- CC (Concave Slope)
- CV (Convex Slope)
- D (Drainage Ways)
- DS (Debris Slump)
- FP (Flood Plain)
- FS (Flood Slope)
- H (Head Slope)
- I (Inclined Slope)
- IS (Inclined Slope)
- R (Ridge)
- S (Shoulder Slope)
- T (Terrace)

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



R.D.