08. 1336/83

Wayne County (Environmental) – Improvements Permit

301 N. Herman Street, Box CC, Goldsboro, NC 27530
Phone:(919) 731-1174
Fax:

Permit No: 08070102838 **Appl. Dt.:** 3/14/2008 **Exp. Dt.:** 3/14/2013
Status: PENDING **Status Dt.:** 5/15/2024

Owner Information

Name : Tim Teachey Enterprises Inc
Address : PO BOX 516
Pikeville NC 27863
Phone(W) :
Phone(H) :
Phone(M) :

Property Information

PIN # : 082694074380
Address : 215 Willowbrook Dr
Pikeville NC 27863
Acreage : 1.22
Subdivision : Willow Brook #5
Lot # : 83
Directions :
Watershed district :

Site Details

System Classification : Type II
System Description : Conventional septic sys (750 linear feet of nitrification line or less)
Line Length : 3(67x3)
Line Depth : 18.00
Nitrification Sq. Ft. : 603.00
Tank #1 : Septic Tank - 1000.00
Tank #2 : Pump Tank - 1000.00
Tank #3 :

Applicant Information

Name : Tim Teachey Enterprises Inc
Address : PO BOX 516
Pikeville NC 27863
Phone(W) :
Phone(H) :
Phone(M) :

Occupant Information

Name : Tim Teachey Enterprises Inc

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 : Max number of occupants 6.

Permit Information

Septic System Requested :
System Description Requested : Conventional septic sys (750 linear feet of nitrification line or less)

Notes : *Pump up to top line, then serial down *Call EHS if more depth is needed

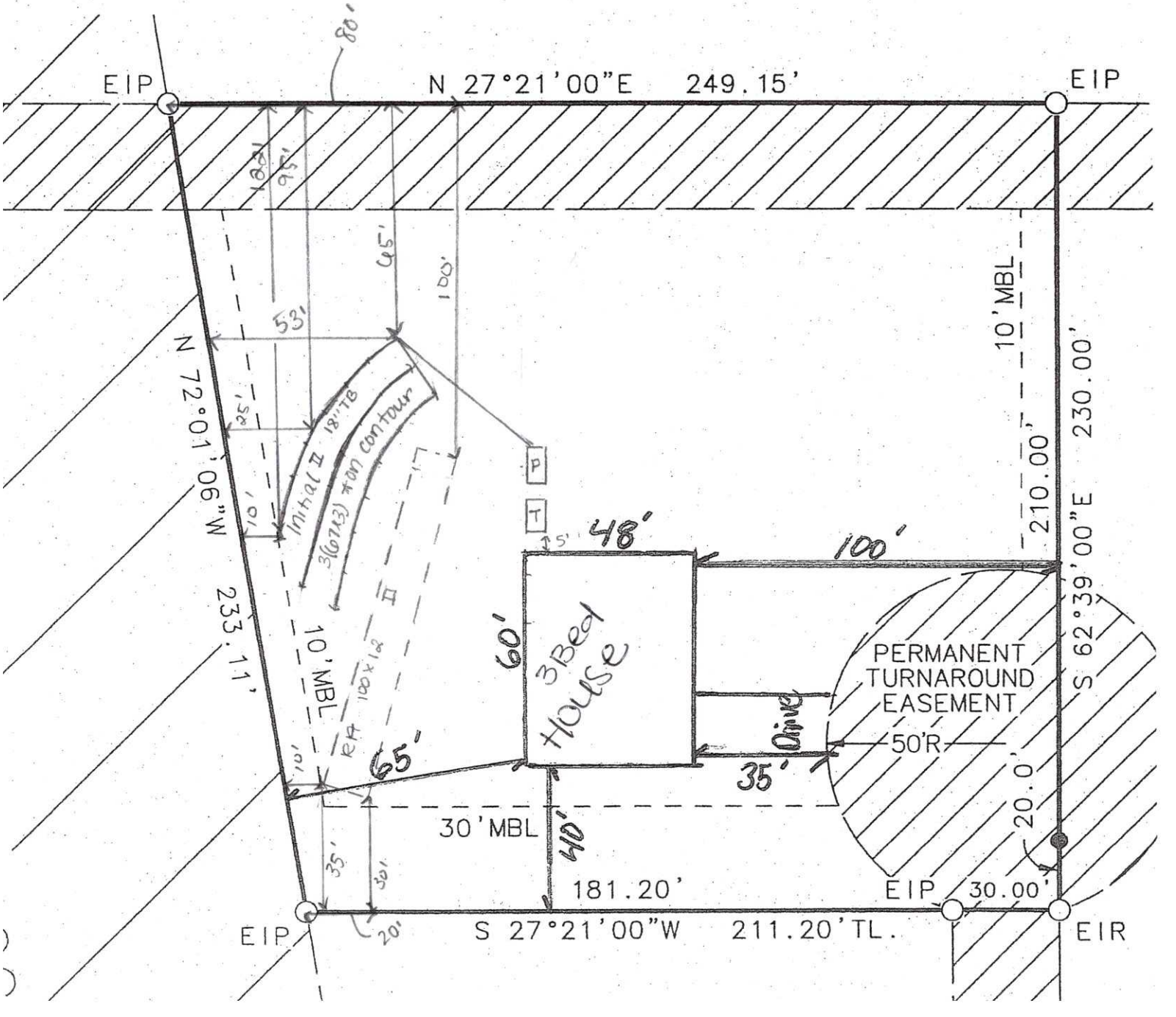
Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP	EHLMORRIS	6/21/2023	OK/S	
ATC	EHBSAYERS	5/15/2024	OK/S	***NEEDS TO PAY PUMP FEE***
OP				

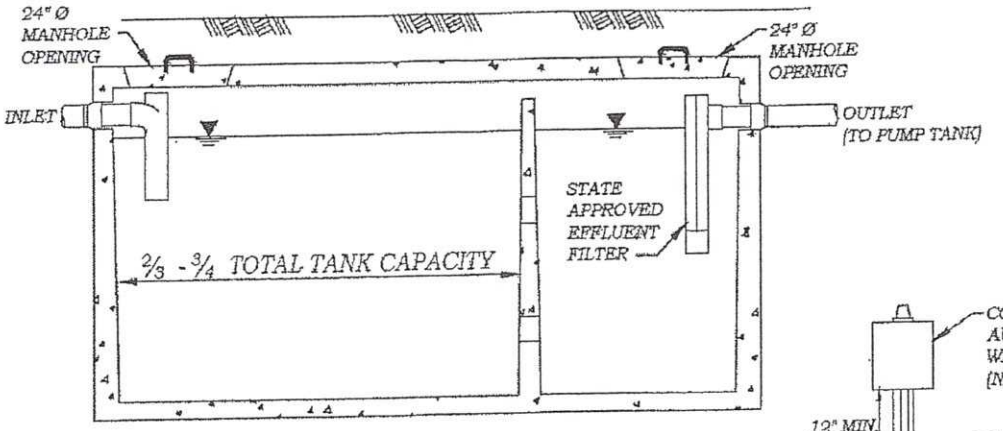
Payment Information

* call for preinstall meeting
* must be installed on contour
* pump to top line then serial flow down

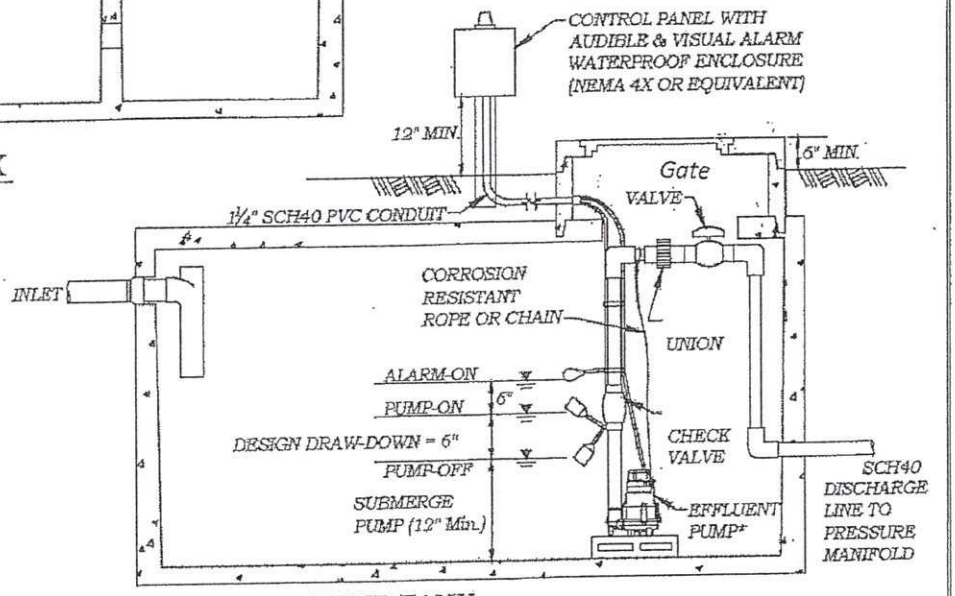
EARLENE H
D.B. 19



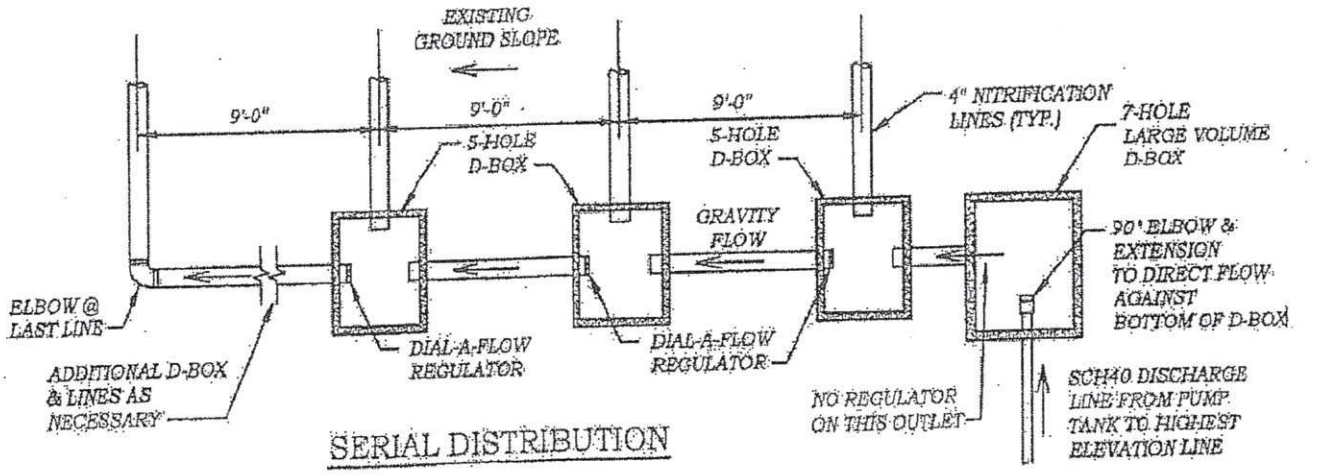
WAYNE COUNTY SEPTIC SYSTEM WITH EFFLUENT PUMP REQUIREMENTS



SEPTIC TANK



PUMP TANK



SERIAL DISTRIBUTION

Supply line diameter 2 inches.
Pump rating: Pump must be rated to deliver 21.5 gallons per minute against 10.5 Total Dynamic Head.
Conduit from tank to NEMA 4X control panel shall be sealed at both ends.

☒ Survey plat to scale* submitted
▫ Scaled* site plan submitted
▫ Unscaled site plan submitted
*scale of 1" = no more than 60'

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. (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

Tim Teachey Enterprises INC | PO Box 516 Pikeville 27863 | 919-921-0568
Current Property Owner | Address | Phone #

215 Willowbrook Dr. Pikeville | Willowbrook | Lot 83 / Sect. 5
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: _____
If expansion: Current # of bedrooms: _____
Proposed expansion _____
Public or Private Water Source Public

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? – Drainage Easement shown on Plat.
□ 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.

[signature] 3-4-24
Property owner's or owner's legal representative** signature (required) Date
**Must provide documentation to support claim as owner's legal representative

Property owner's or owner's legal representative email address: timteachey1230@aol.com

☒ Survey plat to scale* submitted
▫ Scaled* site plan submitted
▫ Unscaled site plan submitted
*scale of 1" – no more than 60"

Wayne County Health Department
Application Addendum

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- Driveway
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- Location of all proposed structures including garage or pool
- Where you want your septic system
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Tim Teachey Enterprises INC — PO Box 516 Pikeville NC 27863 — 919-921-0568
Current Property Owner — Address — Phone #

215 Willowbrook Dr. Pikeville — Willowbrook — Section 5 / Lot 83
Site Address — Subdivision Name — Section/Phase/Lot#

DEVELOPMENT INFORMATION:

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☐ Expansion of Existing System
☐ Repair to Existing Subsurface Sewage Disposal System
☐ Non-Residential Type of Structure

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Maximum # of occupants: _____
If expansion: Current # of bedrooms: _____
Proposed expansion _____
Public or Private Water Source public

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Date Property with current boundaries was originally deeded & recorded: _____

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(Systems can be ranked in order of your preference)

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☐ 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.

_____ 6-5-23
Property owner's or owner's legal representative** signature (required) — Date

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

Property owner's or owner's legal representative email address: timteachey1230@aol.com

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Teachey APPLICATION
DATE _____
ADDRESS: _____ DATE EVALUATED: 5/10/24
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: 215 Willowbrook PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	S 1-2%	0-8	LS Gr	SEP vfrmsp	S	S	na	na	III 0.6
		8-30	SL Gr	SEP vfrmsp					
		30+36	SCL Bk	SEP frSSmp					
2/5			Similar to #1						
3	S 1-2%	0-10	LS Gr	SEP vfrmsp	S 2.5Y 7/2 @24	S	na	na	II 0.6
		10-24	SL Gr	SEP vfrmsp					
4			Similar to #3						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	II	II
Site LTAR	0.6	0.6

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): S
EVALUATED BY: Briana Jarvis
OTHER(S) PRESENT: _____

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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)	0.4 - 0.1	0.2 - 0.05
	O (Organic)	None	

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

MINERALOGY/ CONSISTENCE
NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE
G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST
VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

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

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).