05.13

Wayne County (Environmental) – Improvements Permit

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

05 2295

Permit No: 12070101851 **Appl. Dt.:** 4/5/2012 **Exp. Dt.:** 4/5/2017
Status: PENDING **Status Dt.:** 4/5/2012

Owner Information

Name : Ruth Pelt
Address : 869 Saulston Rd
Goldsboro NC 27534
Phone(W) :
Phone(H) :
Phone(M) :

Property Information

PIN # : 053631421511
Address : 3376 N Us Hwy 13
Goldsboro NC 27534
Acreage : 60.37
Subdivision : N Us 13 Hy
Lot # :
Directions :
Watershed district :

Site Details

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

Applicant Information

Name : Ruth Pelt
Address : 869 Saulston Rd
Goldsboro NC 27534
Phone(W) :
Phone(H) :
Phone(M) :

Occupant Information

Name : Ruth Pelt

Water Details

System : New
Source : Public

Property Characteristics

Type of establishment : Residential dwelling units
Number of establishment : 2 Bedrooms
Septic GPD : 240
Basement : No
Basement Bath : No
Garbage Disposal : No
Multiple Dwelling Units : No
Property Notes :

Permit Information

Septic System Requested :
System Description Requested :

Notes : FEES PAID 4-12-95 $90 SEE ATTACHED

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP	EHKWHITLEY	4/5/2012	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		250.00									
		Total	250.00								

3-1 → 4-25

WAYNE COUNTY HEALTH DEPARTMENT

MOBILE HOME IMPROVEMENT PERMIT

7794-M

REF. NO.	DATE	TWP	ID. NO.
	4-12-95	Saulston	05.13 RJP

REQUESTOR: Ruth J. Pelt
869 Soulston Road
Goldsboro NC

TELEPHONE: 734-2515

OWNER: Same

SPECIFICATIONS: 3BR MH (3376 US13N) WATER SUPPLY: PUBLIC ____ ; PRIVATE ✓

LOCATION/DIRECTIONS: Hwy 13 N / Private lot

FEE: 90 —

LAND SIZE:

SIGNATURE OF OWNER OR AUTHORIZED AGENT: Ruth J. Pelt

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

BEDRMS 2 2 BEDROOMS URB DISPOSAL N/a OTHER N/a TYPE SYS C

SZ TANK 900 SZ CHAMB N/a NITRIFI 300 x 3' WIDE 900 sq feet ~~600 sq feet~~ 3-56' LONG OPER REQ N/a

SITE LOS See plot plan

REMARKS:

SEE PLOT PLAN (THIS PERMIT IS VOID IF THERE IS ANY CHANGE OR DEVIATION FROM THIS PLOT PLAN, OR PERMIT.)

SEE MINIMUM DISTANCE REQUIREMENTS AND OTHER CONDITIONS ON BACK OF THIS FORM.

INSTALL BOTTOM OF NITRIFICATION LINES NO DEEPER THAN 18 INCHES FROM TOP OF GROUND. SEWER PLUMBING MUST LEAVE HOUSE AT PROPER GRADE TO ACCOMMODATE THIS SHALLOW PLACEMENT OF SEPTIC TANK SYSTEM. IF GRAVITY FLOW CANNOT BE ACQUIRED TO ACCOMMODATE THIS DEPTH OF SYSTEM, A PUMPING SYSTEM MAY BE NECESSARY.

DO NOT PAVE OVER OR DRIVE VEHICLES OVER ANY PART OF SYSTEM.

rec'd 4/17/95 rec 4-25-95

* Tank must be placed high enough in ground to allow for shallow placement of lines

- Well must be 100' from septic system

PAID
DATE 4-12-95 AMT. 90 —
RECEIPT # 012560 CK# 3827
REC'D BY nb
E.H. SPECL

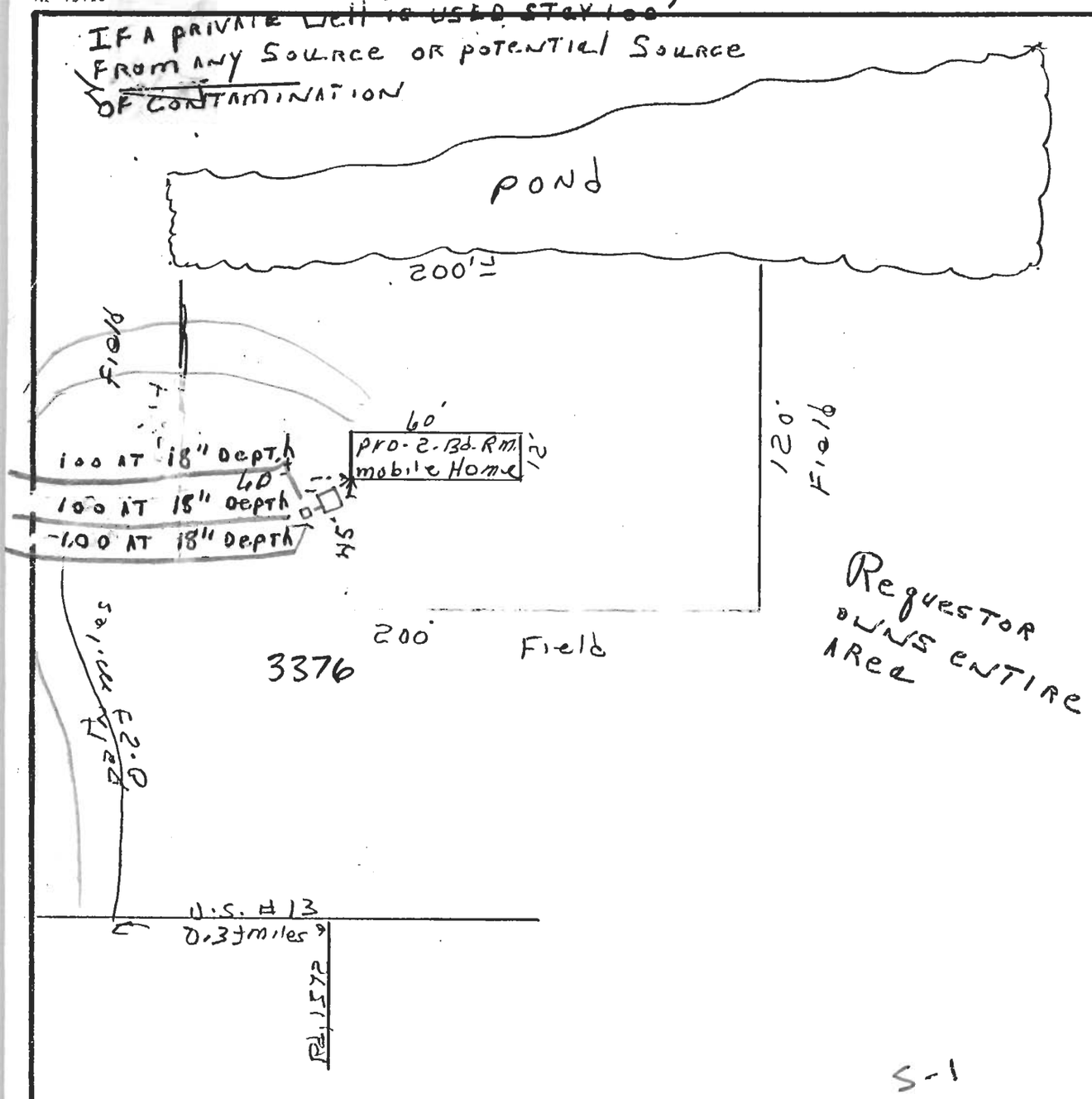
DATE ISSUED 4-26-95 ENVIRONMENTAL HEALTH SPECIALIST JMR Baumann

DATE APPROVED 5-22-95 ENVIRONMENTAL HEALTH SPECIALIST JMR Baumann

( ) OPERATION PERMIT (✓) CERTIFICATE OF COMPLETION

INSTALLER OF SYSTEM Thomas

IF A PRIVATE WELL IS USED STAY 100' FROM ANY SOURCE OR POTENTIAL SOURCE OF CONTAMINATION



S-1

"NOTE" THIS PLAT WAS DRAWN FROM INFORMATION PROVIDED BY OWNER. NO SURVEY WAS MADE AT THIS TIME.

PAID

DATE 4-12-95 AMT. 90—

RECEIPT # 018560 CK# 3827

REC'D BY nb

E.H. SPECL. _____

"PRELIMINARY" PLOT MAP FOR
RUTH J. PELT
SAULSTON TOWNSHIP
WAYNE COUNTY, N.C.

NORTH CAROLINA REGISTERED SEAL L-1253 LAND SURVEYOR BILLY RAY HOWELL

I, BILLY RAY HOWELL, CERTIFY THAT THIS MAP WAS DRAWN BY me FROM AN ACTUAL SURVEY BY NO-SURVEY FROM DEED DESCRIPTION RECORDED IN _____ THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN _____, AND THE ERROR OF CLOSURE AS CALCULATED BY LATITUDES AND DEPARTURE IS N/A, THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENED, WITNESS MY SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 12 DAY OF APRIL 1995

Billy Ray Howell

SURVEYOR-GOLDSBORO, N.C.
REGISTRATION NUMBER: L1253

SCALE 1" = 50'

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

SITE / SOIL EVALUATION FOR SANITARY SEWAGE SYSTEM

OWNER: Ruth J. Pell PHONE: 734-2515 DATE REQUESTED: 4-2-95 DATE EVALUATED: 4-25-95

ADDRESS: _____ PROPERTY IDENTIFICATION NO.: 05 13 R JP :

COUNTY: Wayne PROPERTY SIZE: _____ PROPOSED FACILITY: _____

LOCATION OF SITE: Hwy 13N

WATER SUPPLY: On-Site Well ✓ Community ____ Public ____ EVALUATION BY: Auger Boring ✓ Pit ____ Cut ____

LANDSCAPE POSITION
R - Ridge
S - Shoulder slope
L - Linear slope
FS - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
FP - Flood Plain

Group	TEXTURE	Application Rate
I	s - sand ls - loamy sand	1.2-0.8
II	sl - sandy loam l - loam si - silt sil - silt loam	0.8-0.6
III	sicl - silty clay loam cl - clay loam scl - sandy clay loam	0.6-0.3
IV	sc - sandy clay sic - silty clay c - clay	0.4-0.1

LEGEND

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

CONSISTENCE

WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
abk - subangular blocky
abk - angular blocky
pl - platy
pr - prismatic

MINERALOGY
1:1, 2:1, mixed

Use the above standard abbreviations.

NOTES:
Horizon Depth – in inches
Depth of Fill – in inches from land surface
Restrictive Horizon – thickness and inches from land surface
Saprolite – S (suitable) or U (unsuitable)

NOTES:
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)
Long-Term Acceptance Rate – gal/day/ft²

DHS 2601 (Revised _____)
Sanitation Branch (Review _____)

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5
LANDSCAPE POSITION					
SLOPE (%)	2%				
HORIZON I DEPTH	0 - 18				
Texture Group	loam				
Consistence	FR				
Structure	SG				
Mineralogy	I				
HORIZON II DEPTH	18 - 48				
Texture Group	SCL				
Consistence	STICKY				
Structure	SBK				
Mineralogy	I				
HORIZON III DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
HORIZON IV DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
SOIL WETNESS	36 To 48	10YR 7/2			
RESTRICTIVE HORIZON	N/A				
SAPROLITE					
CLASSIFICATION	PS				
LONG-TERM ACCEPTANCE RATE	.4				

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5
LANDSCAPE POSITION					
SLOPE (%)					
HORIZON I DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
HORIZON II DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
HORIZON III DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
HORIZON IV DEPTH					
Texture Group					
Consistence					
Structure					
Mineralogy					
SOIL WETNESS					
RESTRICTIVE HORIZON					
SAPROLITE					
CLASSIFICATION					
LONG-TERM ACCEPTANCE RATE					

SITE CLASSIFICATION: PS See Texture SHEET SITE LONG-TERM ACCEPTANCE RATE: .4

EVALUATED BY: L/MA Bateman OTHER(S) PRESENT: MRS Ruth PELTS 2 SONS

REMARKS:

*SCALED PLAT OF PROPERTY MUST BE ATTACHED TO THIS APPLICATION

Property Owner Ruth J Pelt Address (Mailing) 869 Saulston Rd

Phone Number 7342515 Goldsboro

Address of Property W.S. 13 Hwy Township Saulston SR # NC 13

Subdivision _____ Lot Number _____ Section _____

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

Number of Bedrooms in each dwelling 3

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

This evaluation is for domestic sewage only

Will Facility Include: Dishwashing Machine ✓
Garbage Disposal or Grinder _____
Washing Machine ✓

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

Size of Property (Sq. Ft. or Acres) _____

Directions to Property W.S 13 N. three ~~tenths~~ tenths of a mile past Saulston Rd. turn right on path at Tanning Booth

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: BLUE TRAILER

PAID
DATE 4-12-95 AMT. 90 -
RECEIPT # 018560 CK# 3827
REC'D BY JB
E.H. SPECL

NOTE: Permits are valid for five (5) years but are subject to revocation if site plans or the intended use change.

***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.**

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

Owner or Surveyor or Engineer (Representing Owner) Ruth J Pelt (Signature) _____ Registration No. or Seal

Date: 4/12/95