

ALAMANCE COUNTY HEALTH DEPARTMENT



127511

REFERENCE NUMBER IMPROVEMENT PERMIT/AWC	DATE 04/15/05	PIN	TAX MAP NUMBER 9-35- 9A 9-36-121
REQUESTEE: WAGONER, TED 230 ENGLEMAN AVE. BURLINGTON NC 27215 TELEPHONE: (336) 516-0644	OWNER WAGONER, TED 230 ENGLEMAN AVE. BURLINGTON NC 27215		
SPECIFICATIONS SUBDIVISION/MHP DUCHY AIRPARK LOT SECTION LOT / / SIZE 1.13 Acres			
LOCATION/DIRECTIONS: HWY NC 54 EAST TL THOM RD PROP APPROX 1/4 MILE ON LEFT			
SIGNATURE OF OWNER OR AUTHORIZED AGENT:			
FEE: 150.00	RECEIPT NUMBER: 127511	DATE 4/15/05	CLERK JP

IMPROVEMENT PERMIT (Cannot be used alone to obtain a building permit)
See Attached Sketch For Site Details

New Repair Addition Type of Structure House
 # of Occupants 6max # of Bedrooms 3 Other Type of Water Supply well
 Basement? no Basement Fixtures? no
 Projected Daily Flow 360 g.p.d. Permit Valid for: 5 Years No Expiration
 Proposed Wastewater System Type conventional gravity
 Pump Required? Yes No
 Permit Conditions: _____

Owner or Legal Representative Signature _____ Date _____
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal, of the North Carolina Administrative Code.

Permit Issued Authorized State Agent: Paul and RS, LSS Date 08/22/06
 Unsuitable Rejected Rejected Rejected

Authorization To Construct Wastewater System (Required to obtain a Building Permit).

Type of Wastewater System conventional gravity Wastewater Flow 360 g.p.d.
 Facility Type House New Repair Expansion
 Basement? Yes No Basement Fixtures? Yes No

Wastewater System Requirements
 Septic Tank Size 1000 gallons Pump Tank Size gallons Trench Width 3 ft.
 Total Trench Length 436 ft. Maximum Trench Depth 18 in. Aggregate Depth 12 in.
 Minimum Soil Cover 6 inches Trench Separation 9 feet on center
 Other _____

Owner/Legal Representative Signature _____ Date _____
 Authorized State Agent Paul and RS, LSS * Date 08/22/06
 Permit Expiration Date 08/22/2011

ALAMANCE COUNTY HEALTH DEPARTMENT

127511

REFERENCE NUMBER NEW WELL - PERMIT	DATE 04/15/05	PIN	TAX MAP NUMBER 9-35-9-4
REQUESTEE: WAGONER, TED 230 ENGLEMAN AVE. BURLINGTON NC 27215 TELEPHONE: (336) 516-0644		OWNER WAGONER, TED 230 ENGLEMAN AVE. BURLINGTON NC 27215	
SPECIFICATIONS SUBDIVISION/MHP <u>DUCHY AIRPARK LOT</u> SECTION <u> </u> LOT <u> 1 </u> SIZE <u>1.13 Acres</u>			
LOCATION/DIRECTIONS: HWY NC 54 EAST TL THOM RD PROP APPROX 1/4 MILE ON LEFT			
SIGNATURE OF OWNER OR AUTHORIZED AGENT:			
FEE: .00	RECEIPT NUMBER: 127511	DATE	CLERK

Well MUST be Located 100' From Sources of Contamination, 50' From Building Foundations, Streams, and Bodies of Water.
 Well Casing, and Source of Water MUST be at Least 40' Minimum Depth.
 Grout must be at least 20'/35' (Circle One).
 Property owner must comply with the Sedimentation Pollution Control Act of 1973

Proposed Well Location

Final Well Location

- see site plan

DATE ISSUED: 08/22/06
 ISSUED BY: David Ward

DATE INSPECTED: _____
 INSPECTED BY: _____

**ENVIRONMENTAL HEALTH SECTION
ALAMANCE COUNTY HEALTH DEPARTMENT
SOIL/SITE EVALUATION FORM
(336) 570-6367**

TAX MAP NO. Duchy Air park S/D Lot #1
Evaluation Method Auger Boring Pit Cut

Profile #	.1940 Landscape Position Slope (%)	Horizon Depth (In.)	.1941 Structure/Texture	.1941 Consistence/Mineralogy	.1942 Soil Wetness/Color	.1944 Restrictive Horizons	.1945 Avail. Space	.1948 Class.	.1943/1956 Saprolite Class.	L.T.A.R.
1	st ~ 12%	0-3 (A)	Sil/sic, silt F, 1-2	FR SS S (S) (S) (S)				PS		.300
		3-29 (B1)	CL/sic silt F, 3-2	FR FI, MS M, S (S)						
		29-45 (B2)	CL/sic silt F/M 2	" "						
2		0-6	Sil/sic silt F/M 1-2	FR SS S (S) (S)				PS		.275
		6-13	CL, silt F/M 2	FR MS M (S) (S)						
		13-34	CL/sic silt F/M 2-3	FR FI MS M (S) (S)						
		34-44 (B)	Silt silt M, 2	" "						
3		0-5	Sil, CL, F, 1	FR SS S (S) (S)				PS		.275 .300
		5-12	Sil/CL, silt M, 2	FR MS M (S) (S)						
		12-34	Sil, silt F, 3-2	FR FI MS M (S) (S)						
		34-48 (B)	CL silt M, 2	" "						
4	st ~ 12%	0-10	Sil, CL, F, 1	FR SS S (S) (S)	Kaolin @ 32" or 1 side of pit			PS		.275
		10-36 1/2	Sil/CL, silt F, 2	FR MS M (S) (S)						
		36 ADAP								
5		0-6	Sil/CL, silt F, 1-2	FR SS S (S) (S)				PS		.275
		6-30	Sil/CL, silt F/M 2	FR MS M (S) (S)						
		30-35 (B)	Sil/CL w ~ 40% Rock Fragments							

Site Classification: PS Evaluated By: David Ward Date: 01/19/06

Others Present: Tom Wagoner

Comments: _____

LEGEND

- | | | | |
|---|--|---|---|
| Topography/
Landscape Position | Structure Type | Structure-Grade | Mineralogy |
| LL-Linear-Linear
VL-Convex-Linear
CL-Concave-Linear
LV-Linear-Convex
VV-Convex-Convex
CV-Concave-Convex
LC-Linear-Concave
VC-Convex-Concave
CC-Concave-Concave
SU-Summit
SH-Shoulder
BS-Backslope
FS-Footslope
TS-Toeslope | SGR-Single Grain
MA-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic | 0-Structureless
1-Weak
2-Moderate
3-Strong | S- Slightly Expansive
E-Expansive |
| | Structure Size | Texture | Consistence |
| | VF-Very Fine
F-Fine
M-Medium
CO-Coarse
VC-Very Coarse | S-Sand
LS-Loamy Sand
SL-Sandy Loam
L-Loam
SIL-Silty Loam
SI-Silt
SCL-Sandy Clay Loam
CL-Clay Loam
SICL-Silty Clay Loam
SC-Sandy Clay
SIC-Silty Clay
C-Clay | VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EF-Extremely Firm
PO-Non Plastic
SP-Slightly Plastic
MP-Mod. Plastic
VP-Very Plastic
SO-Non-Sticky
SS-Slightly Sticky
MS-Mod. Sticky
VS-Very Sticky |

	Initial	Repair
System Type	Conversion of Gravity	III g
Site LTAR	.275	.275

Notes:
 Soil Wetness --- Inches from land surface to free water or inches from land surface to soil colors with chroma 2 less --- record Munsell color chip designation.

Classification - S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)
 L.T.A.R. - Long-Term Acceptance Rate (gal/day/fr)

\$ 50.00 credit for previous application permit 36 soil exams pd 5,400
 ALAMANCE COUNTY APPLICATION FOR IMPROVEMENT PERMIT
 9-359 9-36-121-22 CK 4544
 X MAP NUMBER: 9811819958, 981913952, 9810889915 pd 150.00 CR# 1035

REQUESTEE'S NAME: Ted Wagoner TELEPHONE NO. (H): 336-570-3337
 ADDRESS: 230 Engleman Av. Burlington NC 22215 WORK #: 516 0644
 OWNER'S NAME: Ted Wagoner TELEPHONE NO. (H): 570.3337
 ADDRESS: 230 Engleman Av. Burlington NC 22215 WORK #: 516 2644
 DIRECTIONS TO PROPERTY: NC 54 East to Thom Road turn left, Property located on left 1/4 mile
 SUBDIVISION/MOBILE HOME PARK NAME: Duchy Airpark SECTION: 2 LOT: 2
 Residence: House Mobile Home Number of Bedrooms: 3 Number of Occupants: 2
 Other (Please Describe): _____ Maximum Dimensions of Residence or Building _____
 Basement: Yes No Plumbing Fixtures in Basement? Yes No
 Water Supply: Public Private: Well Spring Other: _____

YOU MUST INCLUDE A PLOT PLAN OF YOUR PROPERTY WITH THIS APPLICATION.
 All property corners and lines must be clearly located and marked. Please show the setbacks to, location and dimensions of the residence or the building including decks, porches, and any other existing or planned improvements such as pools, driveways, and other structures on the plot plan.

Are there any existing wastewater systems located on this property? Yes No
 If so, please show on the plat. Are there any existing wells, springs or water lines on this property? Yes No
 If so, please show on the plat. Are there any easements or rights of way on this property? Yes No
 If so, please show on the plat. Are there any designated wetlands on this property? Yes No
 If so, please show on the plat.

Requestee is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property and comply with any and all requirements which will need to be met before any improvements are made to this property.

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department Personnel to perform the necessary Evaluations and Inspections on the property.

4/13/05 Date Ted G. Wagoner Owner/Agent Signature

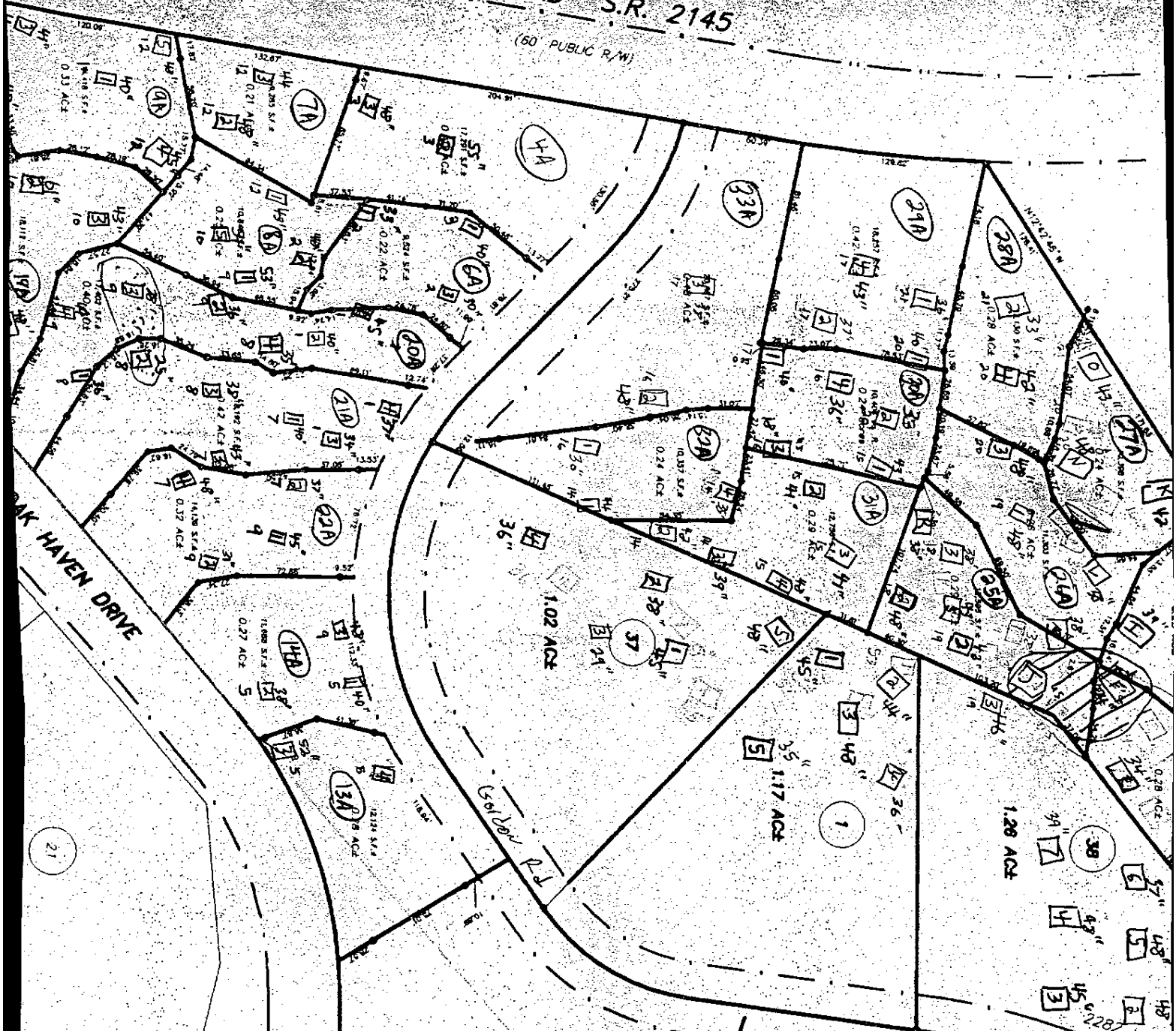
OWNER/AGENT IS SOLELY RESPONSIBLE FOR COMPLIANCE WITH ALL STATE AND LOCAL REGULATIONS.
There is a \$150.00 fee for all applications for new or expanded facilities.
 There is no charge for repair applications
 If partial or complete services have been provided, there will be no refund of fees paid.

Please make check payable to:
 Alamance County Health Department

Mail Application to:
 Environmental Health Section
 Alamance County Health Department
 209 N. Graham-Hopedale Road
 Burlington, N.C. 27217
 (336) 570-6367

Please enclose check and plat or map with this application.

THOM ROAD S.R. 2145
(60 PUBLIC R/W)



PAK HAVEN DRIVE

Gordon Rd

Existing system to be abandoned

Existing system

Existing system

1.38 AC

2.00 AC
2.00 AC

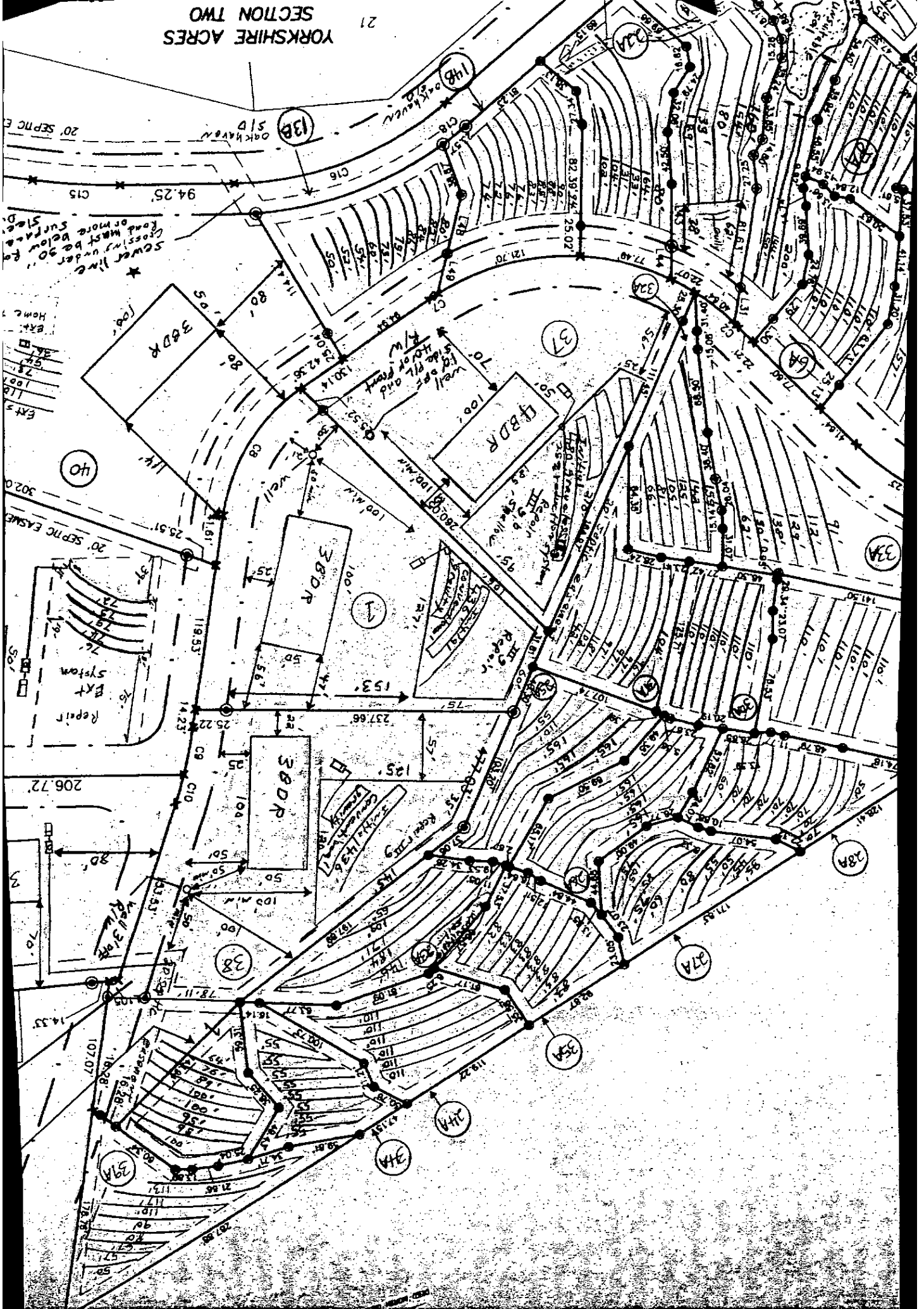
2

35

21

2282 L.F.

YORKSHIRE ACRES SECTION TWO



Sewer line
Crossings under 90° for
road or more slope

Home
B.A.
S.A.
L.B.
L.C.
L.D.
L.E.
L.F.
L.G.
L.H.
L.I.
L.J.
L.K.
L.L.
L.M.
L.N.
L.O.
L.P.
L.Q.
L.R.
L.S.
L.T.
L.U.
L.V.
L.W.
L.X.
L.Y.
L.Z.

Repair
Ext
system

SCOTT'S HEAD
CONCRETE
REPAIR

Well
5' dia
10' deep
at front