## **Orange County Health Department**

(919) 245-2360 (919) 644-3006 (FAX)



131 West Margaret Lane Suite 100 P.O. Box 8181 Hillsborough, NC 27278

# IMPROVEMENT PERMIT

PIN: 9840435353

**Property Address:** 

Application Date: 4/8/2021 12:00:00AM

Township: BINGHAM-6

Permit Number: IP21-0117

Owner: BURT STEPHEN AND SHARON

Applicant: BAKST JODI

7951 LAKE ROSS LN

SANFORD FL 32771

Phone: 919-697-5014

Phone: 407-580-7189

Email: jodi@realestateexperts.net

Email: steveburt1@me.com

Lot Size:

54.10 Acres

Water Supply: Private Well

Description: E/S SR 1006 P122/128

Facility Type: Single Family Home

**Initial System** 

Replacement System

Wasteflow:

600

System Classification: Ilgu: Accepted Trench

(Ultrashallow), 25%Red

System Classification: Ille: PPBPS (gravity)

No. of Bedrooms: Site Classification 5

Useable Soil Depth: 26

Useable Soil Depth: 26

Provisionally suitable

**GPD** 

LTAR: 0.250 gpd/ft2

LTAR: 0.250 gpd/ft2

#### Conditions:

- 1. This permit is for Lot # 7 (1.50 Acres) to be slit off from Parent Parcel # 9840-43-5353.
- For the REPAIR DRAINFIELD, imported soil material will be required when installed. The 6" soil cap must be approved by OCHD prior to placement, must extend at least 5 feet beyond the drainfield in all directions, and be seeded for system approval.
- An imported soil cap is required over the drainfield area. The soil imported must be approved by OCHD prior to placement, be maintained at a minimum depth of 6 inches after settling, must extend at least 5 feet beyond the drainfield in all directions, and be seeded for system approval.

Refer to the attached site plan for specific information regarding location of the designated area. Soil and site descriptions are located on file at Environmental Health.

There may be other types of systems which are applicable to this site.

The applicant for the Construction Authorization must specify the system types to be considered. The permit and evaluation are valid only for the site as designated on the attached site plan.

A Construction Authorization must be issued prior to the issuance of the Building Permit and before any construction or system installation can commence.

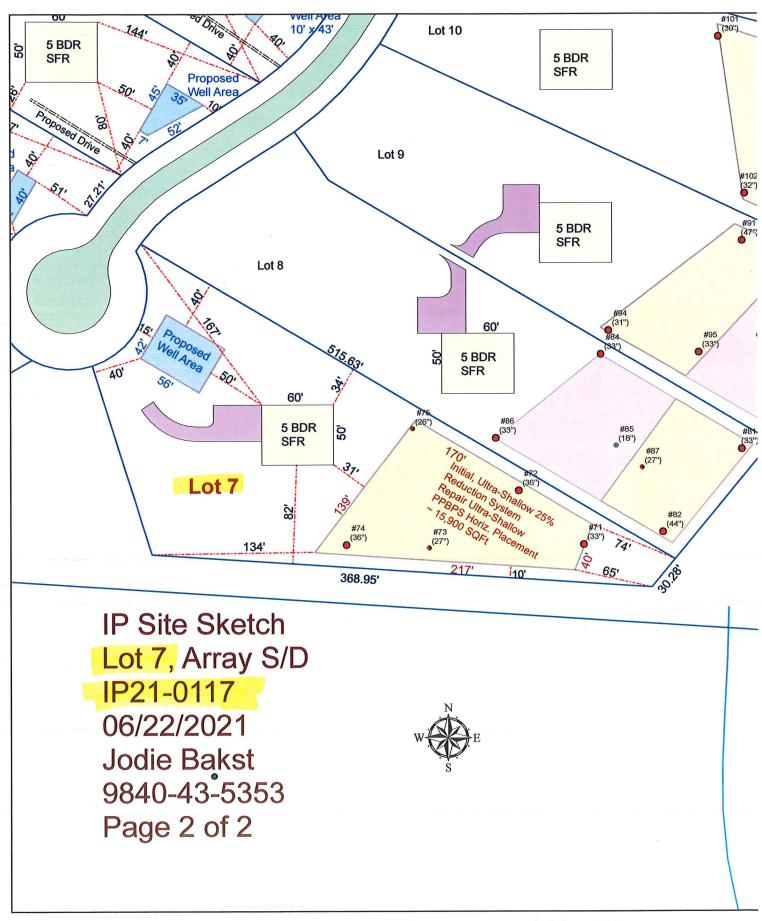
This permit is subject to revocation if the site plan, plat, or intended use changes or if the site is altered. Subsequent changes to the site plan or information in the application require a new application and additional fees.

ISSUED: 06/29/2021

David Ward, Environmental Health Specialist

NC 811: Call Before You Dig

**EXPIRES: 06/27/2026** 

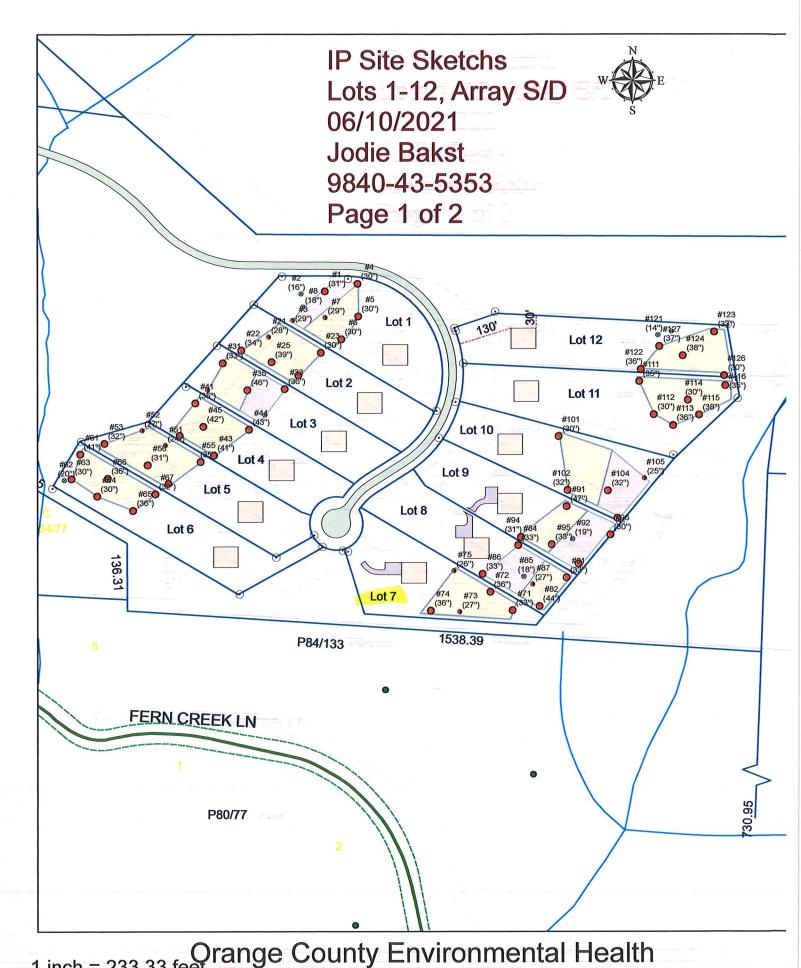


1 inch = 80 feet

100 Feet

Orange County Environmental Health

This map contains parcels prepared for the inventory of real property within Orange County, and is compiled from recorded deeds, plats and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The county and its mapping companies assume no legal responsibility for the information on this map.



1 inch = 233.33 feet is map contains parcels prepared for the inventory of real property within Orange County, and is compiled from recorded deeds, plats and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The county and its mapping companies assume no legal responsibility for the information on this map.

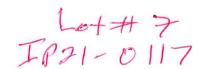
Parcel Pin: 9840-43 Orange County Health Department TMBL:
5353 Environmental Health Division
P.O. Box 8181, 131 West Margaret Lane. Suite 100

Hillsborough, NC 27278

Phone 919-245-2360 Fax 919-644-3006

					orange.nc.ı					• 100	T71 /
Application Date:		S	oil / Si	ite Ev	aluat	ion Fi	eld Sh	eet	Activity #	:IP2	1-011
Applicant: Address:	÷			wner:				oms Reques GPD reques Lot S	sted:		
Prop Desc:		SO	IL BORI	NG PRO	FILE IN	FORMA'	TION			T 0	T 40
Factors	Rule	71	72	73	74	75	6	7	8	9	10
andscape Position	.1940	5#:	BUL .	54	514	SH					
Slope (%)	.1940	~390	~ 4%	2395	~39	~790				-	
lorizon 1 Depth	.1943	0-7	5-10	0-4	D-4	0-6	,		ļ		
Texture	.1941(a)(1)	siv	512	21/	516	5/V					-
Consistence	.1941	PR 7570	18155-5	PASSON	182559	) VER559)				-	
Structure	.1941(a)(2)	COP.	CRF.	009]	are, 1						<del> </del>
Clay Mineralogy	.1941(a)(3)	5688	SORP	574)	AX	THO .			-	<del> </del>	
Horizon 2 Depth	.1943	7-12	10-20	4-7	4-9	6-16	1.				
Texture	.1941(a)(1)	sich.	5100	Sich	Sich	STUV			<u> </u>	ļ	ļ
Consistence	.1941	MITT	M955)	FA 555	192,500	F1559()			ļ.,		
Structure	.1941(a)(2)	SM 577	000 F	028,1	caes	CRP. 1			ļ		<del> </del>
Clay Mineralogy	.1941(a)(3)	500	SAY	. Sign	584	SEX					
Horizon 3 Depth	.1943	12-34	20-33	7-24	9-27	16-22					
Texture	.1941(a)(1)	sic	516	sic	500	Sic					
Consistence	.1941	morn	Pinny	RIMEN	Pinny	Hund					
Structure	.1941(a)(2)	MM	JUM ME	521 2	SAMO	Solud					
Clay Mineralogy	.1941(a)(3)	TEXP	28/	57290	MXS	540				_	
Horizon 4 Depth	1943	,	33-37	24-20	27-3	723-28	1				
Texture	.1941(a)(1)		510	Sich	asic	3144					
Consistence	.1941	-	Plan	FRIO	1 toles	TO POLETY	(				
Structure	.1941(a)(2)		SAMI	.50 M	SMM	Α.					•
Clay Mineralogy	.1941(a)(3)	7	Star	58/	) 50 f	584			-		
Soil Wetness	.1942			0							1
Restrictive Horizon	.1944					0.5					
Saprolite	.1943/.1956		37	28	360	28					
Useable Soil Depth	v	330	36'	27"	36	36	<u> </u>		<del></del>		* ************************************
Profile Classification		P5	P5	185	ps	1505		*			
LTAR (gpd/ft²)	.1955	1,250	1,250	1.250	279	150	/				
Available Space	.1945	2		CO.		_ :	. <i></i>	0	1056 40	57 106	:O
Site Classification	.1948	P5				s Reclas					
Primary System L	TAR + 350		em Type	ultra	- malle	w 25%	Ped s	Steen	PS Soil I	Depth (ir	n.) 26 " n.) 26 "
Repair System LT	AR . 250	Syste	em Type	Horiz	ortal p	laced l	elton-I	Mu	72 2011 I	Depth (ir	1.) 06
Comments:				PPE	77		h 1				
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Evaluated By: $\triangleright_{v}$	and mad	Date:	05 26	104	mers P	ieseiil.	1.0,	- CONO	משוי	- ANON	7





# Orange County Environmental Health PO Box 8181, 131 W Margaret Ln, Hillsborough, NC 27278

Type or print legibly.	
APPLIC	ATION FOR PERMITS
APPLICANT*Jodi Bakst	PROPERTY OWNER*Stephen & Sharon Burt_ ADDRESS*Sandford, FL
ADDRESS*_501 Eastowne Dr,, Ste 140, Chapel	ADDRESSSandiord, FE
Hill, NC 27514	EMAIL* Steveburt1@me.com
EMAIL* _Jodi@realestateexperts.net	
DAYTIME PHONE NUMBER* _919-697-5014	DAYTIME PHONE*_407-580-7189
SITE ADDRESS: _7900 Orange Grove Road	
<b>DIRECTIONS / LOCATION*</b> Directly to the right of	7906 Orange Grove Road
PIN* _9840-43-5353LOT SIZE	_1.42 SUBDIVISION / LO <mark>T#7</mark>
*REQUIRED	
XX NEW SEPTIC □ NEW WELL	
EXPANSION OF SEPTIC SYSTEM (I.E. ADDING BEDROC	
SEPTIC SYSTEM REPAIR WELL REP	
☐ EXISTING SEPTIC AUTHORIZATION OR CHANGE OF US PROJECT DESCRIPTION (BE SPECIFIC) *REQUIRED:	SE ☐ WELL OR SEPTIC PERMIT RENEWAL: PERMIT #
PROJECT DESCRIPTION (BE SPECIFIC) REGUIRED.	
☐XXINGLE FAMILY DWELLING *Number of Bedrooms: ☐MULTI FAMILY: APARTMENT / GUEST HOUSE *Number *REQUIRED	Number of occupants: of Bedrooms: Number of occupants:
□BUSINESS/OTHER DOCUMENTATION OF TYPE, USA	GE, NUMBER OF USERS/ STAFF WILL BE REQUIRED.
*WATER SUPPLY  PUBLIC  XXRIVATE WELL  COMMUNITY WELL  PLEASE CHECK IF  BASEMENT WITH WASTEWATER COMMUNITY WELL  PROPERTY COMMUNITY WELL	*REQUESTED SYSTEM MATERIAL H PLUMBING
*REQUIRED WATER SOFTEN	
INCOMPLETE APPLICATIONS WILL N	OT BE PROCESSED. THE FOLLOWING IS REQUIRED.
□SITE ASSESSMENT: A site assessment must	be obtained from the Planning Department with jurisdiction over
<ul> <li>b. Location of all proposed structures measurement of the structures are</li> <li>c. Known sources of contamination</li> <li>□FLOOR PLAN (not required for Well Permits or commercial projects)</li> </ul>	nes, easements, rights-of-way, and buffers with measurements; es, driveways, additions, other future improvements with and measures to two property lines (minimum); (septic drain fields, animal lots, fuel tanks, old wells); Residential Improvement Permits, other conditions apply for  This application has been signed by the current OWNER of the
property or the OWNER'S LEGAL REPRESENTA or lease with the owner and who may legally repre- property. Contact this office regarding digital sign	ATIVE (documentation required) who has entered into a contract esent the property owner in the transactions regarding the natures. I, the undersigned, am the property OWNER or the ication, I grant the Orange County Health Department,
OWNER/REP: Stephen Burt 03/31/201	DATE: 7/28/2020

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### **CALCULATING FEES 2019-2020:**

SITE EVALUATION		PERMIT#
IMPROVEMENT PERMIT UP TO 600 GPD	\$485	485
IMPROVEMENT PERMIT REISSUE/ REVISION/ RENEWAL	\$175	
IN-OFFICE REVISION OF IMPROVEMENT PERMIT	\$35	
EXPANSION OF EXISTING SYSTEM IP	\$485	
SUBDIVISION/ RECOMBINATION	\$485	
Up to two acres is evaluated. Sites where rock greater than 4" in diameter is prevalent will	Ψ-00	TO A STATE OF THE
require evaluation by backhoe pit.		
Any changes to the site plan, floor plan, or intended use shall require a new application and		
additional fees. All projects with a design flow in excess of 600 GPD require additional fees.		
All projects with a design flow in excess of 600 GPD, non-residential projects, and subdivisions	100	
require that the applicant contract with a backhoe operator to dig pits on the site. Subdivisions and recombination of properties require at least the concept plan approval or plat prepared by	TW2	
a surveyor.	787	
AUTHORIZATION TO CONSTRUCT		
CONSTRUCTION AUTHORIZATION UP TO 600 GPD NEW OR EXP	\$360	
CONSTRUCTION AUTHORIZATION REISSUE/ REVISION/ RENEWAL	\$175	
IN-OFFICE REVISION OF CONSTRUCTION AUTHORIZATION	\$35	E CENTRAL CARRESTS SERVICES
CONSTRUCTION AUTHORIZATION- REPAIR	\$0	
Any changes to the site plan, floor plan, or intended use shall require a new application and	Ψ	
additional fees. All projects with a design flow in excess of 600 GPD require additional fees.	- Albertinia i e	
ESA		
EXISTING SYSTEM AUTHORIZATION (NO CHANGE IN FLOW)	\$175	
IN-OFFICE ESA WHERE NO SITE VISIT IS REQUIRED	\$35	
MOBILE HOME PARK SPACE RECONNECTION AUTHORIZATION	\$105	
SEPTIC SYSTEM ABANDONMENT	\$0	
Certain conditions, such as prolonged vacancy or site specific concerns, can require parts of		
the septic to be uncovered, the tank to be pumped, and property lines to be surveyed.		
WELL		
WELL PERMIT- NEW	\$595	
WELL PERMIT- REPLACEMENT	\$595	
WELL PERMIT-IRRIGATION OR GEOTHERMAL	\$595	
WELL PERMIT- REPAIR OR ABANDONMENT +BACTERIA SAMPLE	\$75	
Well permit fee includes one set of compliance water sampling for water supply wells after		
construction. If the well will serve more than one purpose (i.e. drinking water supply AND	= ===	
geothermal), indicate on PROJECT DESCRIPTION.		
RE-INSPECTION FEE FOR ALL SERVICES	\$50/ VISIT	
REFUND POLICY: No fees shall be refunded for services already rendered		RECEIPT#
or initiated by site visit.		
TOTAL		485
101/16	1	1.00

### \*PREPARING FOR THE SITE EVALUATION OR SITE VISIT:

Improvement Permits for single-family dwellings on recorded properties and some Existing System Authorizations and Well Permits can be evaluated and visited without making appointments.

	ANT
$\Box$ Verify that the email and phone submitted are the best ways to reach the APPLIC	ANT.
□All proposed structures must be staked.	The state of the s
□Property lines and corners must be clearly marked and accessible. If property lin necessary for the property to be surveyed before a determination can be made.	es cannot be verified, it will be
□Trim thick vegetation. The area may need to be "bush-hogged" or thinned out. Depotential soil areas, as it is possible to damage sites beyond use.	o not grade or excavate

\*REQUIRED. Failure to prepare the site may cause long delays in permitting or may result in a *Notice of Incompletion*.

# Please read before signing.

Acknowledgment: I, the undersigned, understand that I am the responsible party for making the site accessible for evaluation, permitting, and inspection purposes. Records, flags, and ribbon are available upon request.

OWNER/REP: _	Stephen Burt	03/31/2021	_	DATE:	
	3/31/2021 3:33:48 PM FDT	_	2		