



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-3, Section 4.18 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 1-20-2022 by [Signature]
POP2022-100030 Date Initials

PART 1: Notice of Intent to Construct (NOI)

- New Expansion
 Repair – LHD Permit Number _____ Repair – EOP/LSS Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Joseph Worthington Jr.

Mailing address: 7139 Stokestown-St. Johns Rd City: Ayden State: NC Zip: 28513

Telephone number: 252-702-3296 E-mail Address: 5555jsw5555@gmail.com

2. Licensed Soil Scientist (LSS) name: Gene Aston LSS License number: 1261

Mailing address: P.O. Box 86 City: Simpson State: NC Zip: 27879

Telephone number: 252-341-9707 E-mail Address: astonsoil@gmail.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

- LSS LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): tax parcel 03493

County Name: Pitt

6. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8 max
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

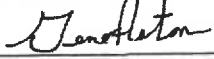
LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Factors that would affect the wastewater load: N/A
- 8. Type, location, and classification (per Rule .1961) of wastewater system: Accepted system w/25% reduction, front-left side of home, II-C
- 9. Design wastewater flow: 480 gpd
 Design wastewater strength: domestic high strength industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
- 10. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
 A site plan as defined in G.S. 130A-334(13a) is attached: Yes No
In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.
- 11. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 12. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
 If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 13. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
 If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
- 14. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
 This is a saprolite system. Yes No
- 15. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 16. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 17. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by LSS pursuant to S.L. 2020-3, Section 4.18 and G.S. 130A-336.2

I, Gene Aston hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
 this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors."


 Signature of Licensed Soil Scientist

12/22/2021
 Date

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option [S.L. 2020-3, Section 4.18(d) and G.S. 130A-336.2]

RIGHT OF ENTRY: The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="text-align: center; margin-left: 150px;">Date</div> <div style="text-align: center; margin-left: 150px;">Initials</div>
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes:

a. Signed and sealed evaluation of soil conditions and site features	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drawings, specifications, plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Reports on special inspections and final inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Management Program manual, including ORC contract, when applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. On-site Wastewater Contractor's signed statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Fee (as applicable) Yes No
3. Notarized letter documenting Owner's acceptance of the system from the LSS Yes No
4. On-site Wastewater Contractor name: _____ License number: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Telephone number: _____ E-mail Address: _____
5. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
 Yes No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
 _____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

Signature of Owner *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
 Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date *Email, FAX, USPS, Hand-delivered*

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

COMPLETE
 Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____
Date *Email, FAX, USPS, Hand-delivered*

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

Re-submittal of NOI with missing items included

*This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the LSS.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Date Initials </div>

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-3, Section 4.18

I, _____ hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
 this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist _____
Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE

Based upon review of information in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD _____ _____
Signature of authorized Agent of the LHD Date

COMPLETE

Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD _____ _____
Signature of authorized Agent of the LHD Date

Aston Soil Works, Inc.
P.O. Box 86
Simpson, NC 27879

December 22, 2021

Jamie Worthington
7139 Stokestown-St. Johns Road
Ayden NC 28513

Re: Soil/Site Evaluation for single family wastewater approval (SL 2020-3, Section 4.18), Stokestown-St. Johns Road in Pitt County, NC.
(Parcel #03493)

Dear Mr. Worthington:

The referenced property was evaluated for septic system suitability using the *North Carolina Laws and Rules for Sewage Treatment and Disposal Systems* as a reference. As requested, an investigation of this property was performed to locate soil areas suitable for a four bedroom septic system. **The LSS evaluation is being submitted pursuant to and meets the requirements of SL 2020-3, Section 4.18, COVID-19 Permit Option.** The evaluation involved methodically conducting hand auger borings across the property to locate suitability classes for septic systems. Each boring was located by using a global positioning system (GPS) capable of sub-meter accuracy. The enclosed map identifies primary and repair septic system field areas based on soil findings. An auger boring location map and soil profile descriptions are also included with this report.

The primary drain field area has sandy loam textured sub-soils and morphology suggests the seasonal soil wetness condition to be 42+ inches below the surface. These areas should allow shallow placement of an accepted type drain field with 25% size reduction, which places the bottom of the drain lines 18-24 inches below the surface. This depth is recommended based on elevation change recorded with a laser level and minimum depths to soil wetness. The drain field and surrounding area should be landscaped to shed surface water. The recommended LTAR for septic systems in this area is .8 gallons/day/ft².

The repair drain field area has sandy loam textured sub-soils and morphology suggests the seasonal soil wetness condition to be 42+ inches below the surface. These areas should allow shallow placement of an accepted type drain field with 25% size reduction, which places the bottom of the drain lines 18-24 inches below the surface. This depth is recommended based on elevation change recorded with a laser level and minimum depths to soil wetness. The drain field and surrounding area

should be landscaped to shed surface water. The recommended LTAR for septic systems in this area is .8 gallons/day/ft².

Any disturbance in the form of filling or excavation can alter the suitability class of the soil group. No soil should be removed from the system area or 100% repair area during the landscaping process. This report is for information and planning purposes only. The local health department must approve each site and issue the appropriate permits for septic systems. If you have any further questions, please contact me at (252) 341-9707.

Sincerely,

Gene Aston

Gene Aston

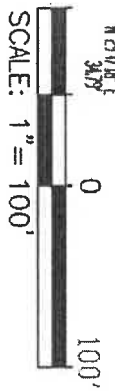
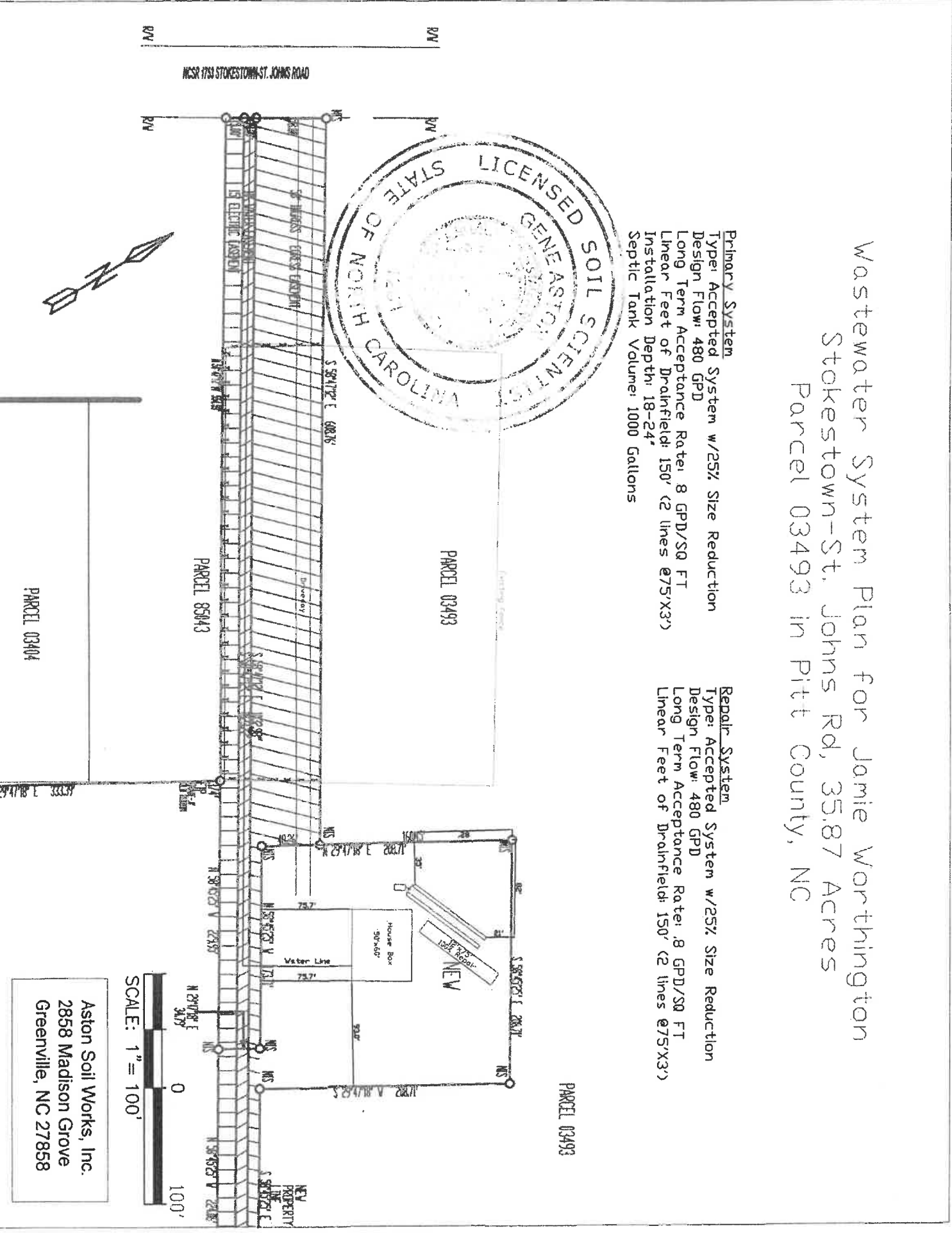
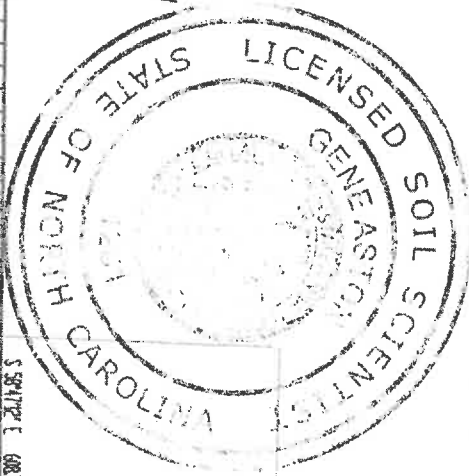
Licensed Soil Scientist # 1261



Wastewater System Plan for Jamie Worthington
 Stokestown-St. Johns Rd, 35.87 Acres
 Parcel 03493 in Pitt County, NC

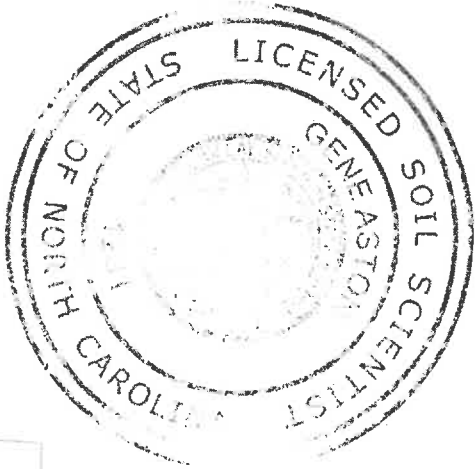
Primary System
 Type: Accepted System w/25% Size Reduction
 Design Flow: 480 GPD
 Long Term Acceptance Rate: 8 GPD/SQ FT
 Linear Feet of Drainfield: 150' (2 lines @75'x3')
 Installation Depth: 18-24"
 Septic Tank Volume: 1000 Gallons

Repair System
 Type: Accepted System w/25% Size Reduction
 Design Flow: 480 GPD
 Long Term Acceptance Rate: 8 GPD/SQ FT
 Linear Feet of Drainfield: 150' (2 lines @75'x3')

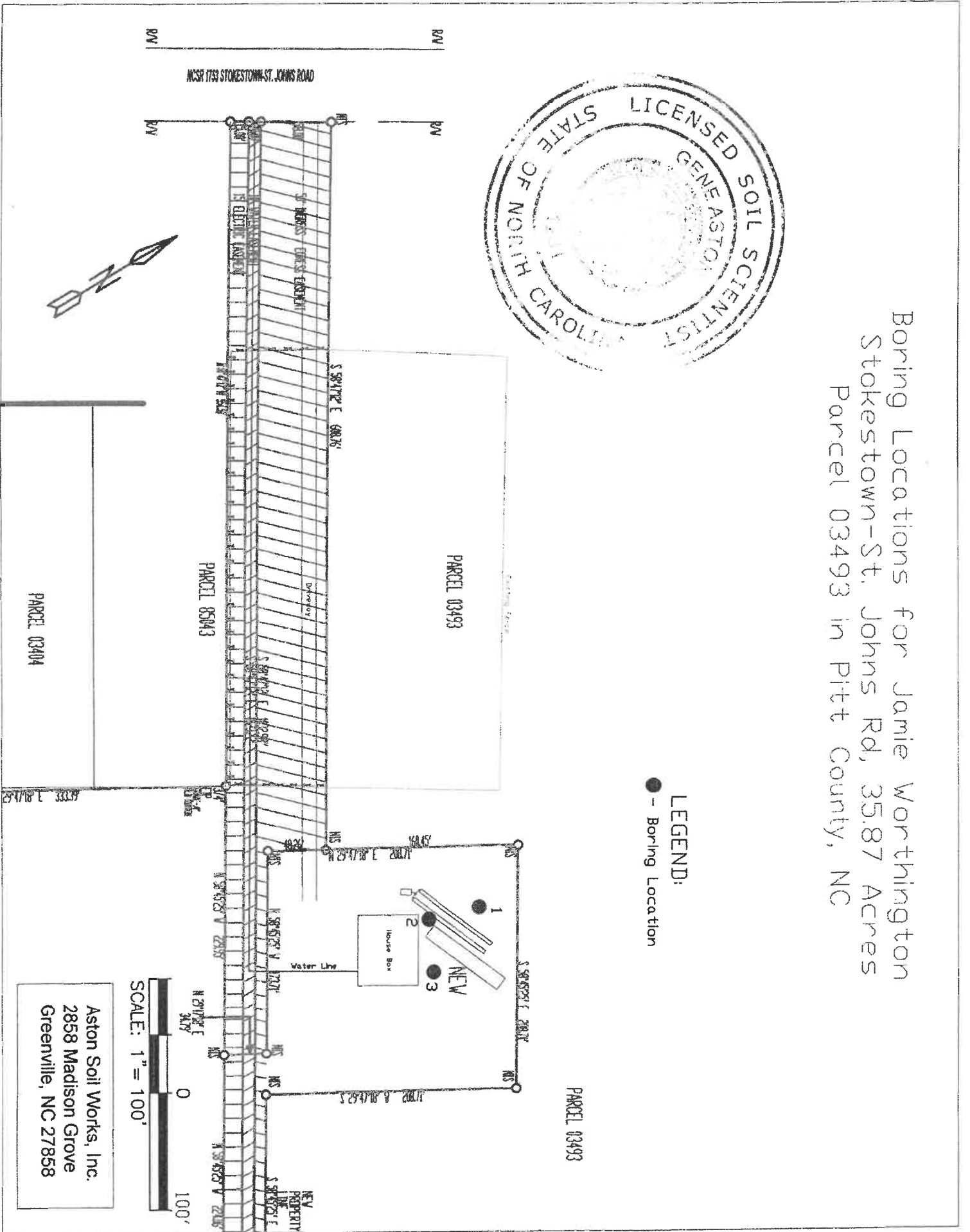


Aston Soil Works, Inc.
 2858 Madison Grove
 Greenville, NC 27858

Boring Locations for Jamie Worthington
 Stokestown-St. Johns Rd, 35.87 Acres
 Parcel 03493 in Pitt County, NC



LEGEND:
 ● - Boring Location

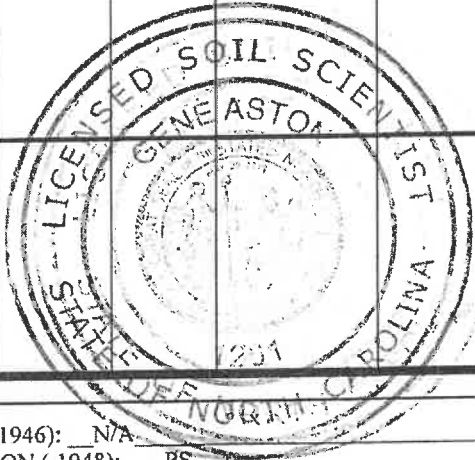


Aston Soil Works, Inc.
 2858 Madison Grove
 Greenville, NC 27858

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
 (Complete all fields in full)

OWNER: JOSEPH WORTHINGTON, JR. APPLICATION DATE _____
 ADDRESS: 7139 STOKESTOWN-ST. JOHNS RD, AYDEN NC 28513 DATE EVALUATED: 10/25/2021
 PROPOSED FACILITY: 4 BDRM HOMEPROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 35.87 ACRES
 LOCATION OF SITE: OFF STOKESTOWN-ST. JOHNS RD PROPERTY RECORDED: 8/1975
 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 LANDSCAPE POSITION/ SLOPE %	HORIZON 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 SAPR O CLASS	.1944 RESTR HORIZ	
1	0-2% L	0-6	SL GR	VFR, NS, NP	+42"	-----	-----	-----	PS 0.8
		6-42	SL GR	VFR, NS, NP	N/A				
2	0-2% L	0-6	SL GR	VFR, NS, NP	+42"	-----	-----	-----	PS 0.8
		6-42	SL GR	VFR, NS, NP	N/A				
3	0-2% L	0-6	SL GR	VFR, NS, NP	+42"	-----	-----	-----	PS 0.8
		6-42	SL GR	VFR, NS, NP	N/A				
4									



DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	S	S	N/A
System Type(s)	II-C	II-C	SITE CLASSIFICATION (.1948): PS
Site LTAR	0.8	0.8	EVALUATED BY: <u>Gene Aston</u>
			OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL	LPP	MINERALOGY/ CONSISTENCE	STRUCTURE
			.1955 LTAR*	.1957 LTAR*		
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)				M (Massive)
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
DS (Debris Slump)		L (Loam)				GR (Granular)
FP (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		SBK (Subangular Blocky)
FS (Foot Slope)		SiCL (Silty Clay Loam)				ABK (Angular Blocky)
H (Head Slope)	IV	CL (Clay Loam)	0.4 - 0.1	0.2 - 0.05		PL (Platy)
L (Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
N (Nose Slope)		SiL (Silt Loam)				
R (Ridge)					MOIST	WET
S (Shoulder Slope)					VFR (Very Friable)	NS (Non-sticky)
T (Terrace)					FR (Friable)	SS (Slightly Sticky)
					FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*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 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

SEE ATTACHED MAPS FOR BORING LOCATIONS





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Walters & Associates Po Box 91687 Raleigh NC 27675	CONTACT NAME: Emery Walters PHONE (A/C No. Ext): 919-847-0348 FAX (A/C No.): 919-847-0307 EMAIL ADDRESS: emwalt13@gmail.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: National Fire & Marine Insurance Company	NAIC # 20079
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Aston Soil Works Inc
 2858 Madison Grove Road
 Greenville NC 27858

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
					DESCRIPTION	AMOUNT
A	GENERAL LIABILITY	42-ESP-001667-01	03/09/2021	03/09/2022	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMPROP AGG	\$2,000,000
						\$
						\$
						\$
						\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
						\$
						\$
						\$
						\$
	UMBRELLA LIAB				EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB				AGGREGATE	\$
	<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> DED					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	42-ESP-001667-01	03/09/2021	03/09/2022	E.L. EACH ACCIDENT	\$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$
	<input type="checkbox"/> Y/N N/A				E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> DESCRIPTION OF OPERATIONS below					\$
						\$
						\$
						\$
						\$
						\$
						\$
A	Pollution Liability	42-ESP-001667-01	03/09/2021	03/09/2022	\$1,000,000 Ea Poll	
					\$2,000,000 Agg	
					\$5,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Refer to page 2 addendum

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <p style="text-align: center;"><i>Danielle D Wade</i></p>
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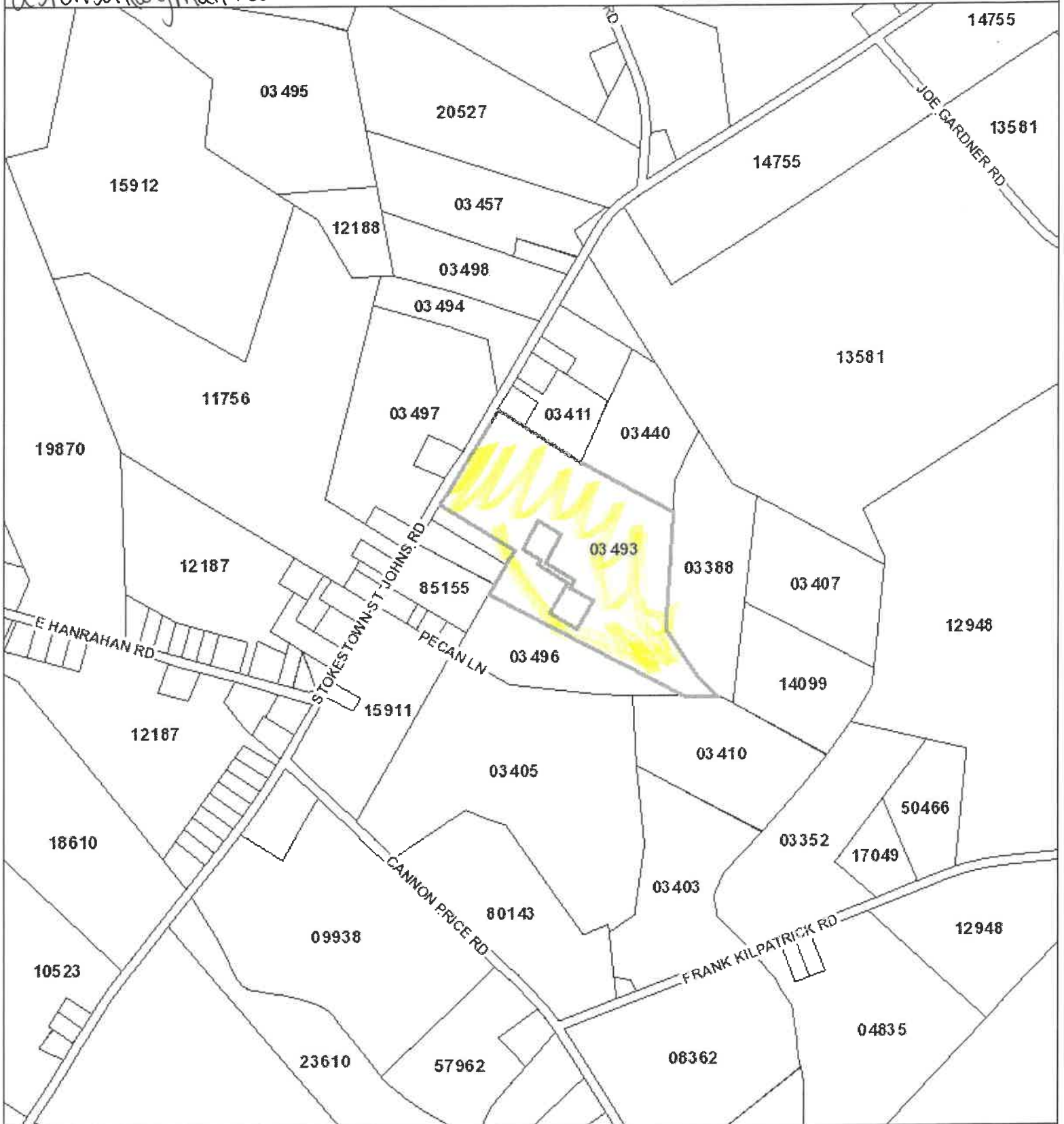


Pitt County Environmental Health

1717 W. Fifth St.
Greenville, NC 27834
252-902-3200

Application # _____

astonsoil@gmail.com



1 inch = 851 feet

Applicant: _____

Date: _____

This map is furnished by Pitt County for illustration purposes only. This map is NOT a certified survey.



Environmental Health
Pitt County, North Carolina (252) 902-3200

01/20/2022
2:22 PM
Lisinda M Flynn

Receipt #: 20220000000000000281

Date: 01/20/2022

Line Items:

Case No	Tran Code	Description	Revenue Account No	Fee Amount
POP2022-100030		POP - PRIVATE OPTION PERMIT	15311 441000	\$120.00

Line Item Total: \$120.00

Payments:

Method	Payer	Account / Check No.	Confirm No.	How Received	Amount Paid
Credit Card	ASTON GENE	8217	05459d	Phone	\$120.00

Payment Total: \$120.00

Comments: POP2022-100030 - 7139 STOKES TOWN ST JOHN