



North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

X New ___ Expansion ___ Repair ___ Relocation ___ Relocation of Repair Area

Owner or Legal Representative Information:
Name: RWS BUILDERS INC
Mailing address: 255 WILLIAMSBURG PKWY City: JACKSONVILLE State: NC Zip: 28546
Phone: 910-346-9800 Email:

Authorized Onsite Wastewater Evaluator Information:
Name: R HAYWOOD PITTMAN II Certification #: 10033E
Mailing address: PO BOX 1387 City: RICHLANDS State: NC Zip: 28574
Phone: 910-330-2784 Email: PITTMANSOIL@YAHOO.COM

Site Location Information:
Site address: 305 DUCK HAVEN
Tax parcel identification number or subdivision lot, block number of property: 536604927421000
LOT 45 BLUEWATER COVE County: CARTERET

System Information:
Wastewater System Type: III B
Daily Design Flow: 360
Saprolite System: Yes X No Subsurface Operator Required: Yes X No
Water Supply Type: Private Well X Public Water Supply ___ Spring ___ Other: ___

Facility Type:
X Residential 3 # Bedrooms 6 Maximum # of Occupants
Business Type of Business and Basis for Flow:
Public Assembly Type of Public Assembly and Basis for Flow:



Required Attachments:
X Plat or Site Plan
X Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 26 day of FEBRUARY 2025 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. This NOI shall expire on 26 day of FEBRUARY 2028.
Signature of Authorized Onsite Wastewater Evaluator: R HAYWOOD PITTMAN II
Signature of Owner or Legal Representative:

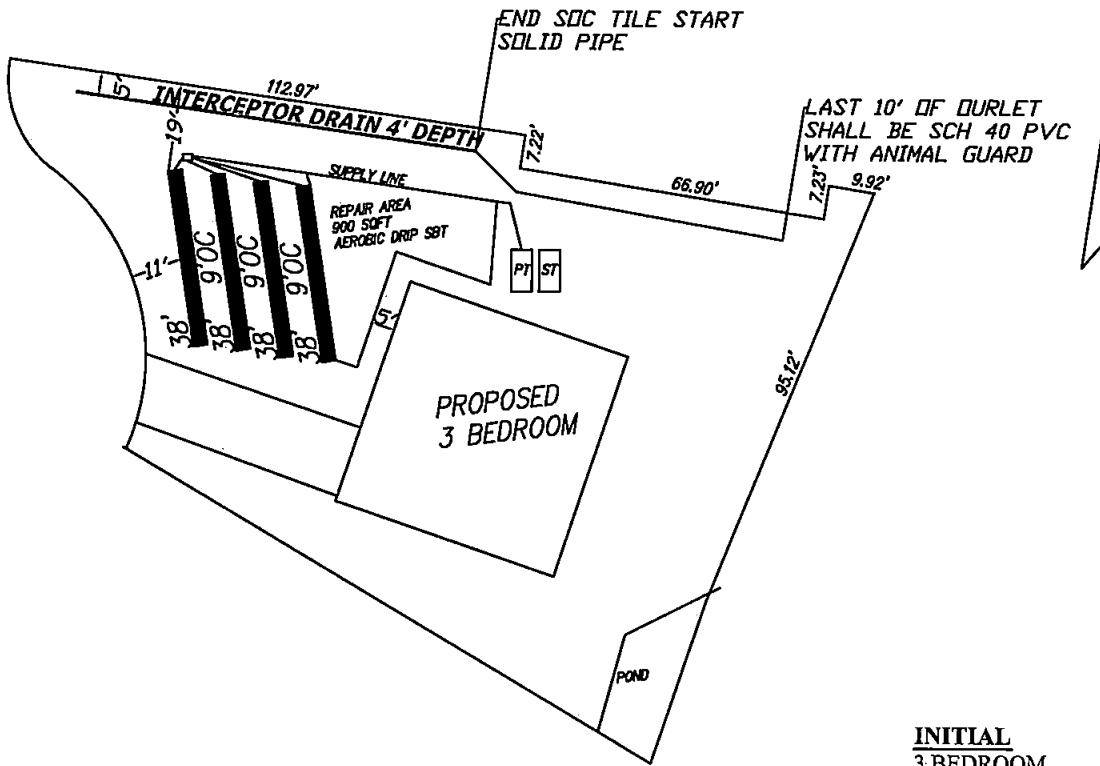
Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: [Signature] Date: FEB 26 2025

RECEIVED

Owner: BLUEWATER COVE
Address: LOT 45
Location: 305 DUCK HAVEN

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com



INITIAL

3 BEDROOM
LTAR .4
4-38' HORZ. PANEL BLOCK
EXCAVATE TO 30", BACKFILL
WITH 22" T & J APPROVED SAND
INSTALL PANELS ON SAND
INTERCEPTOR DRAIN AS SHOWN
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

3 BEDROOM
LTAR .4
900 SQFT AEROBIC DRIP
6" TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM



APPROX SCALE 1"=40'