

79 79A

EHAW-2026-00038

Receipt# 70072  
Amount Paid \$ 35.00  
Payment Style: CC  
Date: 1-21-26 JEN



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

New  Expansion  Repair  Relocation  Relocation of Repair Area

Owner or Legal Representative Information:  
Name: NEW BEGINNINGS CONSTRUCTION INC  
Mailing address: PO BOX 397 City: RICHLANDS State: NC Zip: 28574  
Phone: 910-389-4423 Email:

Authorized Onsite Wastewater Evaluator Information:  
Name: R. HAYWOOD PITTMAN II Certification #: 10033  
Mailing address: 1003 GREGORY FORK ROAD City: RICHLANDS State: NC Zip: 28574  
Phone: 910-330-2784 Email: pittmansoil@yahoo.com

Site Location Information:  
Site address: 503 Romney Drive  
Tax parcel identification number or subdivision lot, block number of property: 19A-103  
BRYANT PLACE LOT 79 County: ONSLOW

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

Facility Type:  
 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:  
 Plat or Site Plan  
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 21 day of JAN, 2026 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 11 day of JAN, 2029.  
Signature of Authorized Onsite Wastewater Evaluator: R. HAYWOOD PITTMAN II  
Signature of Owner or Legal Representative:

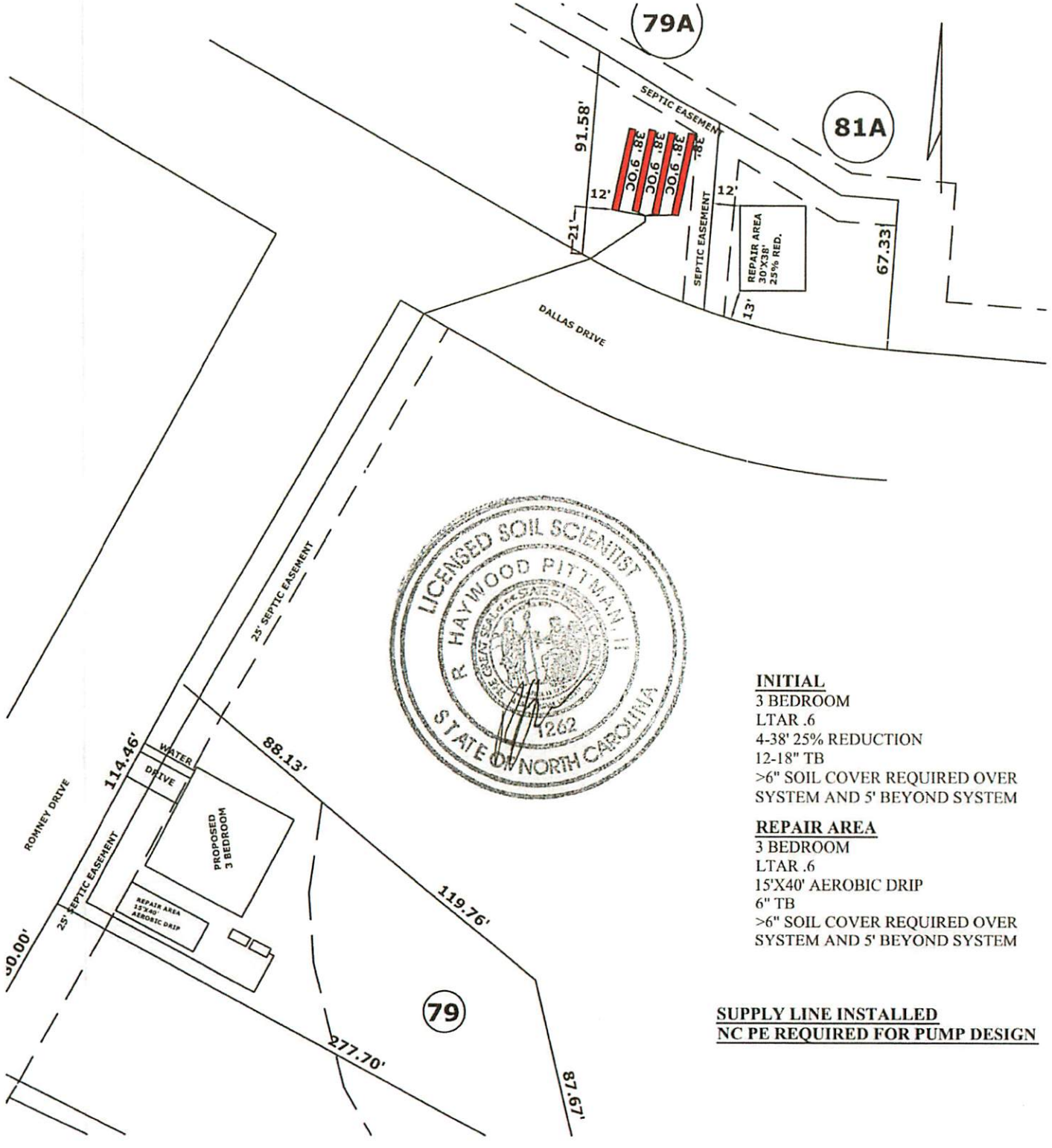
Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with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

Local Health Department Receipt Acknowledgement:  
Signature of Local Health Department Representative: [Signature] Date: 1-21-26

RECEIVED  
JAN 21 2026

Owner: BRYANT PLACE  
 Address: LOT 79 AND 79A PHASE 4  
 Location: 503 ROMNEY DRIVE

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



**INITIAL**  
 3 BEDROOM  
 LTAR .6  
 4-38' 25% REDUCTION  
 12-18" TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**  
 3 BEDROOM  
 LTAR .6  
 15'X40' AEROBIC DRIP  
 6" TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

**SUPPLY LINE INSTALLED**  
**NC PE REQUIRED FOR PUMP DESIGN**

**APPROX SCALE 1"=60'**

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

Sheet 1 of 1  
 PROPERTY ID #: \_\_\_\_\_  
 COUNTY: ONSLOW \_\_\_\_\_

SOIL/SITE EVALUATION  
 for ON-SITE WASTEWATER SYSTEM

OWNER: BRYANT PLACE

ADDRESS LOT 79

PROPOSED FACILITY: 3 BDR

LOCATION OF SITE: \_\_\_\_\_

DATE EVALUATED: VARIOUS

PROPOSED DESIGN FLOW (.1949): 360

PROPERTY SIZE: \_\_\_\_\_

PROPERTY RECORDED: YES

WATER SUPPLY: Private  X Public  Well  Spring  Other \_\_\_\_\_

EVALUATION METHOD: X Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

P R O F I L E	.1940 LANDSCAPE POSITION/ SLOPE. %	HORIZO N 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	0-1 LS	0-24	SL	GR	VFR	NEXP	S	S	NA	NA	S
		24-36	SL	SBK	FI	SS SP	30" 2.5Y 6/1				
2	0-1 ES	0-18	SL	GR	VFR	NEXP	S	S	NA	NA	S
		18-36	SL	SBK	FI	SS SP	24" 2.5Y 6/1				
3	0-1 LS	0-24	SL	GR	VFR	NEXP	S	S	NA	NA	S
		24-48	SCL	SBK	FI	SS SP	18" 2.5Y 6/1				
4											

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): <u>S</u>
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): <u>PS</u>
System Type(s)	III	V	EVALUATED BY <u>HAYWOOD PITTMAN</u>
Site LTAR	0.6	0.6	OTHER(S) PRESENT: _____

COMMENTS: \_\_\_\_\_

# *Pittman Soil Consulting*

1003 Gregory Fork Road  
Richlands, NC 28574  
Phone (910)330-2784  
[pittmansoil@yahoo.com](mailto:pittmansoil@yahoo.com)

## INSPECTIONS

All inspections of this AOWE permit shall be scheduled with the AOWE no less than 24 hours prior to start.

Septic and pump tanks shall be concrete, and in accordance with NC Laws and rules. No plastic tanks shall be used without WRITTEN consent of AOWE.

Drain lines shall be conventional rock 4 or 57, polystyrene, infiltrator chamber, or as specified on the permit. GEO TEXTILE FABRIC IS REQUIRED ON ALL INSTALLATIONS.

All pipe shall be sch 40 PVC(DWV), and all pipe joints shall be welded with solvent.

Property lines shall be readily identifiable prior to installation.

Any changes that need to be made shall be approved by AOWE prior to installation.

All other systems (fill, type IV and V) shall require preconstruction meetings prior to installation.

This permit shall not be installed in wet conditions. The AOWE will determine when the site is suitable for installation.

## SYSTEM SHALL NOT BE LEFT OPEN TO WEATHER PRIOR TO COVERING

IT IS THE CONTRACTOR/OWNERS RESPONSIBILITY TO PROVIDE PITTMAN SOIL CONSULTING WITH CERTIFICATE OF INSURANCE AND ANY FORMS THAT MAY BE REQUIRED.



R. Haywood Pittman II  
NC Licensed Soil Scientist 1262  
AOWE 10033E

NO INSPECTIONS AFTER 1:00PM MON-THURS & NONE ON FRIDAYS

INSTALLERS SHALL BE LICENSED FOR A MINIMUM OF 5 YEARS.

IF THE SYSTEM IS WRITTEN FOR CONVENTIONAL, THE INSTALLER MUST GET PERMISSION FROM AOWE TO TAKE A REDUCTION.

## *Pittman Soil Consulting*

*1003 Gregory Fork Road*

*Richlands, NC 28574*

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*pittmansoil@yahoo.com*

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### **OPERATION AND MAINTENANCE**

Do not park or drive on any portion of system or repair area

All building foundations shall be 5' from any part of system or repair area

All water lines shall be 10' from any part of initial system to include irrigation lines

Do not irrigate over initial system area once grass is established

Any water leaks shall be addressed

Water usage shall not exceed 60% of daily design flow

Only water, waste, washing machine, and toilet paper shall be in septic tank

Do not use flushable wipes

No latex or feminine hygiene products shall be flushed

Do not pour food waste or dairy products in septic tank

Septic tank shall be pumped every 3 to 5 years

Maintain grass cover and positive drainage over system area

Do not plant trees or bushes on septic tank or system area

Do not install utility lines over system area

System shall be located prior to any fence installation

Septic system area shall be roped off prior to construction of structure

There is no warranty or guarantee that system will perform for any period of time.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/21/2025

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 have ADDITIONAL INSURED provisions or 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).

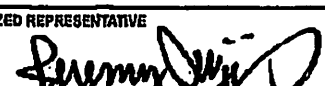
<b>PRODUCER</b> N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS:	
<b>INSURED</b> Pittman Soil Consulting C/O Ronald H. Pittman, II 1003 Gregory Fork Rd. Richlands NC 28574		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Capitol Specialty Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2572136857      **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	ADDL INSR	INSUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EV20182381-08	07/19/2025	07/19/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MEDEXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$ 2,000,000 Professional Liability \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor's Pollution Liability Occurrence Form			EV20182381-07	07/19/2024	07/19/2025	Each Incident \$1,000,000 Aggregate Limit \$2,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> 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 

**Owner:**  
NEW BEGINNINGS CONSTRUCTION INC

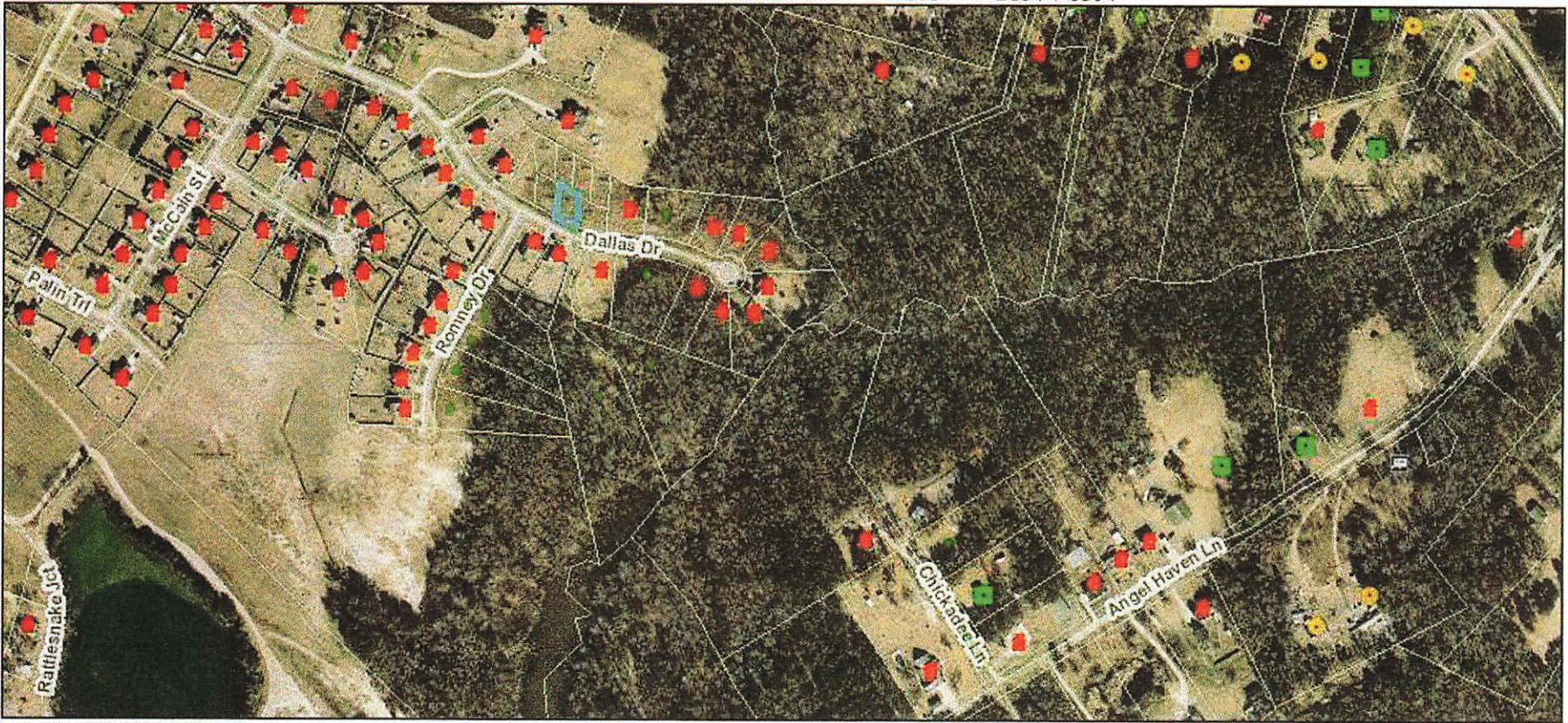
**Mailing Address:**  
PO BOX 397  
RICHLANDS NC 28574-0397

January 21, 2026

NC PIN:  
441200043988

Map Number:  
19A-93

Parcel ID:  
151646



**General Information**

**Physical Address:** DALLAS DR

Total Acres: 0.12  
Land Value: \$ 0  
Bldg Value: \$ 0  
Market Val: \$ 0  
Heated Sqft:  
# of Bedrooms:  
Year Built:  
Nbhd Code: 1277  
Improv Code: R  
Township: RICHLANDS  
City Limit: UNINCORPORATED ONSLOW  
Fire District: BACK SWAMP  
Subdivision: BRYANT PLACE PH 6 FINAL  
Property Desc: L79A P6 BRYANT PLACE  
Plat Book: 90-13

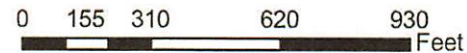
**WARNING: THIS IS NOT A SURVEY**  
This map was prepared for the inventory of real property found within jurisdiction, and is compiled from recorded deeds, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary sources should be consulted for verification of the information contained on this map. The County and mapping company assume no legal responsibility for the information contained on this map.

**Last Sale Info:**

Deed Ref: 6497 / 678  
Sale Price: \$ 0  
Sale Date: 19-DEC-25



Onslow County  
Geographical Information Services  
234 NW Corridor Blvd  
Jacksonville, NC 28540  
(910) 937-1190  
gis@onslowcountync.gov



**Owner:**  
NEW BEGINNINGS CONSTRUCTION INC

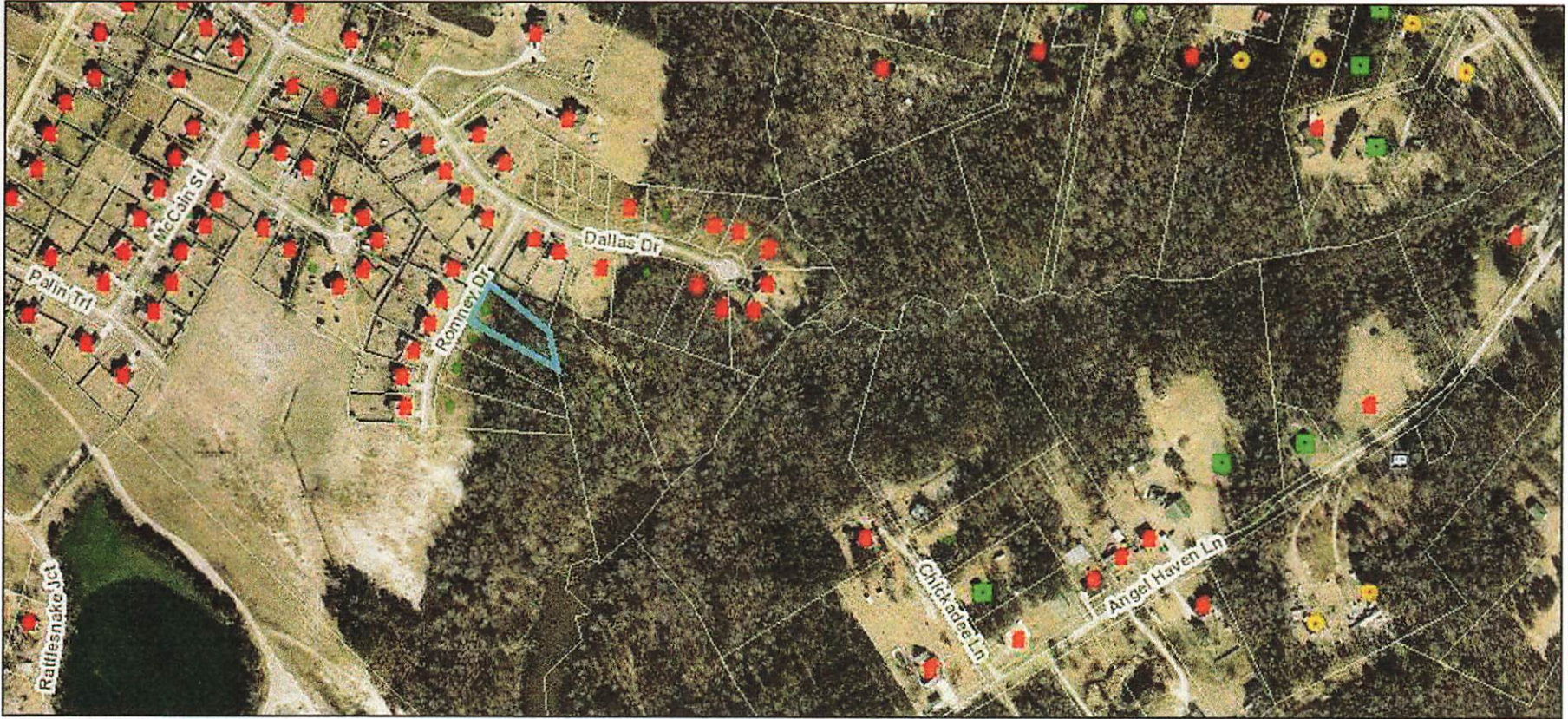
**Mailing Address:**  
PO BOX 397  
RICHLANDS NC 28574-0397

January 21, 2026

NC PIN:  
441200042624

Map Number:  
19A-103

Parcel ID:  
178225



**General Information**

**Physical Address:** 503 ROMNEY DR

Total Acres: 0.52  
Land Value: \$ 0  
Bldg Value: \$ 0  
Market Val: \$ 0  
Heated Sqft:  
# of Bedrooms:  
Year Built:  
Nbhd Code: 1277  
Improv Code: R  
Township: RICHLANDS  
City Limit: UNINCORPORATED ONSLOW  
Fire District: BACK SWAMP  
Subdivision: BRYANT PLACE PH 6 FINAL  
Property Desc: L79 P6 BRYANT PLACE  
Plat Book: 90-13

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**Last Sale Info:**

Deed Ref: 6497 / 678  
Sale Price: \$ 160000  
Sale Date: 19-DEC-25



Onslow County  
Geographical Information Services  
234 NW Corridor Blvd  
Jacksonville, NC 28540  
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