



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

E-25-529

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information:

Name: RHC CUSTOM CONSTRUCTION
 Mailing address: 742 MCKNIGHT DR STE 213 City: KNIGHTDALE State: NC Zip: 27545
 Phone: 919-217-2444 Email: ROBERT@RHC-CONSTRUCTION.COM

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: 6862 FIRE TOWER RD
 Tax parcel identification number or subdivision lot, block number of property: PIN: 275600976683
JACKSON FIELDS S/D LOT 4 County: NASH

System Information:

Wastewater System Type: IIB
 Daily Design Flow: 360
 Saprolipe 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 23 day of APRIL, 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 23 day of APRIL, 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: Evan Cotton Date: 4-23-25