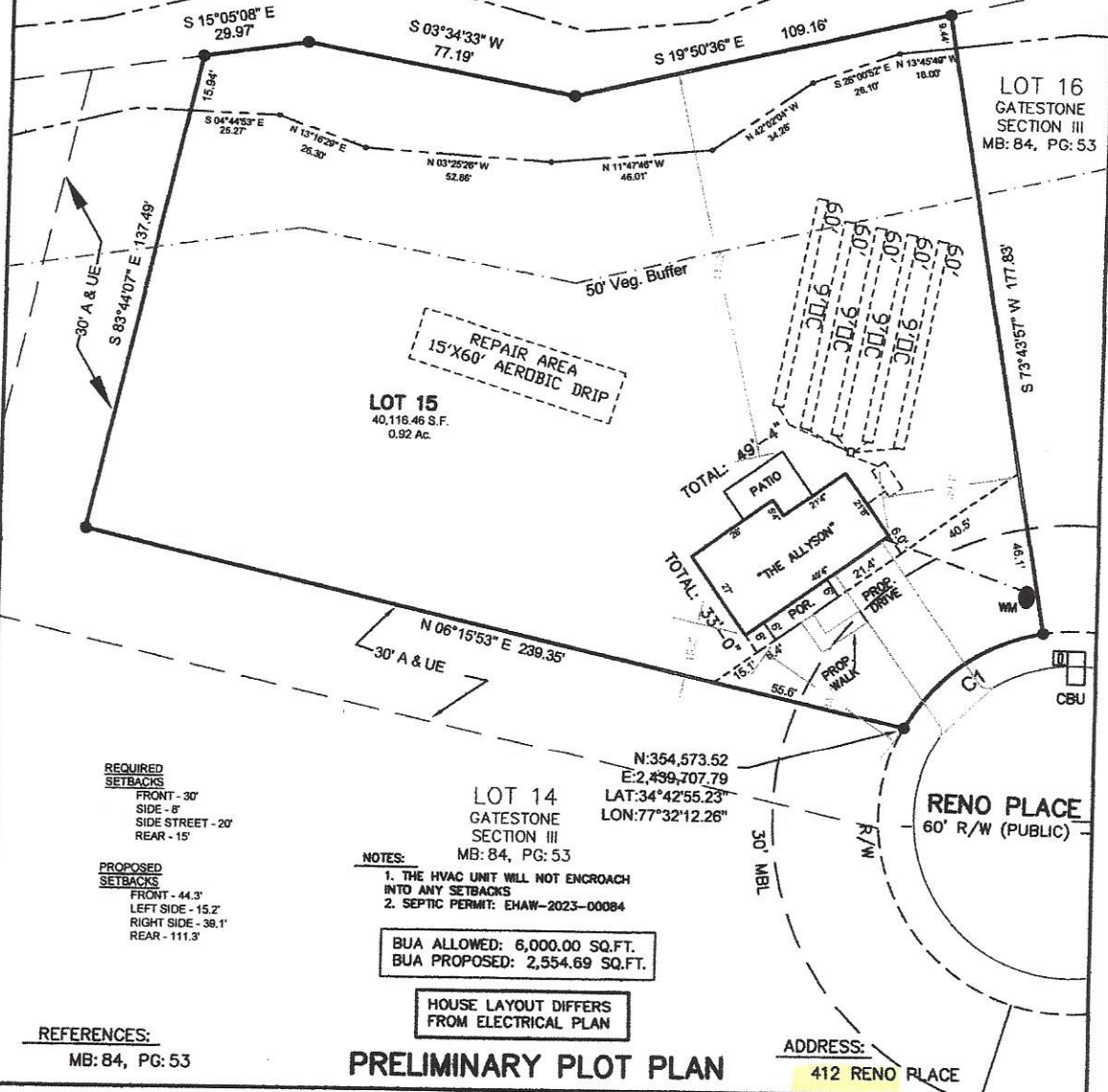


CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	95.00'	48.57'	47.91'	N 42°05'17" W

PER NC GRID NAD 83

VICINITY MAP - NOT TO SCALE



- REQUIRED SETBACKS**
- FRONT - 30'
 - SIDE - 5'
 - SIDE STREET - 20'
 - REAR - 15'
- PROPOSED SETBACKS**
- FRONT - 44.3'
 - LEFT SIDE - 15.2'
 - RIGHT SIDE - 38.1'
 - REAR - 111.3'

- NOTES:**
1. THE HVAC UNIT WILL NOT ENCR OACH INTO ANY SETBACKS
 2. SEPTIC PERMIT: EHAW-2023-00084

BUA ALLOWED: 6,000.00 SQ.FT.
BUA PROPOSED: 2,554.69 SQ.FT.

HOUSE LAYOUT DIFFERS FROM ELECTRICAL PLAN

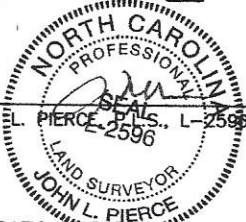
REFERENCES:
MB: 84, PG: 53

PRELIMINARY PLOT PLAN

ADDRESS:
412 RENO PLACE

THE SEPTIC SYSTEM IS TO BE INSTALLED ACCORDING TO THE ONSLOW COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT, NOT THIS MAP.

JOHN L. PIERCE & ASSOCIATES, P.A. (C-1888)
405 JOHNSON BLVD., JACKSONVILLE, NC 28540
PHONE: (910)346-9800 FAX: (910)346-1210
DATE: DEC. 2, 2024 SCALE: 1" = 40'
F.B. N/A P. N/A JOB # 2024-630



THE RATIO OF PRECISION IS 1:10,000+.

LOT NO. 15 BLOCK _____
SUBDIVISION GATE STONE, SECTION III
STUMP SOUND TOWNSHIP ONSLow COUNTY, N.C.
PREPARED FOR: TARHEEL HOME BUILDERS INC.

C:\Projects\GATESTONE PRELIMS\LOT 15 PRELIM.dwg, 12/22/2024 3:05:52 PM, JoehiNorris, \jlp-dc-2k16\Back Printer

Permit # _____

Temporary Power Request Form

ADDRESS 412 Reno Place, Jacksonville, N.C. 28540

Utilization of portions of the permanent wiring system to facilitate construction shall be permitted and limited to those instances in which the use is deemed to be a reasonable necessity. Reasonable necessity shall include any of the following:

1. The utilization of permanently installed HVAC equipment to maintain environmental conditions necessary to facilitate the installation of environmentally sensitive materials, or finishes in accordance with the manufacturer's instructions.
2. Where the distance between the construction site electrical service and any interior point at floor level is not more than 200 feet following the most direct route that an extension cord could reasonably be routed.
3. Testing of building service systems.
4. Other situations as allowed by special permission.

In no case shall any portions of the permanent wiring be energized for construction purposes until the portions have been inspected and released by the electrical code enforcement official.

The applicant as listed on the permit documents shall maintain the energized electrical system or that portion of the building containing the system in a secured and locked manner to exclude unauthorized personnel. The responsibility of the applicant shall assume the responsibility to alert personnel working near the energized electrical system to its presence.

Adequate inspections, as deemed necessary, by the code enforcement official shall be made prior to authorization to assure it complies with the requirements of Sec 10.8 (NC Administration and Enforcement Requirements Code). A wiring integrity test shall be conducted by the Licensed NC Electrical Contractor listed on the permit application and documented with a Wiring and Integrity Test form.

Unauthorized energizing or use of the permanent wiring system or any portion thereof shall be prima facia evidence of a hazard, which at the sole discretion of the code enforcement official may result in disconnection of power as prescribed and allowed by Law.

Applicant Name: Tarheel Home Builder's, Inc.

Signature: James R. Brown Date: 12/04/24



ONSLow COUNTY
 234 NW Corridor Boulevard Jacksonville, NC
 28540 (910) 455-3661

Permit

Permit NO. **RBLD-2024-01111**

Permit Type: **Residential Building**

Work Classification: **Residential Single Family Dwelling**

Permit Status: **Issued**

Issue Date: **01/17/2025**

Expiration: **07/16/2025**

Location Address

Parcel Number

412 RENO PLACE, JACKSONVILLE, NC 28540

318B-57

Contacts

TARHEEL HOME BUILDERS, INC. **Applicant**
 660 HOLLY SHELTER RD, JACKSONVILLE, NC 28540
 (910)389-3082 THBI1@HOTMAIL.COM

BUCEK'S PLUMBING COMPANY, INC. **Plumbing Contractor**
 2570 WILMINGTON HWY, JACKSONVILLE, NC 28540
 (910)347-6607 OFFICE@BUCEKSPLUMBING.COM

DOWN-EAST HEATING & A/C, INC **Mechanical Contractor**
 234 S MARINE BLVD, JACKSONVILLE, NC 28540
 (910)346-4311 JASON@DOWNEASTHEATING.COM

TARHEEL HOME BUILDERS, INC. **General Contractor**
 660 HOLLY SHELTER RD, JACKSONVILLE, NC 28540
 (910)389-3082 THBI1@HOTMAIL.COM

OUTREACH ELECTRICAL SERVICE **Electrical Contractor**
 P O BOX 303, HOLLY RIDGE, NC 28445
 (910)330-1661 WIREMANO75@GMAIL.COM

Description: Construct SFD

Valuation: \$180,000.00

Total Sq Feet: 2,240.00

Inspection Requests:

Building (910) 455-3661 or
 Environmental Health (910) 938-5851



ONSLow COUNTY
 234 NW Corridor Boulevard Jacksonville, NC
 28540 (910) 455-3661

Permit

Permit NO. **RBLD-2024-01111**

Permit Type: **Residential Building**

Work Classification: **Residential Single Family Dwelling**

Permit Status: **Issued**

Issue Date: **01/17/2025**

Expiration: **07/16/2025**

Fees	Amount
Electrical Temporary Power	\$50.00
GC-Home Owners Recovery Fund - Admin	\$1.00
GC-Home Owners Recovery Fund - Pay	\$9.00
Residential Building - SFD	\$884.80
Zoning - Zoning	\$50.00
Total:	\$994.80

Payments	Amt Paid
Total Fees	\$994.80
Check # *****4228	\$994.80
Amount Due:	\$0.00

Available Inspections:	
Inspection Type	IVR
Setback Inspection	53
Footing	100
Foundation Inspection	105
Plumbing Under Slab Inspection	405
Slab and Elevation Inspection	110
Saw Service Inspection	200
Rough-In Electrical Inspection	455
Rough-In Framing Inspection	465
Rough-In Gas and Fuel Inspection	490
Rough-In Mechanical Inspection	475
Rough-In Plumbing Inspection	480
Underground Wastewater Inspection	220
Underground Water Supply Inspection	225
Insulation Inspection	233
Temporary Power Inspection	190
Partial Framing	
Zoning Compliance Inspection	2020
Compliance Building Inspection	520
Compliance Gas and Fuel Inspection	540
Compliance Mechanical Inspection	545
Compliance Plumbing Inspection	550
Compliance Electrical Inspection	525

Permission to Enter Land: I certify that I am authorized to grant, and do in fact, grant permission to Onslow County Planning and Development employees and their agents, to enter on the property noted on the Onslow County permit for the purpose of inspections.

Permit Expiration: In accordance with GS153A-358, building permits expire six months "after the date of issuance if the work authorized by the permit has not commenced", or "after commencement, the work is discontinued for a period of 12 months".

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Residential and Commercial Inspections:
 Jonathan Briggs, Deputy Director
 (910) 455-3661

January 17, 2025

Date



RBLD-2024-01111

Planning and Development Department Residential New Permit Application

318B-57

Applicant Name Tarheel Home Builder's, Inc. Phone _____ Email _____

Project Address 412 Reno Place City Jacksonville NC ZIP 28540

Subdivision or Project Name Gate Stone Section III Lot Number 15

Project Contact Person Richie Brown Phone 910-389-3082 Fax N/A

Email thbi1@hotmail.com Contact preference: Phone Fax Email

Property Owner Gate Stone LLC. Phone 910-346-9800 Email _____

Driving Directions to Work Address: Pony Farm Road, Right on Hwy.53, Left on Haws Run Road, approx. 2mi. Right on Scott-Jenkins, Right on Reno.

Additional Site Instructions N/a

Description of Work S.F.R.

Proposed Use s.f.r.

WORK INCLUDED

Single Family Modular Duplex Townhouse Move

Building Electrical Mechanical Plumbing Fuel Piping

BUILDING INFORMATION

Addition Alteration Construction Cost 180K Number of Units 1 Number of Buildings 1

Total SqFt 2240 (Includes all floors of structure to include any decks, porches, garages attached to main structure)

Stories 1 Building Height 26' Number of Bedrooms 3 Number of Bathrooms (full/Partial) 2-1/2 Number of Fuel Piping Appliances 0

Type of Heat: Electric Gas-Fuel Piping Geo Thermal Oil Other _____

Floor System: Crawl Space Monolithic Slab Pilings Raised 3-Piece

Framework: Wood Block Concrete Log Steel Other _____

Electrical Size 200 amps Number of Electrical Services (Panels) 1

Lawn or Irrigation Sprinkler: Yes No (If yes, Include a sketch layout of location for the lawn/irrigation system)

ONSLow COUNTY UTILITIES

Completed ONWASA verification letter is attached

Water: Public Private (well) Water Company Onwasa

Sewer: Public Private (septic) Septic Permit Number EHAW-2023-00084

Unlicensed <\$30,000 or Modular Installer Check here if this trade is not required.

(Modular Installers must attached Original Surety Bond)

1) Name _____ Phone _____

2) Address _____ City _____ State _____ ZIP _____

3) Email _____

4) Authorized Agent (print) _____ Signature _____ Date 12/04/24

I am an unlicensed contractor. I am permitted to contract on projects on one property at one time not to exceed \$30,000. I am not permitted to perform or subcontract plumbing, mechanical or electrical work so all of the following contractors are considered prime contractors

GENERAL CONSTRUCTION (BUILDING) Check here if this trade is not required.

1) Contractor (Company Name) Tarheel Home Builder's, Inc. Phone 910-389-3082

2) Address 660 Holly Shelter Road City Jacksonville State N.C. ZIP 28540

3) License Number 48887 Classification: Owner Limited Intermediate Unlimited Specialty:

4) Email thbi1@hotmail.com Construction Cost (contract amount) \$ 180K

I am a general contractor duly licensed by the NC Licensing Board of General Contractors. I am permitted by my license to contract on project on one property at one time not to exceed the following dollar value \$ 500K. The following contractors are considered subcontractors.

Application for permit - Residential

Project Address 412 Rene Place, Jacksonville, N.C. 28540

5) Authorized Agent (print) James R. Brown Signature [Signature] Date 4/29/24

ELECTRICAL Check here if this trade is not required.

1) Contractor (Company Name) Outreach Electrical Service Phone 910-330-1661
2) Address P.O. Box 303 City Holly Ridge State N.C. ZIP 28445
3) License Number 23298-L Classification: Limited Intermediate Unlimited Owner
4) Email wiremano75@gmail.com Expiration 2/28/25

5) Authorized Agent (print) Samuel Ottaway Signature [Signature] Date 4/29/24

HVAC (MECHANICAL) Check here if this trade is not required.

1) Contractor (Company Name) Down East Heating and Air Phone 910-346-4311
2) Address 2234 South Marine Blvd. City Jacksonville State N.C. ZIP 28540
3) License Number 18964 Classification: H-1 H-2 H-3 Class I Class II Owner
4) Email downeastheating.com Expiration 12/31/24

5) Authorized Agent (print) Jason Humphrey Signature [Signature] Date 4-30-2024

PLUMBING Check here if this trade is not required.

1) Contractor (Company Name) Bucek's Plumbing Company Phone 910-347-6607
2) Address 2570 Wilmington Hwy. City _____ State N.C. ZIP 28540
3) License Number 9203-P Classification: Class I Class II Owner
4) Email office@bucekspumbing.com Expiration 12/31/24

5) Authorized Agent (print) Geoff Bucek Signature [Signature] Date 5/1/24

GAS/FUEL PIPING Check here if this trade is not required.

1) Contractor (Company Name) N/A Phone _____
2) Address _____ City _____ State _____ ZIP _____
3) License Number _____ Classification: Class I Class II Owner
4) Email _____ Expiration _____

OTHER Check here if this trade is not required.

5) Contractor (Company Name) N/A Phone _____
6) Address _____ City _____ State _____ ZIP _____
7) Trade _____ License Number _____ Classification: _____ Expiration _____
8) Email _____
9) Authorized Agent (print) _____ Signature _____ Date _____

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) JAMES R. BROWN Signature [Signature] Date 4/29/24

Licensure/Exemption and Insurance Coverage Certifications

Chapter 87, Article 1 of the N.C. General Statutes prohibits the County from issuing a building permit unless and until the applicant has complied with the general contractor licensing and insurance coverage requirements in that article (see attached copies of Sections 87-1 and 87-14). To ensure such compliance, the County requires that the applicant make the following certifications.

The undersigned applicant for a building permit certifies that the person, firm, or corporation performing, superintending, or managing the proposed construction or alteration, whether the applicant or another person, firm, or corporation contracted to do so, either:

- Is duly licensed as a **general contractor** under Chapter 87, Article 1 of the N.C. General Statutes and maintains that license in good standing.

Licensee name: Tarheel Home Builder's, Inc. License number: 48887

OR

- Is exempt from the statutory licensing requirements for general contractors because:

- the cost of the proposed construction is less than \$30,000;
- the building being constructed or altered is located on **land owned by the applicant** and is intended solely for occupancy by the applicant (and family, if a person) for at least 12 months after its completion (i.e., the project is not a "speculation" project); or
- I am the **owner** of the proposed building. It is my intention to act as my own general contractor, and I understand that the problems which may arise, such as inaccurate or insufficient construction will be solely my responsibility, and I will be left with no resource and must assume total liability for correction of the problems. I personally have a thorough knowledge of all of the NC State construction codes.
- the applicant is engaged in the business of farming, owns the land containing the constructed or altered building, and intends to use the building for the business of farming after its completion;

OR

Modular Installation Contractor

- I am providing to Onslow County Code Enforcement Department a \$5,000.00 surety bond in accordance with N.C.G.S. § 143-139.1

AND

Insurance Coverage: The undersigned applicant also certifies that the person, firm, or corporation performing, superintending, or managing the proposed construction or alteration, as well as any subcontractor doing so:

- Carries workers' compensation insurance for employees as required by Chapter 97 of the N.C. General Statutes and will maintain that coverage for the duration of the permit construction or alteration; and
- Will provide certificates of insurance if requested by the Planning and Development Department before issuance of the permit or any time during the permitted construction or alteration.
- N/A Owner assumes insurance liability.

The undersigned applicant further acknowledges that, pursuant to Chapter 87, Article 1A of the N.C. General Statutes, the County will collect a \$10.00 fee with applications for construction or alteration of a single-family dwelling unit and forward \$9.00 of the fee to the N.C. Licensing Board for General Contractors, which will deposit it into the Homeowners Recovery Fund for subsequent use in reimbursing homeowners' losses for construction by general contractors.

Applicant's Name: Tarheel Home Builder's, Inc.

Signer's Name and Title (if firm or corporation): James R. Brown, President

Signature: *James R. Brown* Date: 12/04/24

Compliance with the State Sedimentation Pollution Control Act

State law prohibits issuance of a building permit for any development requiring an erosion and sedimentation control plan under the North Carolina Sedimentation Pollution Control Act of 1973 (G.S. § 113A-50 et seq.) unless and until such plan has been approved by the appropriate State agency. Within Onslow County, that agency is the Wilmington regional office of the State Department of Environmental Quality (DEQ), Division of Energy, Mineral and Land Resources, Land Quality Section).

The Act requires approval of an erosion and sedimentation control plan whenever land-disturbing activity on a tract would uncover more than one acre of land. The Land Quality Section has interpreted this one-acre threshold as applicable not just to individual lots or parcels for which a building permit is sought, but to any combination of lots within a subdivision that are owned and being developed by a single developer or builder - whether or not the lots are contiguous.

If you propose development that might disturb more than 1 acre - either on the lot or parcel for which you seek a building permit, or cumulatively on all lots within a subdivision for which you have or will seek building permits - we recommend that you contact the regional office of the Land Quality Section (see contact information below) before submitting a building permit application and confirm whether or not approval of an erosion and sedimentation control plan is required.

Check one of the following boxes and sign below.

I certify that the land-disturbing activity proposed by this application (whether by itself or combined with that being undertaken or proposed to be undertaken under my control elsewhere in the same subdivision)

- complies with an erosion and sedimentation control plan approved by the regional office of the NC Land Quality Section under the State Sedimentation Pollution Control Act of 1973. **Attach a copy of a Letter of Approval with Modifications and Performance Reservations from the regional office of the NC Land Quality Section applicable to the subject site.**
- does not require approval of an erosion and sedimentation control plan under the State Sedimentation Pollution Control Act of 1973. **Be aware that if the NC Land Quality Section subsequently issues a Notice of Violation stating that such approval is required, we will, pursuant to G.S. 153A-361-363, issue a stop work order and withhold any certificate of occupancy until the Land Quality Section approves a plan, and revoke the building permit if no plan is submitted to the Section by its deadline.**

James R. Brown

Applicant's Signature

12/04/24

Date

For more information about the State erosion and sedimentation control regulations, contact:

Dan Sams
Regional Engineer Supervisor
NCDEQ
Division of Energy, Mineral and Land Resources
Land Quality Section
127 Cardinal Drive Extension
Wilmington, NC 28405
Phone: 910-796-7326
FAX: 910-350-2004
e-mail: dan.sams@ncdenr.gov

Brian Lambe
Environmental Specialist
NCDEQ
Division of Energy, Mineral and Land Resources
Land Quality Section
127 Cardinal Drive Extension
Wilmington, NC 28405
Phone 910-796-7313
FAX: 910-350-2004
e-mail: brian.lambe@ncdenr.gov

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2275732

Filed on: 12/04/2024

Initially filed by: tarheelhome

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Owner Information

James Brown
660 Holly Shelter Rd.
Jacksonville, NC 28540
United States
Email: thbi1@hotmail.com
Phone: 910-389-3082

Project Property

Gate Stone Lot 15
412 Reno Place
Jacksonville, NC 28540
NC County

Property Type

1-2 Family Dwelling

Date of First Furnishing

12/16/2024

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

EHAW-2023-00084



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

[X] Single System or [] Multiple Systems

AND

[X] New [] Expansion [] Relocation of all or part of the Existing System [] Relocation of Repair Area
[] Repair - LHD Permit Number _____ [] Repair - EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____
GATE STONE LLC

Mailing address: PO BOX 1685 City: JACKSONVILLE State: _____ Zip: 28541

Telephone number: 910-346-9800 E-mail Address: BETTYB@JLPNC.COM

2. Authorized On-Site Wastewater Evaluator (AOWE) name: R HAYWOOD PITTMAN II

LSS License number: 1262 AOWE Certification number: 10033E

Mailing address: PO BOX 1387 City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-330-2784 E-mail Address: PITTMANSOIL@YAHOO.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:

[X] AOWE [] LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): GATE STONE LOT 15, 412 RENO PLACE, 318B-49
County Name: ONSLOW

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: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

AOWE Common Form

LHD Reference: _____

- 6. Type of facility: Place of residence No. Bedrooms: 3 No. Occupants: 6
- Place of business Basis for flow calculation: _____
- Place of public assembly Basis for flow calculation: _____

7. Factors that would affect the wastewater load: NONE

8. Type and location of proposed wastewater system: IIC

9. Design wastewater flow: 360 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

11. 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 saporlite system. Yes No

12. 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

13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA

14. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by AOWE pursuant to G.S. 130A-336.2

I, R HAYWOOD PITTMAN II hereby attest that the information required to be included with 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.

R HAYWOOD PITTMAN II
 Signature of Authorized On-Site Wastewater Evaluator

3-15-23
 Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
 Print Name of Owner

pursuant to G.S. 130A-336.1.

 Signature of Owner



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 AOWE Permit Option [G.S. 130A-336.2(f)]*

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.*

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period.”

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

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the AOWE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.
Date
Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

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

A copy of this NOI and 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

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 AOWE.

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Table with 2 columns: Item # from initial NOI, Resubmittal description

Attestation by AOWE certified in North Carolina pursuant to G.S. 130A-336.2

I, _____ hereby attest that the information required to be included with 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 Authorized On-Site Wastewater Evaluator _____ 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 submitted 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 AOWE 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 AOWE 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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2022

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).

PRODUCER
N.C. Farm Bureau Ins. Agency
5301 Glenwood Avenue (27612)
P.O. Box 27427
Raleigh NC 27611

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURED
Ronald H. Pittman, II DBA
Pittman Soil Consulting
1003 Gregory Fork Rd
Richlands NC 28574

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Capitol Specialty Insurance Corporation	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL2272123407 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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			EV20182381-05	07/19/2022	07/19/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PRODUCTS - COMP/OP AGG \$ 2,000,000
	DED RETENTION \$						Professional Occ/Agg \$ 1M/2M
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
A	Contractors Pollution Liability - Occurrence Form			EV20182381-05	07/19/2022	07/19/2023	BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							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)

CERTIFICATE HOLDER

NC 28540

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


Pittman Soil Consulting

1003 Gregory Fork Road

Richlands, NC 28574

Phone (910)330-2784

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.

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



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

Pittman Soil Consulting

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Richlands, NC 28574

Phone (910)330-2784

pittmansoil@yahoo.com

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 should be addressed
- Water usage should not exceed 60% of daily design flow
- Only water, waste, washing machine, and toilet paper should be in septic tank
- Do not use flushable wipes
- No latex or feminine hygiene products should 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

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FEBRUARY 20, 2023

Ref: GATESTONE III LOT 15

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, structure, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 24-30" from the surface with **CLAY LOAM** texture. I have assigned an **LTAR of 0.4 gpd/sqft for a 360 gpd 3 BEDROOM RESIDENCE**. This will require the installation of **5-60' CONVENTIONAL LINES** that shall be installed in accordance with the current rules. The lines shall be installed at **12-18"** from the surface. The system will require **6"** of soil cover that shall extend **5'** from the edge of the system. The system will require a **1000 gallon septic tank (IF GRAVITY FLOW CANNOT BE ACHEIVED A 1000 GALLON PUMP TANK WILL BE REQUIRED)**.

The repair area will require **12'X60' AEROBIC DRIP installed AT 6" FROM the surface with an LTAR of 0.5 gpd/sqft.**

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions. System shall not be installed in wet conditions.

This evaluation does not constitute any type of warranty or guarantee.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

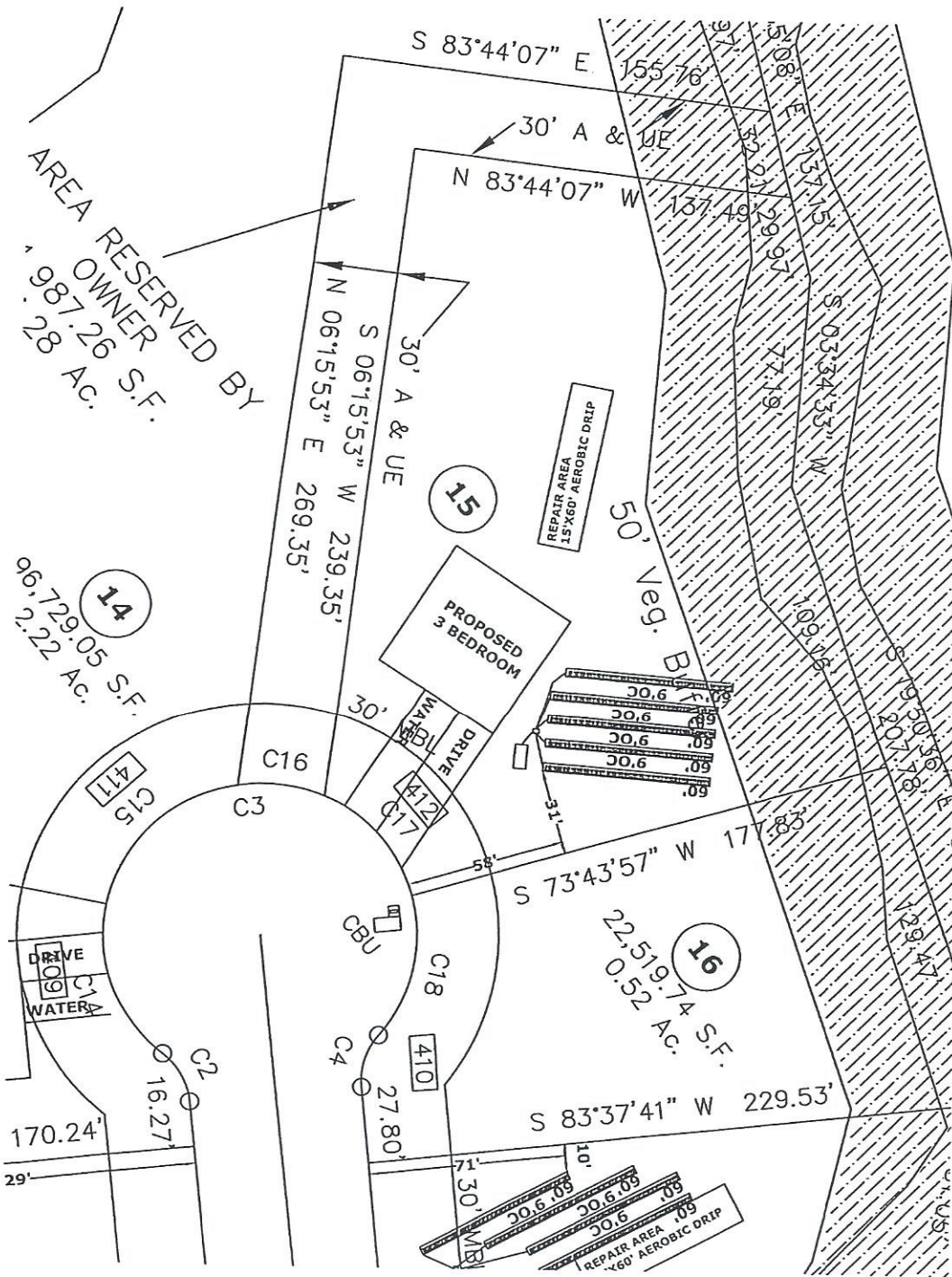
Sincerely,

 *R. HAYWOOD PITTMAN II*

R. Haywood Pittman II
NC Licensed Soil Scientist

Owner: GATE STONE III
 Address: LOT 15 SECTION III
 Location: 412 RENO PLACE

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



INITIAL
 3 BEDROOM
 LTAR .4
 5-60" CONVENTIONAL LINES
 12-18" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOMS
 LTAR .5
 12'X60' AEROBIC DRIP
 6" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=60'

MAP BY JOHN L. PIERCE & ASSOCIATES, NCPLI.S

PITTMAN SOIL CONSULTING
 BOX 1387
 CHLANDS, NC 28574,
 0-330-2784
 pitmansoil@yahoo.com

Sheet 1 of 1
 PROPERTY ID #: _____
 COUNTY: ONSLAW

SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM

OWNER: GATESTONE SECTION III
 ADDRESS: SCOTT JENKINS ROAD LOT 15
 PROPOSED FACILITY: 3 BEDROOM PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED: VARIOUS
 LOCATION OF SITE: _____ PROPERTY SIZE: _____
 WATER SUPPLY: Private Public Well Spring Other _____ PROPERTY RECORDED: _____
 EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

.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 SAPRO CLASS	.1944 RESTR HORIZ	
0-1 LS	0-12	LS	GR	VFR	NEXP	U 27" 2.5Y 6/1	S	NA	NA	U 18" T.B. 0.4
	12-18	SL	GR	VFR	NEXP					
	18-30	SCL	SBK	FR	SS, SP					
	30-36	SCL	SBK	FR	SS, SP					
0-1 LS	0-12	LS	GR	VFR	NEXP	U 24" 2.5Y 6/1	S	NA	NA	U 12" T.B. 0.5
	12-18	SL	GR	VFR	NEXP					
	18-24	SCL	SBK	FR	SS, SP					
	24-36	SCL	SBK	FR	SS, SP					
0-1 LS	0-12	LS	GR	VFR	NEXP	U 24" 2.5Y 6/1	S	NA	NA	U 12" T.B. 0.4
	12-18	SL	GR	VFR	NEXP					
	18-24	SCL	SBK	FR	SS, SP					
	24-36	SCL	SBK	FR	SS, SP					

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)	II	V	EVALUATED BY <u>HAYWOOD PITTMAN</u>
LTAR	0.4	0.5	OTHER(S) PRESENT: <u>HANNAH THOMPSON</u>

