

TE #39

EHAW-2025-00024

Receipt# 58183
Amount Paid \$ 35.00
Payment Style: check
Date: 1-31-25



North Carolina Onsite Wastewater Contractor Inspector Certification
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: BEAVER CREEK INVESTORS INC
Mailing address: PO BOX 1685 City: JACKSONVILLE State: NC Zip: 28541
Phone: 910-346-9800 Email: BETTYB@JLPNC.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: 139 TIDES END DRIVE
Tax parcel identification number or subdivision lot, block number of property: PARENT PARCEL 761-36.2 & 762-1
TIDES END PH II SEC I LOT 39 County: ONCLOW

System Information:
Wastewater System Type: IIIB
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 29 day of JANUARY 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 29 day of JANUARY, 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: Michelle Williams Date: 1/31/25

JAN 31 2025

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

This permit is transferable to Atlantic Construction Inc.

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.

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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)
07/24/2024

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).

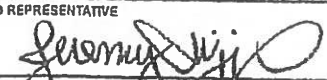
PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Pittman Soil Consulting C/O Ronald H. Pittman, II 1003 Gregory Fork Rd. Richlands NC 28574		INSURER(S) AFFORDING COVERAGE INSURER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

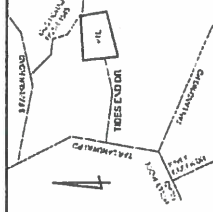
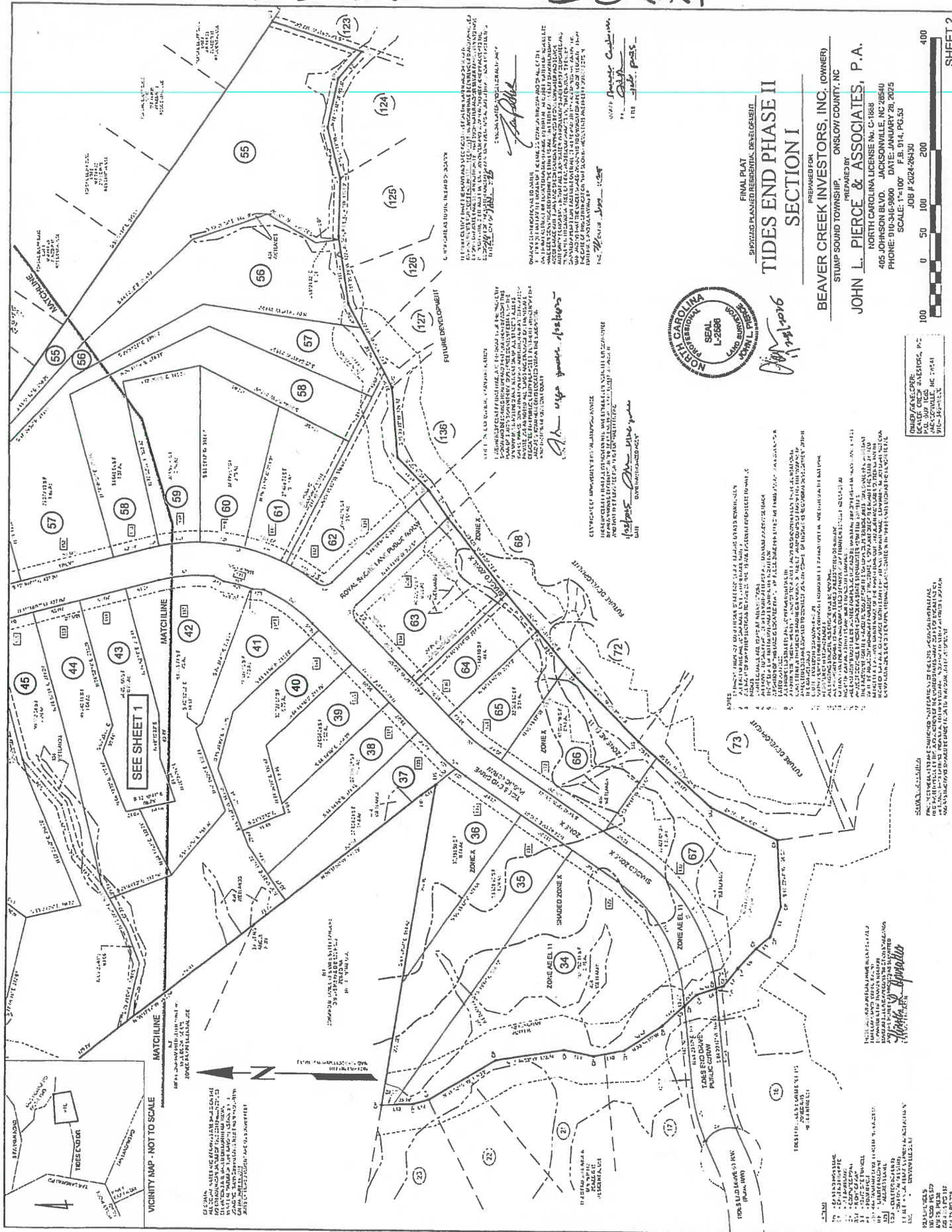
COVERAGES CERTIFICATE NUMBER: CL2472432348 REVISION NUMBER:

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 SUBR INSD / WVO	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:		EV20182361-07	07/19/2024	07/19/2025	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Excessure) \$ 50000 IMED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 Professional Occ/Agg \$ 1M/2M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ ADIVLY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor's Pollution Liability		EV20182361-07	07/19/2024	07/19/2025	Each Occurrence \$1000000 General Aggregate \$2000000

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

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 



VICINITY MAP - NOT TO SCALE

THESE LOTS ARE SHOWN IN THE ZONING MAP OF THE TOWN OF BEAVER CREEK, NORTH CAROLINA, AS OF JANUARY 28, 2025. THE ZONING MAP IS AVAILABLE AT THE BEAVER CREEK TOWN OFFICE, 405 JOHNSON BLVD., JACKSONVILLE, NC 28580. THE ZONING MAP IS SUBJECT TO CHANGE WITHOUT NOTICE.

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John L. Pierce
Professional Engineer
State of North Carolina
License No. L-2888

FINAL PLAT
SURVEYED AND RECORDED IN THE PUBLIC RECORDS OF ONSLOW COUNTY, NC
TIDES END PHASE II SECTION I

PREPARED FOR
BEAVER CREEK INVESTORS, INC. (OWNER)
STUMP SOUND TOWNSHIP, ONSLOW COUNTY, NC
THE PREPARED BY
JOHN L. PIERCE & ASSOCIATES, P.A.
NORTH CAROLINA LICENSE NO. C-1888
405 JOHNSON BLVD., JACKSONVILLE, NC 28580
PHONE 910-340-9800 DATE: JANUARY 28, 2025
SCALE: 1" = 100' JOB # 2024-0430



SHEET 2

UNLESS OTHERWISE SPECIFIED, ALL DIMENSIONS ARE IN FEET AND DECIMALS THEREOF.
ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.
ALL DIMENSIONS SHALL BE TO THE FACE UNLESS OTHERWISE SPECIFIED.
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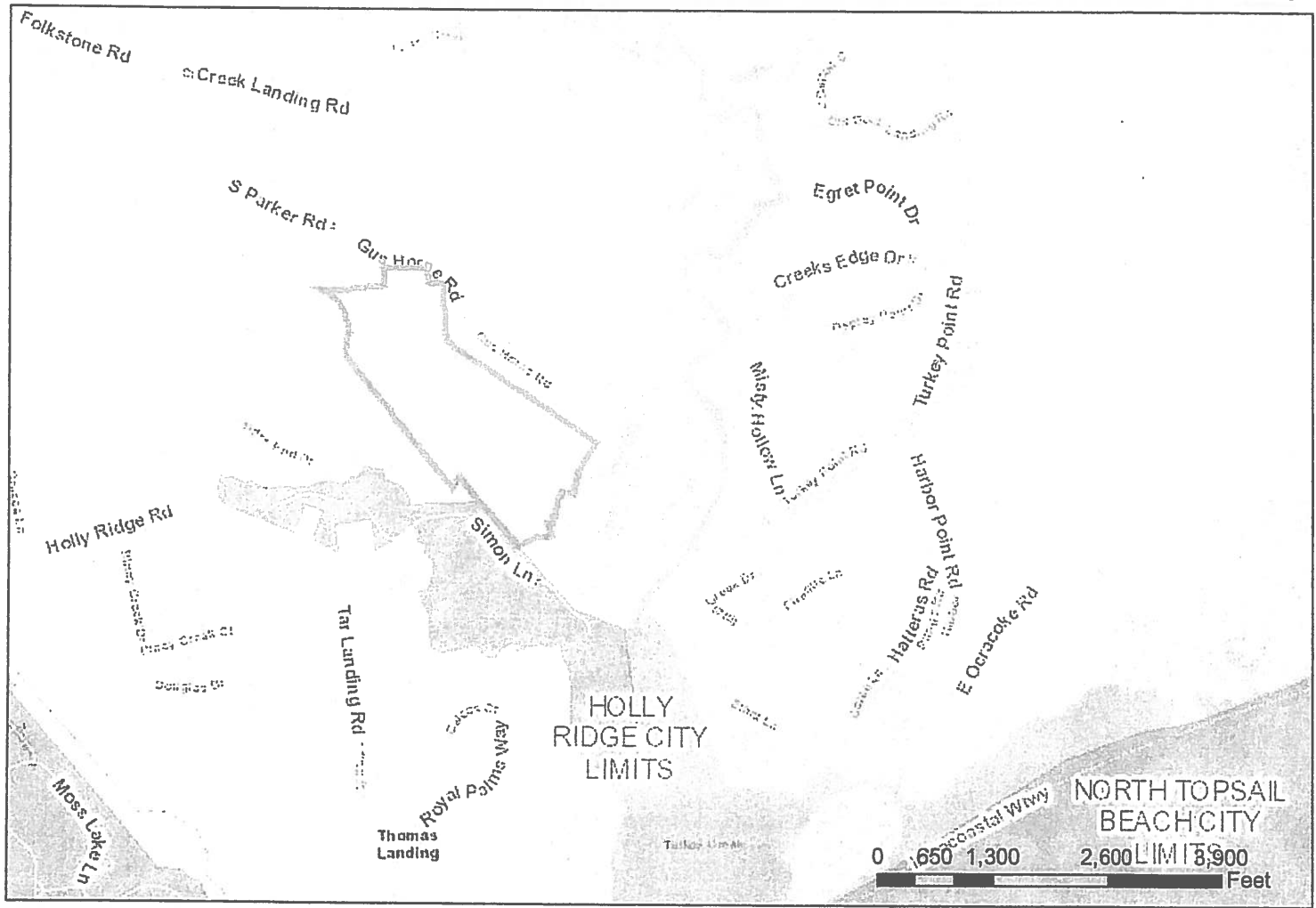
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Parcel ID: 168714	Map Number: 761-36.2	NC PIN: 425702985157
Owner: BEAVER CREEK INVESTORS INC	Mailing Address: PO BOX 1685 JACKSONVILLE 28541-1685	January 30, 2025

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.



General Information **Physical Address: 126 GUS HORNE RD**

Total Acres: 90.67	Subdivision: BEAVER CREEK INVESTMENT INC
Land Value: \$ 393090	Property Desc: 90.67A PT TR BEAVER CREEK INVESTORS INC
Bldg Value: \$ 0	Plat Book: 79-38
Market Val: \$ 393090	Fire District: TURKEY CREEK
Heated Sqft:	
# of Bedrooms:	
Year Built:	
Nbhd Code: 3232	
Improv Code: R	
Township: STUMP SOUND	
City Limit: UNINCORPORATED ONSLOW	

Last Sale Info:	
Deed Ref: 5300 / 572	
Sale Price: \$ 1300000	
Sale Date: 30-OCT-20	



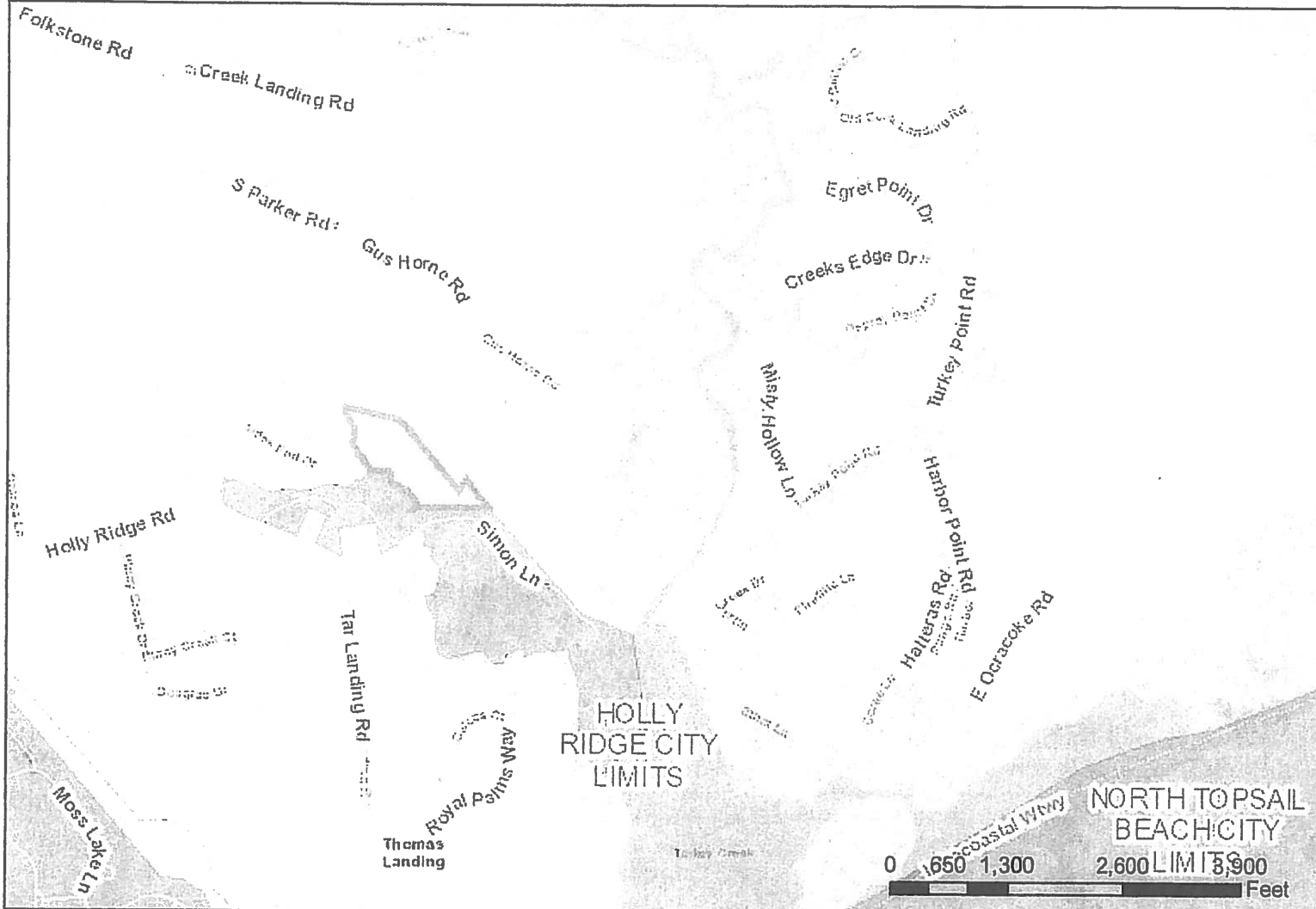
Onslow County
 Geographical Information Services
 234 NW Corridor Blvd
 Jacksonville, NC 28540
 (910) 937-1190
 gis@onslowcountync.gov

Parcel ID: 028160 **Map Number:** 762-1 **NC PIN:** 425702875799

Owner: BEAVER CREEK INVESTORS INC **Mailing Address:** PO BOX 1685 **January 30, 2025**

BEAVER CREEK INVESTORS INC JACKSONVILLE 28541-1685

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General Information **Physical Address: TAR LANDING RD**

Total Acres: 16.46
Land Value: \$ 197520
Bldg Value: \$ 0
Market Val: \$ 197520
Heated Sqft:
of Bedrooms:
Year Built:
Nbhd Code: 3244
Improv Code: R
Township: STUMP SOUND
City Limit: UNINCORPORATED ONSLOW

Subdivision: BEAVER CREEK INVESTORS INC
Property Desc: SR 1531
Plat Book: 75-208
Fire District: TURKEY CREEK

Last Sale Info:
Deed Ref: 4695 / 187
Sale Price: \$ 435000
Sale Date: 31-OCT-17



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

Pittman Soil Consulting

1003 Gregory Fork Road

Richlands, NC 28574

Phone (910)330-2784

pittmansoil@yahoo.com

JANUARY 29, 2025

Ref: TIDES END II LOT 39, 139 TIDES END DR

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, physical and chemical properties, 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 20-24" from the surface with a clay loam texture. I have assigned an LTAR of 0.285 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 6-70' low profile chamber lines that shall be installed in accordance with the current rules. The depth to soil wetness of 20-24" would constitute a 8-12" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank and a 1000 gallon pump tank.

Soils in the repair area showed soil wetness at depths of 18" from the surface with a clay loam texture. The repair area will require 48'X50' anaerobic drip installed at 6" from the surface with an LTAR of 0.15 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.

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

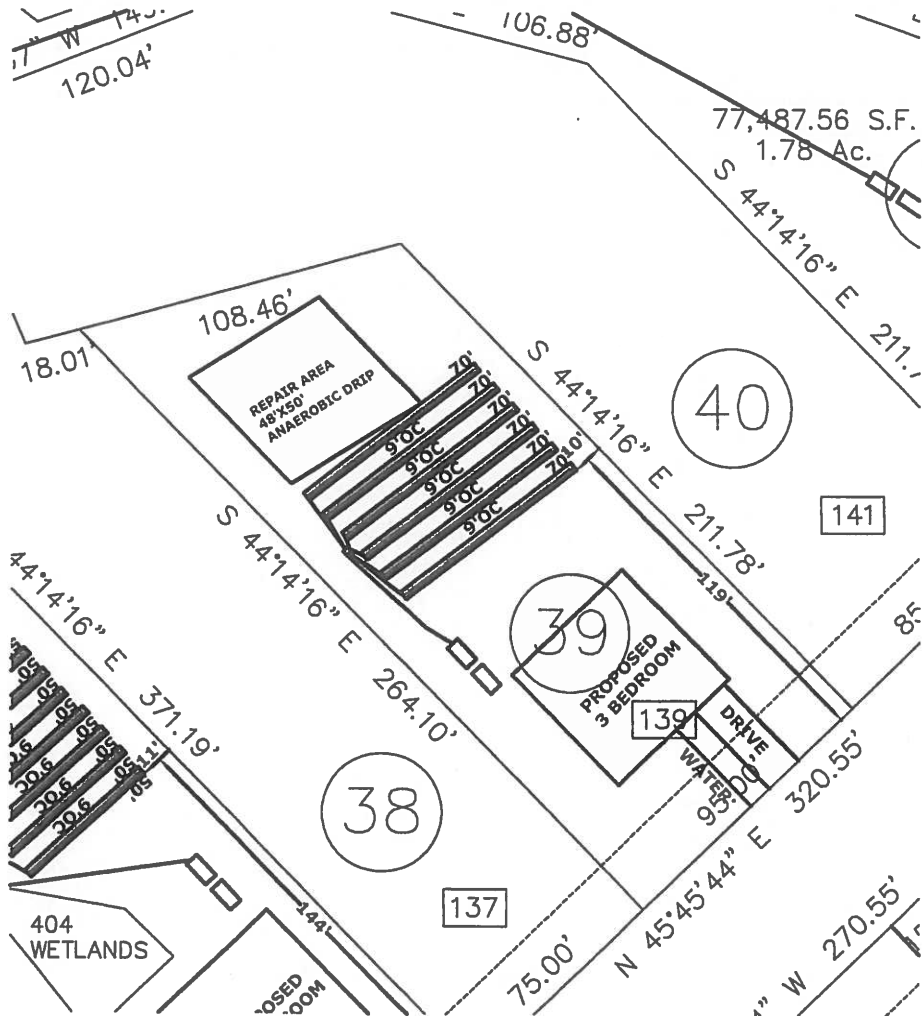
Sincerely,



R. Haywood Pittman II
NC Licensed Soil Scientist

Owner: TIDES END II
 Address: LOT 39
 Location: 139 TIDES END DRIVE
OFF TAR LANDING ROAD

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



INITIAL
 3 BEDROOM
 LTAR .285
 6-70' LOW PROFILE CHAMBER LINES
 8-12" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOM
 LTAR .15
 48'X50' ANAEROBIC DRIP
 6" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM



APPROX SCALE 1"=60'

PITTMAN SOIL CONSULTING

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

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

SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM

OWNER TIDES END II
 ADDRESS: 139 TIDES END DR DATE EVALUATED: VARIES, 2024, 2025
 PROPOSED FACILITY: 3 BDR PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
 LOCATION OF SITE: LOT 39 PROPERTY RECORDED: _____
 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	0-1 LS	0-16	SL	GR	FR	NEXP	U 20" 2.5Y 6/1	S	NA	NA	S 8" TB 0.3
		16-30	CL	SBK	FI	SS SP					
		30-48	CL	SBK	FI	SS SP					
2	0-1 LS	0-12	SL	GR	FR	NEXP	U 24" 2.5Y 6/1	S	NA	NA	S 12" TB 0.3
		12-30	CL	SBK	FI	SS SP					
		30-48	CL	SBK	FI	SS SP					
3	0-1 LS	0-12	SL	GR	FR	NEXP	U 18" 2.5Y 6/1	S	NA	NA	S 6" TB 0.3
		12-30	CL	SBK	FI	SS SP					
		30-48	CL	SBK	FI	SS SP					
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	0.285	0.3	OTHER(S) PRESENT: <u>HANNAH STILES</u>

COMMENTS: _____
 PERMIT _____