

CDP# 343092



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: KENNETH & ELIZA STEINBERG
Mailing address: 514 DEERHAVEN CT City: HILLSBOROUGH State: NC Zip: 27278
Phone: 919-369-0059 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: 100 WAVE COURT
Tax parcel identification number or subdivision lot, block number of property: 631501155714000
LOT 26 ISLAND VIEW SHORES County: CARTERET

System Information:
Wastewater System Type: IIIB
Daily Design Flow: 480 GPD
Saprolite System: Yes No Subsurface Operator Required: Yes No
Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 Residential 4 # Bedrooms 8 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 13 day of AUGUST, 2024 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 13 day of AUGUST, 2027.
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.

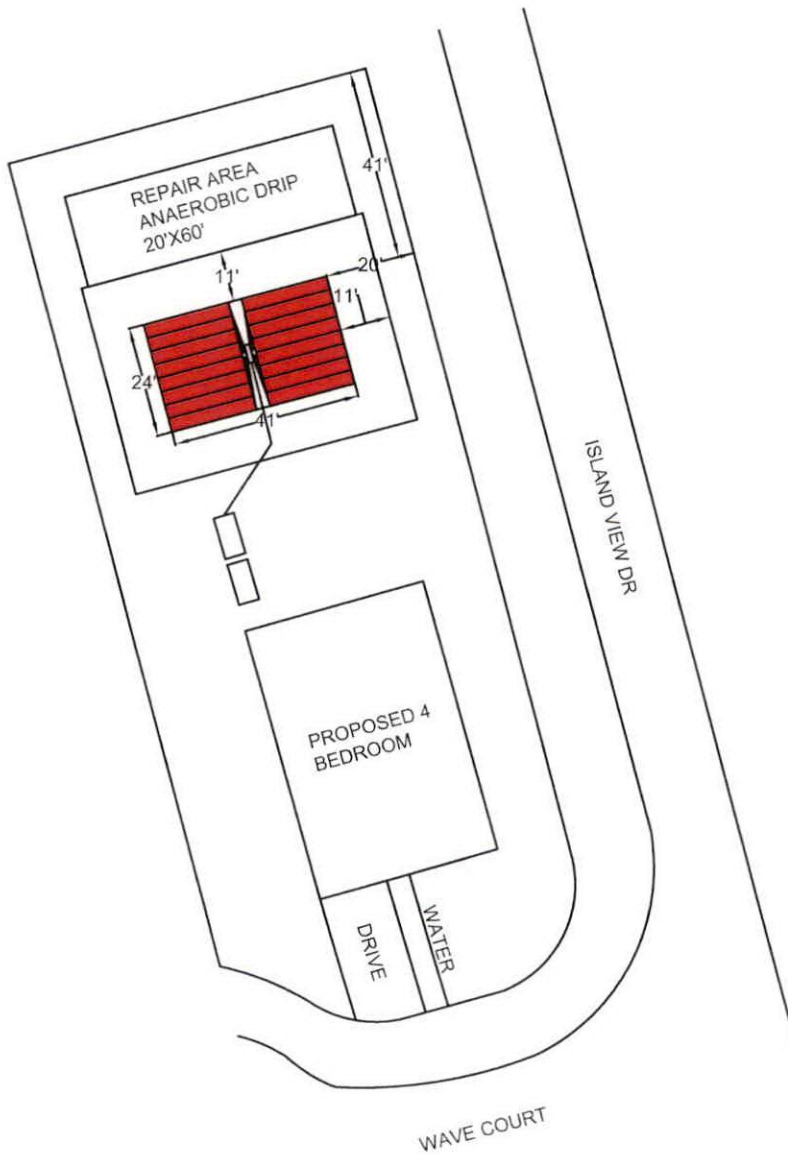
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Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: ag Date: AUG 13 2024

Owner: ISLAND VIEW SHORES
Address: LOT 26
Location: 100 WAVE COURT

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

MAP TAKEN FROM OTHERS



INITIAL

4 BEDROOM
LTAR .8
46'X63' 18" FILL BRUNSWICK BED
24'X41' BED SIZE 16-19' LINES
GROUND SURFACE TRENCH BOTTOM
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

4 BEDROOM
LTAR .4
20'X60' ANAEROBIC DRIP
6" TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'