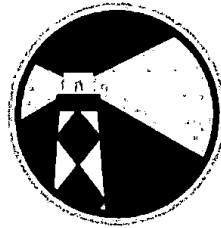


Randall W. Williams, M.D., FACOG
Interim Health and Human Services Director



CARTERET COUNTY
HEALTH & HUMAN SERVICES

Building Stronger Lives Together

Carteret County Health & Human Services

Department of Social Services
210 Craven Street
Beaufort, NC 28516
252.728.3181

Health Department
3820-A Bridges Street
Morehead City, NC 28557
252.728.8550

Environmental Health
252.728.8499

www.carteretcountync.gov

Nina M. Oliver, MS
Health Director

Jessica G. Adams
DSS Director

February 28, 2023

E & J Developers, LLC
166 Center Street
Jacksonville, NC 28540

Tidewater Associates, Inc.
c/o Jason Houston, PE
306 New Bridge Street
Jacksonville, NC 28540

Re: Engineered Option Permit EOP-22-371167; Authorization to Operate; Coastal Meadows Lot 5, 575 Stella Road, Stella (PIDN 5358.04.61.6565)

To whom it may concern:

Confirmation is provided by Carteret County Health Department that the required documentation and information, per General Statute 130A-336-1, has been submitted by Jason Houston, PE for the above Engineered Option Permit accordingly the wastewater system serving a four (4) bedroom single family residence (480 gpd) at the above site may operate in accordance with the rules adopted by the Commission.

This completion allows the certificate of operation to be issued by the local building code enforcement office for permanent electrical service to a residence, place of business, or place of public assembly pursuant to G.S. 130A-339.

Sincerely,

Wendy Kelly, REHS

Wendy Kelly, REHS
Environmental Health Program Specialist
Large On-Site Wastewater and Inspections Program

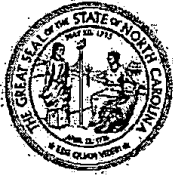
Cc: Carteret County Building Inspections

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	Carteret
LHD Reference Number	EDP-22-371167
Permitting backlog as of date of NOI submittal (# days)	
Number of days to process the NOI (# days)	3
Number of days to process re-submitted NOI (# days or "NA")	
Facility type	Single Family
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	480
Residential or Commercial	Residential
System type (per Rule .1961)	III B
Date of Post-construction conference	Waived
Date Authorization to Operate issued	2/28/23
Fee charged for EOP	90.00 paid
Is fee sufficient to cover LHD costs?	
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	



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 ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 3/11/22 by WK
Date Initials

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

Single System or Multiple Systems

AND

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.): _____
E & J Developers, LLC

Mailing address: 166 Center Street City: Jacksonville State: NC Zip: 28540
 Telephone number: 910-938-5900 E-mail Address: jamesmaides@csbenc.com

2. Professional Engineer (PE) name: Jason A. Houston License number: PE 34978
 Mailing address: 306 New Bridge Street City: Jacksonville State: NC Zip: 28540
 Telephone number: 910-455-2414 E-mail Address: kallen@tidewaterenc.com

3. Licensed Soil Scientist (LSS) name: Haywood Pittman License number: LSS 1262
 Mailing address: 1003 Gregory Fork Road City: Richlands State: NC Zip: 28574
 Telephone number: 910-330-2784 E-mail Address: pittmansoil@yahoo.com

4. Licensed Geologist (LG) (if applicable) name: _____ License number: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Telephone number: _____ E-mail Address: _____

5. On-Site Wastewater Contractor name: Atlantic On-Site License number: 1177
 Mailing address: 408 N Green Street City: Holly Ridge State: NC Zip: 28445
 Telephone number: 919-612-3488 E-mail Address: courtneyaoss@gmail.com

6. 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:

PE LSS LG On-site Wastewater Contractor

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

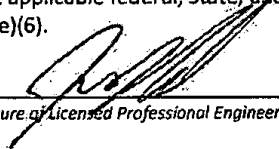
LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
 MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
 www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Coastal Meadows Sec. I Lot 5
County Name: Carteret
- 8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: NO
- 10. Type and location of proposed wastewater system: Type III B/Please see attached map
- 11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- 13. 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
- 14. 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
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, Jason A. Houston hereby attest that the information required to be included with
Registered Professional Engineer (Print Name)
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 in accordance with G.S. 130A-336-.1(e)(6).


Signature of Licensed Professional Engineer

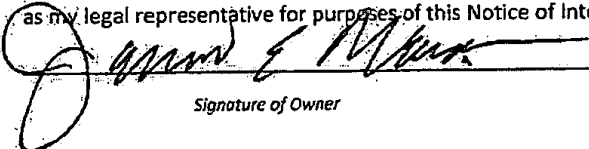
3-9-22
Date

This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, James Maides hereby designate Jason A. Houston
Print Name of Owner *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

 3-8-22
Signature of Owner *Date*

Owner self-submittal of NOI:

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

pursuant to G.S. 130A-336.1.

Signature of Owner *Date*

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 Engineer Option Permit [G.S. 130A-336.1(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.*

Re-submittal of NOI with missing items included

This Section is for use by the owner or PE to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the PE.

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

Item # from initial NOI	Resubmittal description

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, _____ hereby attest that the information re-submitted for this Notice of
Licensed Professional Engineer (Print Name)
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 in accordance with G.S. 130A-336.1(e)(6).

Signature of Licensed Professional Engineer 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-336.1(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 design PE 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 PE 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

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or the PE.

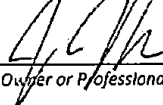
LHD USE ONLY: Initial submittal of request for ATO received: <u>2/27/23</u> by <u>WIK</u>
Date of Post-construction Conference: <u>Waived</u>

The following items are included in this submittal for an Authorization to Operate under an EOP:

- Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) Yes No
 - Operation and management program Yes No
 - Fee (as applicable) Yes No
 - Notarized letter documenting Owner's acceptance of the system from the PE Yes No
 - Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) Yes No
 - Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) Yes No
 - Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) Yes No
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, Jason A. Houston hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer
Carteret County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

 2-27-23
Signature of Owner or Professional Engineer *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____
Date *Email, FAX, USPS, Hand-delivered*

<u>_____</u> <i>Print name of authorized Agent of the LHD</i>	<u>_____</u> <i>Signature of authorized Agent of the LHD</i>	<u>_____</u> <i>Date</i>
--	---	-----------------------------

COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 2/28/23 via email.
Date *Email, FAX, USPS, Hand-delivered*

<u>Wendy Kelly</u> <i>Print name of authorized Agent of the LHD</i>	<u>Wendy Kelly RTH</u> <i>Signature of authorized Agent of the LHD</i>	<u>2/28/23</u> <i>Date</i>
--	---	-------------------------------

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.



TIDEWATER ASSOCIATES, INC.
ENGINEERS • SURVEYORS • PLANNERS
JACKSONVILLE, NORTH CAROLINA

February 27, 2023

Wendy Kelly
Carteret County Health Department

RE: Coastal Meadows-Lot 5
Carteret County, NC
Permit #EOP-22-371167
Final Certification

Dear Mrs. Kelly,

Please find enclosed the following items related to the Final Certification for the above referenced lot.

- Part 3 (ATO) Forms signed by PE.
- Signed and sealed evaluation of soils conditions and site features from Pittman Soil Consulting.
- Copy of Septic Drainfield and Septic Tank Design by Tidewater Associates, Inc.
- Wastewater contractor signed statement.
- Notarized letter from owner accepting the septic system.

Tidewater Associates, Inc. made several inspections during the construction of the above referenced septic system including witnessing of pump tank pressure test, drainfield installation, and performed pump tank startups to ensure it was operating as designed in the enclosed construction plans.

The management program manual for the septic tanks and drainfield are to adhere to 15A NCAC 18A.1961. The owner should also have the septic tank checked every 3-5 years for sludge removal and clean the septic tank filter as required.

This letter shall be used to satisfy the requirement of 15A NCAC 18A.1938 (h) stating that the construction of the septic system is complete.

Coastal Meadows-Lot 5
Page Two (2)
February 27, 2023

This letter acts as a written request to waive the post construction conference requirement as stated in G.S. 130A-336.1(j).

I, Jason A. Houston, as a duly licensed Professional Engineer in the state of North Carolina having been authorized to observe the construction of the project, Coastal Meadows, Lot 5, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the project construction such that the construction was observed to have been built within substantial compliance and intent of the approved plans and specifications.

Sincerely,

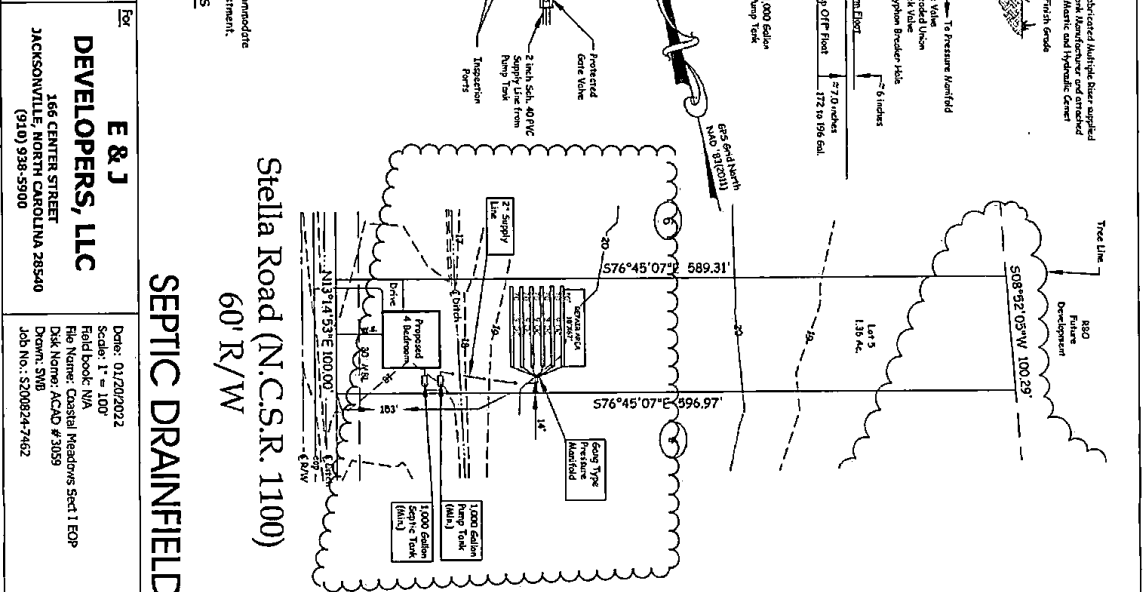
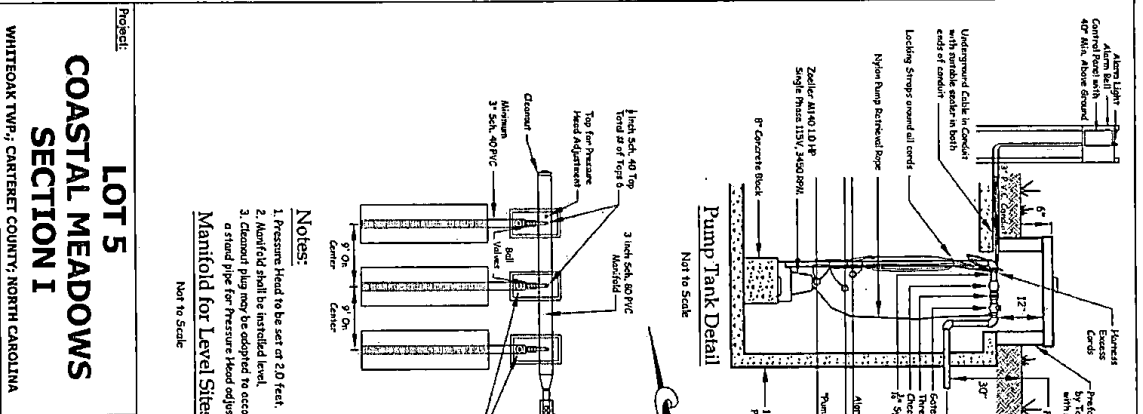
SEAWATER ASSOCIATES, INC.
SEAL
34978
2-27-23
Jason A. Houston, PE
President

Enclosures

xc: CF (P),

JAH/kwa

Secretary.C4EOPStatements.EngineerFinalCertification.CoastalMeadows.Lot5.2.27.23



Notes:

1. Pressure Head to be set at 2.0 feet.
2. Manifold shall be installed level.
3. Cleanout plug may be adopted to accommodate a stand pipe for Pressure Head adjustment.

Manifold for Level Sites

Not to Scale

STELLA ROAD (N.C.S.R. 1100) 60' R/W

SEPTIC DRAINFIELD DESIGN

ADDITIONAL PERMIT CONDITIONS:

1. Do not park or drive on any part of this septic system or repair area.
2. If any sand or aggregate shall be covered with straw, unrecycled paper or other approved materials prior to final cover / backfilling.
3. Do not install system under wet conditions.
4. Back used in soil desorption systems shall be clean, washed gravel or crushed stone and graded or size in accordance with size numbers 3, 4, 5, 57, or 6 of ASTM D-149 (standard sizes of coarse aggregate) which is hereby adopted by reference in its entirety.
5. The use of any other material for aggregate shall be made by the permittee upon request.
6. Adhere to minimum setback requirements as stated in Rule 1990 and 1991 of NC Laws and Rules for Sewage Treatment and Disposal Systems (Article 11, 5.S. Chapter 190A) unless otherwise indicated in this permit.
7. All pump tanks shall be tested for water tightness. In addition, septic tanks may be subject to a water tightness test.
8. The septic tank is designed to receive sewage or effluent from the house. However, if a system subject to the N.C. Plumbing Code is used to pump raw sewage to the septic tank, the sewage shall be reduced to gravity/non-turbulent flow by approved means at the inlet of the septic tank.
9. An accepted wastewater system may also be installed in accordance with the Accepted Wastewater System Approval (AWWS-05-01 or AWWS-05-02), Maximum Flow of 10 gpd / 1/2\"/>

System Design (480 GPD)

Bedrooms/GPD 4 Bedrooms (480 GPD)

System Type 1118 (Pump Co Low Profile Chamber)

1/2 Production None

Imp. 0-4

S.O. Ft. 1,206

Linear Feet 492

OF Lines 6

Trench Width 6'-12\"/>

Legend

- ± - Centerline
- esp. - Edge of Footprint
- M.B.L. - Minimum Building Line
- u.s. - Water Service
- R/W - Right of Way
- R80 - Reserved by Owner

Scale: 1" = 100'

North Arrow

Professional Engineer Seal: NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 34878

Scale: 0 50 100 200 FEET

DATE: 01/20/2022

SCALE: 1" = 100'

FILE NO.: ACAD #3059

PROJECT: COASTAL MEADOWS SECTION I

CLIENT: E & J DEVELOPERS, LLC

LOCATION: JACKSONVILLE, NORTH CAROLINA 28540

CONTACT: JACKSONVILLE, NORTH CAROLINA 28540 (910) 938-5900

DESIGNER: TIDEWATER ASSOCIATES, INC.

ADDRESS: 306 New Bridge Street - 28540 Jacksonville, North Carolina

PHONE: (910) 455-2414 - www.tidewaterinc.com

LICENSE: N.C. Firm License Number: F-0108

Pittman Soil Consulting

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

DECEMBER 28, 2021

Ref: COASTAL MEADOWS LOT 5

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 were conducted across the site and were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on lot. The soil wetness condition was found to be 20-24" from the original soil surface with a clay loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 6-67' low profile chamber lines that shall be installed in accordance with the current rules. The depth to soil wetness of 20-24" would constitute an 8-12" trench bottom. The system will require 6" 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.

The repair area will require 18'x67' aerobic drip installed at 6" from the surface with an LTAR of 0.4 gpd/sqft.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

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

Sincerely,



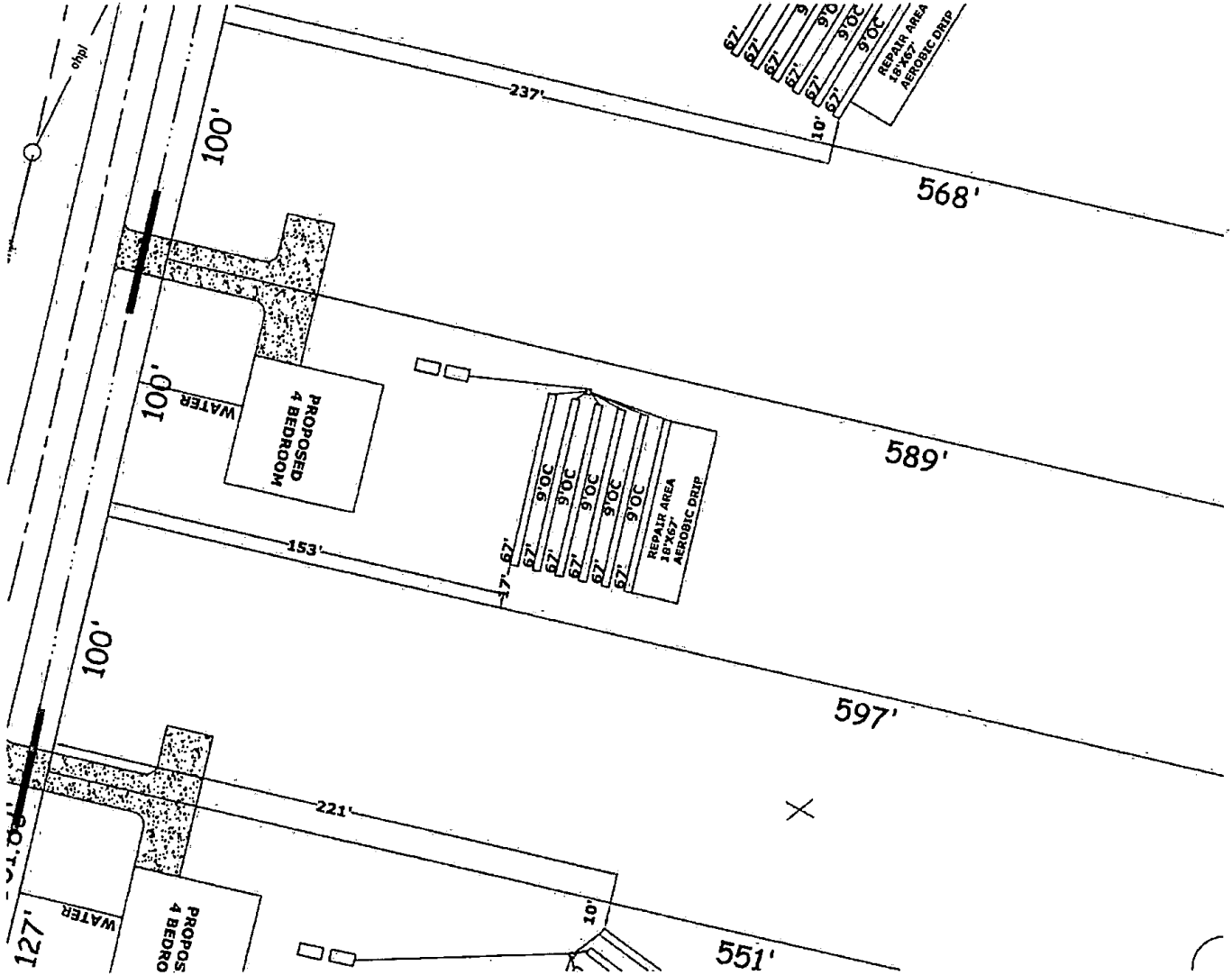
R.
HAYWOOD
PITTMAN II

Digitally signed by R.
HAYWOOD PITTMAN II
DN: cn=R. HAYWOOD
PITTMAN II, o=PITTMAN SOIL
CONSULTING, ou,
email=pittmansoil@yahoo.co
m, c=US
Date: 2021.12.28 15:54:51
+05'00'

R. Haywood Pittman II
NC Licensed Soil Scientist

Owner: COASTAL MEADOWS
 Address: LOT 5
 Location: STELLA ROAD

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



INITIAL
 4 BEDROOM
 LTAR .4
 6-67' LOW PROFILE CHAMBER LINES
 8-12" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 4 BEDROOMS
 LTAR .4
 18'X67' AEROBIC DRIP
 TS-II PRETREATMENT
 6" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'

RE: Coastal Meadows-Lot 5
Carteret County, NC
Permit #EOP-22-371167
Owner Acceptance

To Whom It May Concern:

I, Elijah T. Morton owner of Coastal Meadows, Lot 5, hereby accept the final construction of the above referenced septic system.

This letter/statement acts as an agreement by the owner to waive the post construction conference requirements as stated in G.S. 130A-336.1(j).

Sincerely,



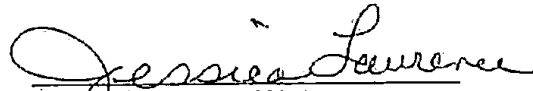
Elijah T. Morton
Owner(Horizons East)

STATE OF NORTH CAROLINA - COUNTY OF Onslow

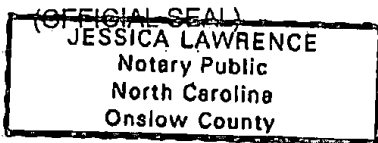
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name: Elijah T. Morton

Date: 2-24-23



Official Signature of Notary



Jessica Lawrence Notary Public
Notary's printed or typed name

My commission expires:

6-20-26

Enclosures

xc: CF (P),

JAH/kwa

Secretary.C4.EOPStatements.OwnerAcceptance.Coastal Meadows.Lot5.2.22.23

February 22, 2023

RE: Coastal Meadows-Lot 5
Carteret County, NC
Permit #EOP-22-371167
Contractor Statement

To Whom It May Concern:

We are providing herein the required Engineered Option Permit Contractor's signed statement for the above referenced project as shown below.

I, Duncan Faires, as a duly licensed septic installer in the State of North Carolina, having been contracted to construct the septic system for Coastal Meadows, Lot 5, hereby state that, to the best of my abilities, due care and diligence was used in the construction of the project and was built within substantial compliance and intent of the approved plans and specifications, provided by Tidewater Associates, Inc.

Sincerely,



Duncan Faires

Enclosures

xc: CF (P),

JAH/kwa

Secretary.C4EOPStatements.ContractorsStatement.CoastalMeadows.Lot5.2.22.23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2022

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 I.S.C.A. 310 Hasty School Rd Thomasville NC 27360		CONTACT NAME: Janet Kennedy PHONE (A/C, No, Ext): (336) 475-9762 FAX (A/C, No): (336) 472-9160 E-MAIL ADDRESS: candy@iscofa.com	
INSURED Tidewater Associates, Inc. 306 New Bridge Street Jacksonville NC 28540		INSURER(S) AFFORDING COVERAGE INSURER A: THE HANOVER INS CO NAIC # 22292 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

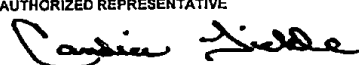
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY 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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		LH6 H260535 01	05/15/2022	05/15/2023	Per Claim Aggregate	\$1,000,000 \$2,000,000

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

*****For Insurance Purposes Only*****

CERTIFICATE HOLDER**CANCELLATION**

FOR INSURANCE PURPOSES ONLY	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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2022

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 (27812) P.O. Box 27427 Raleigh NC 27611	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAC#
	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 <input checked="" type="checkbox"/> Professional Liability GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EV20182381-05	07/19/2022	07/19/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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		N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability - Occurrence Form			EV20182381-05	07/19/2022	07/19/2023	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 Tidewater Associates, Inc 306 New Bridge St Jacksonville 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 © 1988, 2016 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2022

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 Conway & Co. Insurers 2814 N Heritage St. P. O. Box 1317 Kinston NC 28501	CONTACT NAME: Can Wade PHONE (A/C No. Ext): (252) 622-1911 FAX (A/C No.): (252) 622-0926 E-MAIL ADDRESS: can@conwaycoinsurers.com														
INSURED Duncan Fairles 361 Potters Hill Rd Richlands NC 28574	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Auto-owners Insurance</td> <td></td> </tr> <tr> <td>INSURER B: Owners Insurance Company</td> <td>32700</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Auto-owners Insurance		INSURER B: Owners Insurance Company	32700	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Auto-owners Insurance															
INSURER B: Owners Insurance Company	32700														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL2281221623 **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	ADDRESS (INSR / 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		35462722	07/30/2022	07/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19		5322417000	02/04/2022	02/04/2023	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Uninsured motorist \$ 100,000
	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 NC) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Tidewater Associates, Inc 306 New Bridge St. Jacksonville 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
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Tax Parcel Information:

Carteret County, N. C.



Owner:

Current PIN: 535804616565000

Site Address:

Mailing Address:

Legal Description:

Prior PIN: 1501100102

City Limits:

Rescue District:

Fire District:

Tax District:

Township:

Use:

Land Value:

Bldg Value:

Other Value:

Total Value:

Sale Price:

Deeded Acres:

Plat Ref: /

Deed Ref: /

Bedrooms:

NBHD:

Bldg Hrd Sq Ft:

Bldg Tot Sq Ft: 0

Year Built:

Noise Level:

AICUZ Zone:

GIS Acres: 1.360

Roll Type:

Deed Date:

Bathrooms:



Printed March 9, 2022

The information displayed by this website is prepared for the inventory of real property found within the jurisdiction and is compiled from recorded deeds, plats, and other public records and data. Users of this information are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this site. Carteret County assumes no legal responsibility for the information contained on this site. Carteret County does not guarantee that the data and map services will be available to users without interruption or error. Furthermore, Carteret County may modify or remove map services and access methods at will.

CDP# 371167

Fee Received _____
Check# _____ or Cash or Credit
Date Received 3/9/22
Received By: BB

CARTERET COUNTY HEALTH DEPARTMENT
3820 Bridges St. Morehead City, NC 28557
Phone: 252-728-8499 Fax: 252-222-7753
APPLICATION

Engineered Option Permit (EOP)

Fee of 30% of standard fee for IP/CA permit required at time of application

Project Information Parcel ID: 535804616565000

New Construction Expansion Change of Use Repair

Additional Information:

Single Family: (house MH) 4 #Bedrooms 8 #Occupants _____ Sq.Ft.

Multi-Family: _____ # Buildings _____ Units/Building _____ #Bedrooms/Unit _____ #Occupants/Bdrm.

Non-Residential: describe _____

Information required: _____

Drinking Water Well (required when not served by a public or community water supply well prior to completion of NOI. Separate application and fee must be submitted to Carteret County Health Department).

Type Water Supply: Private Well Shared Well Public Community

General Information

Owner

Name: First E & J Developers, LLC Last _____

Mailing Address: 166 Center Street

City Jacksonville State North Carolina Zip 28546

Phone: Home 910-938-5900 Work _____ Mobile _____ Fax _____

Email jamesmaides@csbenc.com Organization _____

Professional Engineer

Name: First Jason Last Houston

Mailing Address: 305 New Bridge Street

City Jacksonville State NC Zip 28540

Phone: Home _____ Work 910-455-2414 Mobile _____ Fax _____

Email kallen@tidewaterenc.com Organization Tidewater Associates, Inc.

Site Specific Information

Parcel Address: 575 Stella Road City: Stella

Subdivision: Coastal Meadows Existing *New

Lot 5 Phase _____ Section 1 Block _____ # of Acres _____



Property Owner's or Professional Engineer Signature (REQUIRED) 3-9-22
Date