

BD
72 P4

EHAW-2024-00353

Receipt# 57940
Amount Paid \$ 36.05
Payment Style: VISA
Date: 10-16-24
Jen



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: B&H ASSOCIATES INC
Mailing address: 231 RIVER REACH DR City: SWANSBORO State: NC Zip: 28584
Phone: 910-546-6608 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: 136 DALLAS DR
Tax parcel identification number or subdivision lot, block number of property: 151620, 19A-67
LOT 72 P4 THE BRYANT PLACE County: ONSLOW

System Information:
Wastewater System Type: IVc
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 15 day of OCTOBER 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 15 day of OCTOBER, 2027.

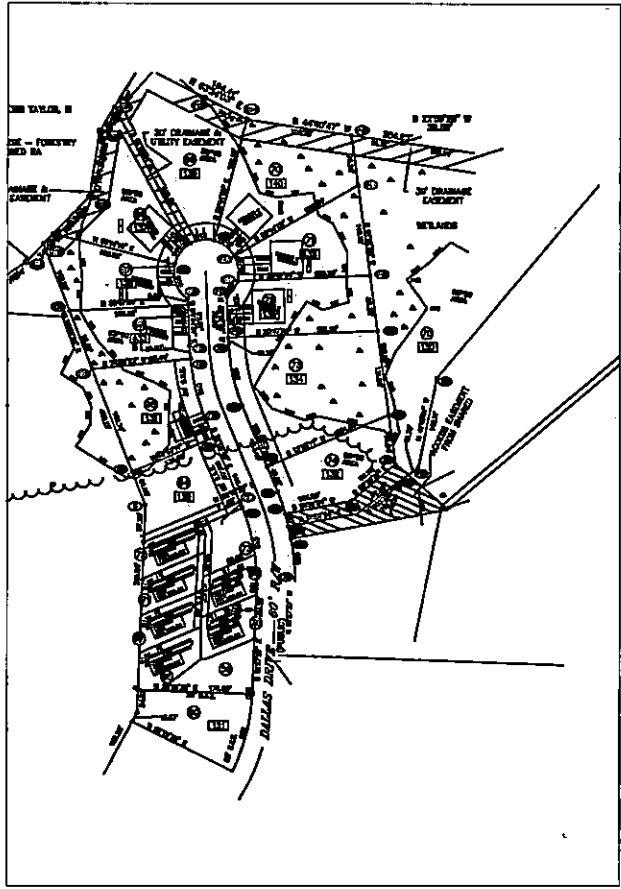
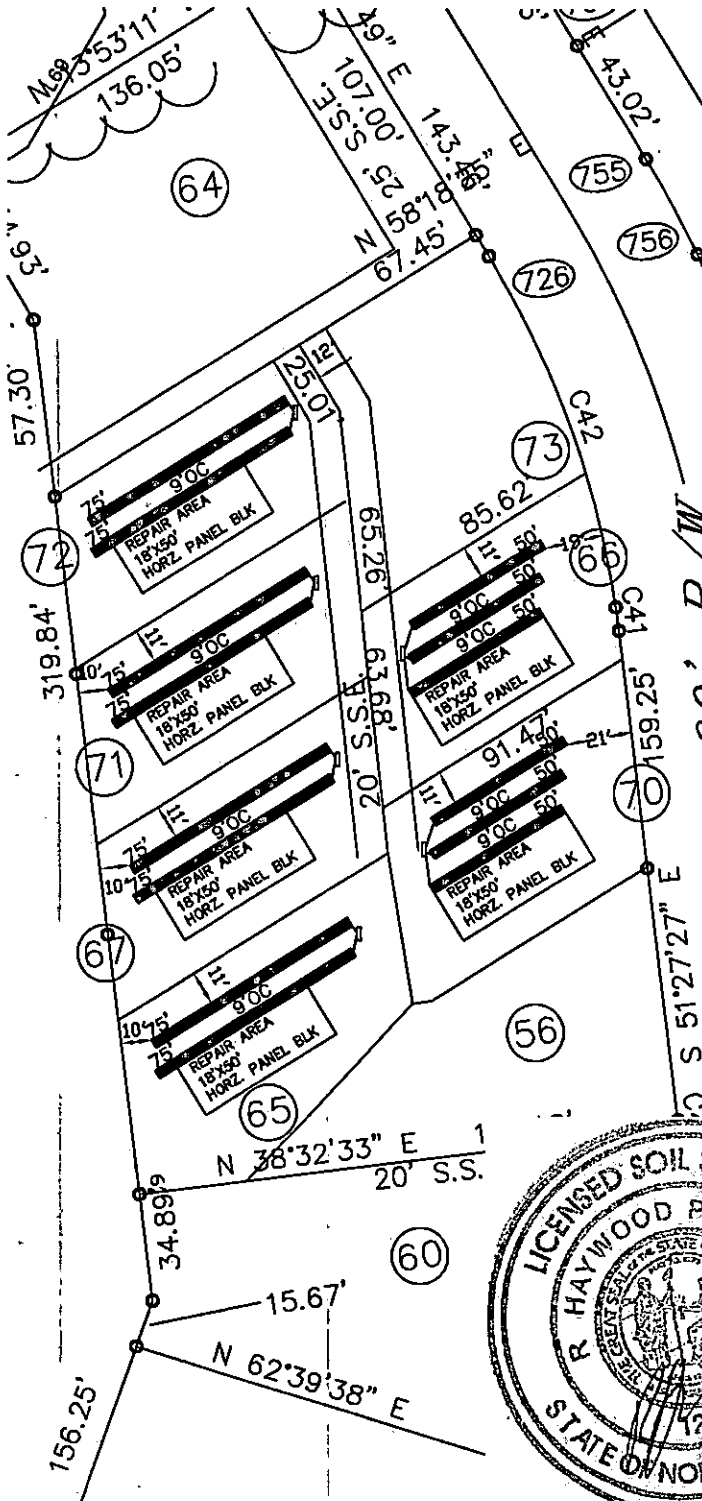
Signature of Authorized Onsite Wastewater Evaluator: R HAYWOOD PITTMAN II
Signature of Owner or Legal Representative: _____

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.

Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: Jennifer Sigafoos Date: 10-16-24

Owner: BRYANT PLACE
 Address: LOT 72
 Location: 136 DALLIS DRIVE

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784



SUPPLY LINES ARE INSTALLED
PUMPS MAY NEED NCPE

INITIAL
 3 BEDROOM
 LTAR .6
 2-75' 25% REDUCTION
 12-18" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOMS
 LTAR .6
 2-50' HORIZ. PANEL BLOCK
 14" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM



APPROX SCALE 1"=60'

Pittman Soil Consulting

1003 Gregory Fork Road

Richlands, NC 28574

Phone (910)330-2784

pittmansoil@yahoo.com

OCTOBER 15, 2024

Ref: BRYANT PLACE LOT 72, 136 DALLAS 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 24-30" from the surface with a sandy loam texture. I have assigned an LTAR of 0.6 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 2-75' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-30" would constitute a 12-18" 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. Supply lines are installed. Pumps may need NCPE.

Soils in the repair area showed soil wetness at depths of 26" from the surface with a sandy loam texture. The repair area will require 2-50' horizontal panel block lines installed at 14" from the surface with an LTAR of 0.6 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

PITTMAN SOIL CONSULTING

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER BRYANT PLACE
 ADDRESS: 136 DALLAS DR
 PROPOSED FACILITY: 3 BDR PROPOSED DESIGN FLOW (.1949): 360
 LOCATION OF SITE: LOT 72

DATE EVALUATED: VARIES
 PROPERTY SIZE: _____
 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	0-24	SL	GR	FR	NEXP	U 24" 2.5Y 6/1	S	NA	NA	S 12" TB. 0.6
		24-48	SL	GR	FR	NEXP					
2	0-1 LS	0-24	SL	GR	FR	NEXP	U 30" 2.5Y 6/1	S	NA	NA	S 18" TB. 0.6
		24-48	SL	GR	FR	NEXP					
3											
4											

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): <u>S</u> SITE CLASSIFICATION (.1948): <u>PS</u> EVALUATED BY <u>HAYWOOD PITTMAN,</u> OTHER(S) PRESENT: <u>HANNAH STILES</u>
Available Space (.1945)	S	S	
System Type(s)	IVc	IVc	
Site LTAR	0.6	0.6	

COMMENTS: _____
 PERMIT: _____

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.

Pittman Soil Consulting

*1003 Gregory Fork Road
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 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): FAX (A/C No.): E-MAIL ADDRESS:	
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	ADDITIONAL INSURED	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"/> PROJECT <input type="checkbox"/> LOC OTHER:		EV20182381-07	07/19/2024	07/19/2025	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED 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 (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	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor's Pollution Liability		EV20182381-07	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 

Parcel ID: 151620	Map Number: 19A-67	NC PIN: 441200047619
Owner: B & H ASSOCIATES INC C/O DANNY E BAYSDEN	Mailing Address: 231 RIVER REACH DR SWANSBORONC 28584-8682	October 15, 2024



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: 136 DALLAS DR**

Total Acres: 0.44
Land Value: \$ 20000
Bldg Value: \$ 0
Market Val: \$ 20000
Heated Sqft:
of Bedrooms:
Year Built:
Nbhd Code: 1277
Improv Code: R
Township: RICHLANDS
City Limit: UNINCORPORATED ONSLOW

Subdivision: THE BRYANT PLACE
Property Desc: L72 P4 THE BRYANT PLACE
Plat Book: 60-173
Fire District: NO-COVER

Last Sale Info:
Deed Ref: 2844 / 333
Sale Price: \$ 1038000
Sale Date: 28-MAR-07



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



Onslow County Health Department
612 College Street
Jacksonville, North Carolina 28540
Phone: (910) 938-5851 Fax: (910) 989-2341

IMPROVEMENT PERMIT
(GS 130A-336)

Permit No: **EIP2010-00273**
Category: **Individual Dwelling**

Expiration: 12/31/2015

Owner: B & H ASSOCIATES INC

Address: 817 HAW BRANCH RD BEULAVILLE, NC 28518

Subdivision: THE BRYANT PLACE

Lot: 72

Section

Block:

Phase: 4

Location: HWY 24 TOWARDS RICHLANDS L ONTO HAW BRANCH RD. 1 MILE ON L.

SR #:

System Type/Description: III 25% reduction system

System Classification: b. Septic system with single effluent pump or siphon

System Info:



Facility/Daily design flow: 3 bedrooms/360 gallons per day

LTAR: .6 gpd/sq. ft.

Water Supply: Public

(SEE ATTACHED PAGES 1 - 5 of 5 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Sam Frazelle

Date:

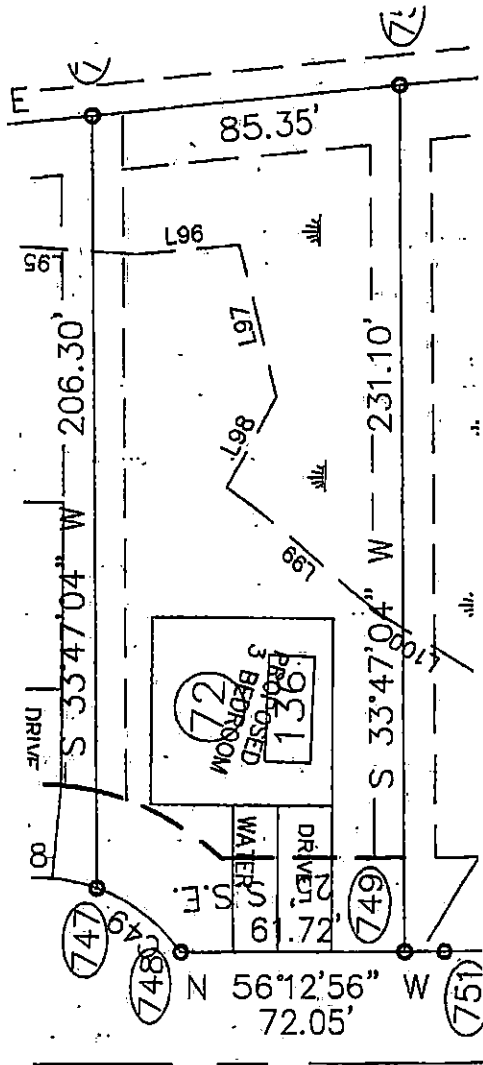
06/22/2010

NOTE: Permit is subject to revocation if site plans or intended use change.

OWNER: The Bryant Place
 ADDRESS: Lot 72
 LOCATION: _____

PLOT PLAN

SCALE: 1 inch = _____ feet



ADDITIONAL PERMIT CONDITIONS:

1. Do not park or drive on any part of the septic system or repair area.
2. Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover / backfilling.
3. Do not install system under wet conditions.
4. Rock used in soil absorption 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-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14 (c). Documentation of aggregate size shall be available upon request.
5. Adhere to minimum setback requirements as stated in Rule .1950 and .1951 of NC Laws and Rules for Sewage Treatment and Disposal Systems (Article 11, G.S. Chapter 130A), unless otherwise indicated in this permit.
6. All pump tanks shall be tested for water tightness. In addition, septic tanks may be subject to a water tightness test.
7. The septic tank is designed to receive sewage or wastewater under gravity flow. 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.
8. An accepted wastewater system may also be installed in accordance with the Accepted Wastewater System Approval (AWWS-05-01 or AWWS-05-02). Maximum LTAR of 1.0 gpd / ft².
9. Run lines parallel to contour. System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.
10. A dedeed and recorded map shall be submitted to the Environmental Health Section of the Onslow County Health Department **PRIOR TO** the issuance of the Construction Authorization.
11. An **APPROVED** stormwater plan shall be submitted to the Environmental Health Section of the Onslow County Health Department **PRIOR TO** issuance of a Construction Authorization.
12. **FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY** - This wastewater system is designed only for the number of bedrooms shown as bedrooms or sleeping rooms on the building/floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.

SYSTEM DESIGN

BEDROOMS/ GPD: 3 bedrooms / 360 gpd
 SYSTEM TYPE: _____
 % REDUCTION: 25% Red
 LTAR: .6
 SQ. FT. 450 LINEAR FEET 150
 # OF LINES: 2
 LENGTH EACH LINE: 75"
 TRENCH BOTTOM: 18"
 TRENCH WIDTH: 3 FEET W/ LINES
9 FEET ON CENTER
 REPAIR AREA: _____

OWNER: The Bryant Place
ADDRESS: Lot 72
LOCATION: _____

PLOT PLAN

SCALE: 1 inch = 50 feet

Other Permit Requirements:

- * Provide detailed supply line layout and design for the proposed off-site system. Include any details for stormwater, road or other crossings.**
- * Provide elevation difference from the proposed pump tank location to the proposed septic drainfield location for design purposes.**
- * Provide supply line distance for design purposes.**

ADDITIONAL PERMIT CONDITIONS:

1. Do not park or drive on any part of the septic system or repair area.
2. Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover / backfilling.
3. Do not install system under wet conditions.
4. Rock used in soil absorption 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-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14 (c). Documentation of aggregate size shall be available upon request.
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7. The septic tank is designed to receive sewage or wastewater under gravity flow. 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.
8. An accepted wastewater system may also be installed in accordance with the Accepted Wastewater System Approval (AWWS-05-01 or AWWS-05-02). Maximum LTAR of 1.0 gpd / ft².
9. Run lines parallel to contour. System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.
10. A recorded plat or deed and corresponding map shall be submitted to the Environmental Health Section of the Onslow County Health Department **PRIOR** to the issuance of the Construction Authorization.
11. An **APPROVED** stormwater plan shall be submitted to the Environmental Health Section of the Onslow County Health Department **PRIOR** to issuance of a Construction Authorization.
12. **FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY** – This wastewater system is designed only for the number of bedrooms shown as bedrooms or sleeping rooms on the building/floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.
13. All easements must be approved by the Environmental Health Section of the Onslow County Health Department and recorded with Register of Deeds **PRIOR** to Issuance of the Construction Authorization.
14. Prior to the issuance of a Construction Authorization for a wastewater system to serve a condominium or other multiple-ownership development where the system will be under common or joint control, a draft agreement (tri-party) among the local health department, developer, and a proposed non-profit, incorporated owners association shall be submitted to the local health department for approval. Prior to the issuance of an Operation Permit for a system requiring a tri-party agreement, the agreement shall be executed among the local health department, developer, and a non-profit, incorporated owners association and filed with the local register of deeds. The tri-party agreement shall address ownership transfer of ownership, maintenance, repairs, operation, and the necessary funds for the continued satisfactory performance of the wastewater system, including collection, treatment, disposal, and other appurtenances.

Additional Off-Site Specifications:

1. All easements, for supply lines, off-site drainfields, access, etc..., shall be recorded and appropriate maps submitted to the Onslow County Health Department **PRIOR** to issuance of a Construction Authorization.
2. Supply lines shall have a dedicated easement at least 15 feet in width (general or shared utility easements are not approved).
3. Wastewater system plans, calculations, and drawings shall be submitted to and approved by the Onslow County Health Department **PRIOR** to issuance of the Construction Authorization. If supply line length is significant, varies in elevation or presents other difficult design challenges (such as multiple supply lines), calculations and/or design shall be supplied by a Professional Engineer.
4. Where all or parts of a septic system are under common or joint control, a draft Tri-Party agreement among the Onslow County Health Department, developer, and a proposed non-profit, incorporated owner's association shall be submitted to the Onslow County Health Department for approval **PRIOR** to issuance of a Construction Authorization. The Tri-Party agreement shall address ownership, transfer of ownership, maintenance, repairs, operation, and the necessary funds for the continued satisfactory performance of the wastewater system, including collection, treatment, disposal, and other appurtenances.
5. Prior to the issuance of an Operation Permit for a system requiring a tri-party agreement, the agreement shall be executed among the local health department, developer, and a non-profit, incorporated owners association and filed with the local register of deeds.
6. An ORC contract, if required, shall be submitted to and approved by the Onslow County Health Department **PRIOR** to the issuance of the Operation Permit.
7. System and Repair Area shall be staked in the field by a Licensed surveyor or the design Licensed Soil Scientist **PRIOR** to the issuance of a Construction Authorization.
8. If a collection system is utilized, it shall be designed by a Professional Engineer and plans submitted to the Onslow County Health Department for review. The plans shall be approved **PRIOR** to issuance of a Construction Authorization.
9. A preconstruction meeting shall be held with the owner, certified wastewater system installer, system designer and the Onslow County Health Department **PRIOR** to any part of the installation.
10. Clearly survey all off-site easement areas and supply line easements before installation.
11. All improvements to the easement area shall be completed at the development stage i.e.: ditching, clearing, storm drainage, placement of fill, etc. **PRIOR** to issuance of a Construction Authorization
12. When supply lines run along road Rights-of-Ways, Metal Warning Tape shall be installed over supply lines--to keep utilities from destroying/digging supply lines (Warning Sewer Pipe Below)

13. All supply lines shall be installed at a minimum depth of 30" at the development stage of the project—which run to each easement area. The supply lines shall be inspected and approved by the Onslow County Health Department **PRIOR** to backfilling (a **Construction Authorization is REQUIRED** prior to installation). A Tri-Party is required for multiple supply lines installed within a common easement.
14. Pressure test all supply lines at installation (100 psi for 2 hours)
15. Clearly color code/identify each supply line in a common or individual trench.
16. All supply lines NOT schedule 40 PVC shall be approved and sealed by a Professional Engineer. A copy of the report shall be submitted to the Onslow County Health Department Prior to approval.
17. Provide a suitable access road easement $\geq 20'$, large enough to handle trucks and equipment, to the off-site drainfields. The access shall be constructed at the installation of the wastewater system and remain accessible for the life of the system.
18. All supply lines shall be placed in steel encasement (per DOT standards) when crossing any area of vehicular traffic and $\geq 36"$ under the road.
19. Water under pressure shall be provided at the off-site drainfield and the final dosing tank for systems serving multiple dwelling units / lots, where routine maintenance is required.
20. Provide a permanent label / marker at each off-site drainfield which clearly identifies the lot the off-site area serves. For example, a sign posted with lot 24/24A.
21. If the off-site area is to serve as the repair area, the supply line shall be installed, including a service tap in a protective enclosure with gate and check valves.

Profile

Parcel: 071949
 Map #: 19-46.3
 PIN:
 Tax Year: 2010
 Address: 817 HAW BRANCH RD
 Owner Details: B & H ASSOCIATES, INC
 Mailing Address: PO BOX 808
 JACKSONVILLE NC 28541
 Description: SR 1230
 S/F 19 46 LLOYD SWINSON

Land Use Code: 17
 LUC Description: Undeveloped
 Municipality: 071949
 Neighborhood: The Bryant Place
 Jurisdiction: 1100
 Zoning:
 Land Acres: 67.9
 Topography:
 Utilities: 02 - Public Water
 06 - Septic
 08 - Electric

Value Summary

Assessed Land:	580,000	Exempt:		Market Land:	580,000
Assessed Building:	0	Taxable:	580,000	Market Building:	0
Assessed Total:	580,000	Def:	0	Market Total:	580,000

Primary Residential Card

Card:	Basement:	Fireplace Pref.:
Stories:	Living Area:	Fireplace OP:
Use:	HT/AC:	Fireplace ST:
Type:	Fuel:	Basement Gar.:
Year Built:	System:	Grade:
Year Remodeled:	Attic:	Cond (CDU):
Total Rooms:	Finished Basement:	Percent:
Bedrooms:	Recreation Room:	Family Room:
Full Bath:	Half Bath:	Ext. Material:

Primary Commercial Card

Card	Stories:	Structure
Year Built:	Gross Flr. Area:	Grade:
Eff. Yr. Built:	Units:	Cost Value

Land

Classification	Type	Size (Eff. Front/Acres)	Value
17-UNDEVELOPED	A	157.9	579,000
28-MARSH/WET/SWAMP	A	110	1,000

Agriculture

Classification	Acres	Value (Soil Value)
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MAR 30 2010

Other Items

Code - Description	Grade	Square Ft.Width.Length	Value
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Onslow County Health Department
 612 College Street
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-2341

CONSTRUCTION AUTHORIZATION
 (GS 130A-336)

Permit No: **ECA2011-00908**

Category: New

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL
 BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE
 IMPROVEMENT PERMIT. NOT TO EXCEED 5 YEARS.

Owner: B & H ASSOCIATES INC

Address: 847 HAW BRANCH RD BEULAVILLE, NC 28518

Subdivision: BRYANT PLACE Lot: SR #:

Section Block: Phase: 4

Location: CONDITIONAL CA FOR LOTS 56, 65, 67, 70, 71, 72

System Type/Description:

System Classification:

Facility/Daily design flow:

System Info: Install supply lines as approved with engineer plans sealed 9-7-11

LTAR: gpd/sq. ft.

Water Supply:

Septic Tank Size: gallons

Grease Trap Size gallons

Pump Tank Size: gallons

Nitrification Area: sq. ft.

Nitrification Area: lin. ft.

No of Lines: Line Length: Line Width:

Trench Bottom Depth:

(SEE ATTACHED PAGES 1 - 2 of 2 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Sam Frazelle

Date:

10/04/2011

NOTE: Permit is subject to revocation if site plans or intended use change.

