



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

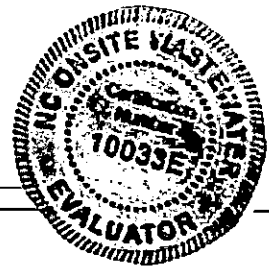
Owner or Legal Representative Information:
Name: RHC CUSTOM CONSTRUCTION INC
Mailing address: 742 MCKNIGHT DR STE 213 City: KNIGHTDALE State: NC Zip: 27545
Phone: 919-217-2444 Email: ROBERT@RHC-CONSTRUCTION.COM

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: 122 LOWERY LN
Tax parcel identification number or subdivision lot, block number of property: 536604817004000
LOT 87 THE OAKS AT BLUEWATER COVE County: CARTERET

System Information:
Wastewater System Type: III G
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 21 day of FEBRUARY 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 21 day of FEBRUARY 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.

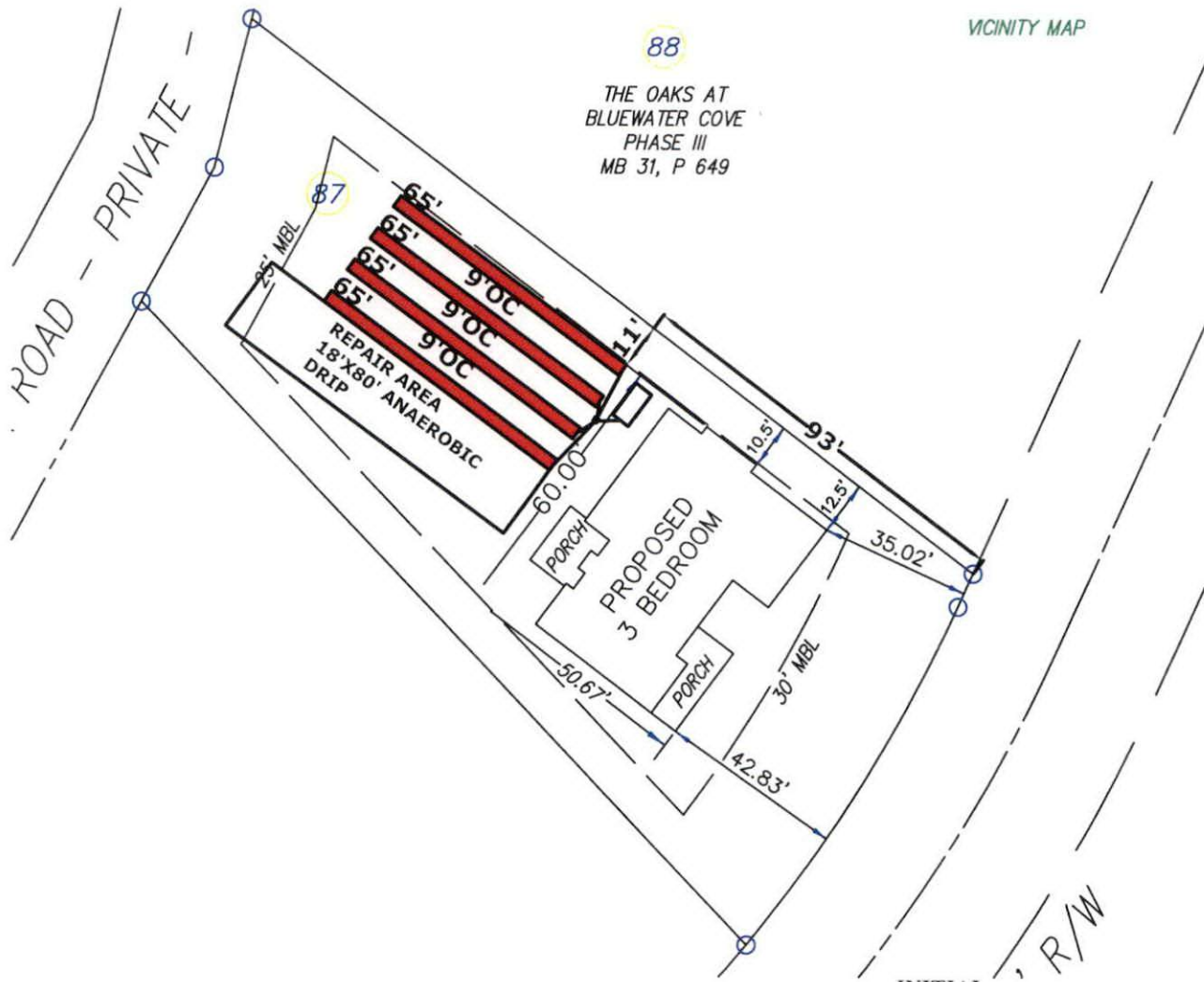
Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: agj Date: FEB 24 2025

Owner: THE OAKS BLUEWATER COVE
 Address: LOT 87
 Location: 122 LOWERY LANE

PITTMAN SOIL CONSULTING

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

MAP TAKEN FROM OTHERS



88
 THE OAKS AT
 BLUEWATER COVE
 PHASE III
 MB 31, P 649

INITIAL
 3 BEDROOM
 LTAR .46
 4-65' LOW PROFILE CHAMBER LINES
 8-12" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOM
 LTAR .25
 18'X80' ANAEROBIC DRIP
 6"TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM



APPROX SCALE 1"=50'