ONSLOW COUNTY
234 NW Corridor Boulevard Jacksonville, NC
28540 (910) 455-3661

Permit

Permit NO. **RBLD-2022-00817**
Permit Type: **Residential Building**
Work Classification: **Residential Single Family Dwelling**
Permit Status: **Issued**

Issue Date: 09/16/2022
Expiration: 03/15/2023

Location Address | **Parcel Number**

317 JAMES HEDRICK COURT, JACKSONVILLE, NC 28540 | 324C-39

Contacts

Chassidy Kelley **Applicant** 7 EAST DORIS AVENUE, JACKSONVILLE, NC 28540 (910)938-9053 chass@atlanticconstructioninc.com	Bucek's Plumbing Company, INC **Plumbing Contractor** 2570 WILMINGTON HWY, JACKSONVILLE, NC 28540 (910)347-6607 office@bucksplumbing.com
Williams Brothers Electric, INC **Electrical Contractor** 768 GRANTS CREEK RD, JACKSONVILLE, NC 28546 (910)389-7890 williamsbroelec@yahoo.com	Dustin Joseph Kennedy **Mechanical Contractor** 174 River Winding Road Parkway, Jacksonville, NC 28540 (681)283-0880 kennedysheatingandair@gmail.com
Atlantic Construction, Inc **General Contractor** 7 Dorris AVE (910)938-9053	Nick Lentz **Superintendent** (910)459-0576 nicholaslentz4@gmail.com

Description: Construct SFD

Valuation: $90,000.00
Total Sq Feet: 2,673.00

Inspection Requests:
Building (910) 455-3661 or
Environmental Health (910) 938-5851

ONSLOW COUNTY
234 NW Corridor Boulevard Jacksonville, NC
28540 (910) 455-3661

Permit

Permit No. **RBLD-2022-00817**
Permit Type: **Residential Building**
Work Classification: **Residential Single Family Dwelling**
Permit Status: **Issued**

Issue Date: 09/16/2022 | **Expiration: 03/15/2023**

Fees	Amount
Electrical Temporary Power	$50.00
GC-Home Owners Recovery Fund - Admin	$1.00
GC-Home Owners Recovery Fund - Pay	$9.00
Residential Building - SFD	$1,001.71
Zoning - Zoning	$50.00
Total:	**$1,111.71**

Payments	Amt Paid
Total Fees	**$1,111.71**
Visa	$1,111.71
Amount Due:	**$0.00**

Available Inspections:

Inspection Type	IVR
Compliance Building Inspection	520
Compliance Electrical Inspection	525
Compliance Gas and Fuel Inspection	540
Compliance Mechanical Inspection	545
Compliance Plumbing Inspection	550
Compliance Zoning Inspection	2020
Footing Inspection	100
Foundation Inspection	105
Insulation Inspection	233
Partial Framing	
Plumbing Under Slab Inspection	405
Rough-In Electrical Inspection	455
Rough-In Framing Inspection	465
Rough-In Gas & Fuel Inspection	490
Rough-In Mechanical Inspection	475
Rough-In Plumbing Inspection	480
Saw Service Power Pole Inspection	200
Setback Inspection	53
Slab and Elevation Inspection	110
Temporary Power Inspection	190
Underground Wastewater Inspection	220
Underground Water Supply Inspection	225

Permission to Enter Land: I certify that I am authorized to grant, and do in fact, grant permission to Onslow County Planning and Development employees and their agents, to enter on the property noted on the Onslow County permit for the purpose of inspections.

Permit Expiration: In accordance with GS153A-358, building permits expire six months "after the date of issuance if the work authorized by the permit has not commenced", or "after commencement, the work is discontinued for a period of 12 months".

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Residential Code Administrator: Jonathan Briggs (910) 455-3661

Commercial - Director: Jessica Rhue (910) 455-3661

September 16, 2022
Date

ZONING PERMIT

Applicant:	Chassidy Kelley
Property Address:	317 JAMES HEDRICK COURT, JACKSONVILLE, NC 28540
Zoning Permit:	ZNP-2022-01468/RBLD-2022-00817
Work Class:	Zoning.2
Parcel #:	324C-39
Authorized Use:	Construct SFD
Zoning District	R-15
SETBACKS:	(Front) 20 (Rear) 15 (Side) 8 (Side Street)

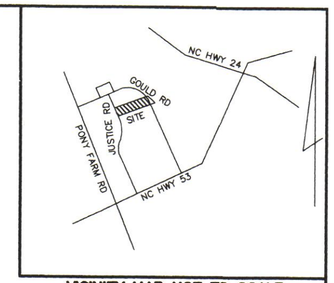
Zoning Condition/Standards:

Property owners in neighborhoods with restrictive covenants should be aware that the Onslow County Zoning Ordinance may be less restrictive than these covenants. These property owners are advised to contact their Homeowner's Association (HOA) prior to construction.
Underpinning/skirting is required for ALL manufactured home setups and must be in place prior to the zoning compliance inspection.
For new construction, the following may have an eighteen (18) inch encroachment allowance:
Ground mounted mechanical equipment, uncovered porches, steps, stoops, overhanging roofs, eaves, bay windows, balconies, gutters, cornices, buttresses, piers, awnings, windowsills, chimneys, covered steps and stoops, structural overhangs, and similar architectural features into required side and rear yard setbacks.
SETBACK INSPECTION REQUIREMENTS:
Prior to pouring any concrete, applicants must schedule a setback inspection
A foundation survey is required for any structure proposed to be within one foot of the required setback line. The applicant is required to accurately mark property lines (flags, stakes, spray paint) prior to the setback inspection.
The Zoning Officer can require a foundation survey when he is unable to make a reasonable determination on the setback compliance.
If the structure location is different from the approved site plan, the applicant will be asked to submit a revised site plan that reflects the location.
FINAL ZONING COMPLIANCE INSPECTION REQUIREMENTS:
Prior to scheduling final building compliance inspections, the applicant must schedule a final zoning compliance inspection.
The Zoning Officer will check for posted address and any changes to the building footprint (additions, porches, etc.) and underpinning for ALL manufactured homes.

Zoning Official: BPaul Date: September 13, 2022

This zoning permit shall become invalid six months after the above date if work is not initiated or if work is suspended or abandoned for a period of six months. Any changes in proposed plans, which are unauthorized, shall render this permit null and void.

GPS DATA:
ALL COORDINATES AND BEARINGS ARE BASED ON THE NORTH AMERICAN DATUM OF 1983(2011)(epoch 2010.00). ELEVATIONS ARE BASED ON NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD88). ESTABLISHED USING NC 'North Carolina GNSS Real Time Network (RTN)' ON 09/28/2020.



– VICINITY MAP NOT TO SCALE –

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	280.00'	165.28'	162.89'	N 74°53'29" E	33°49'18"

LINE	BEARING	DISTANCE
L1	S 68°53'35" E	12.31'

SETBACKS
R-15 ZONE:

FRONT=20'
SIDE=8'
REAR=15'
CORNER LOT: 20'

PROPOSED
SETBACKS:

FRONT=35.0'
LEFT SIDE=29.0'
RIGHT SIDE=12.0'
REAR: 445.6'

NC GRID NORTH NAD 1983(2011)(epoch 2010.00)

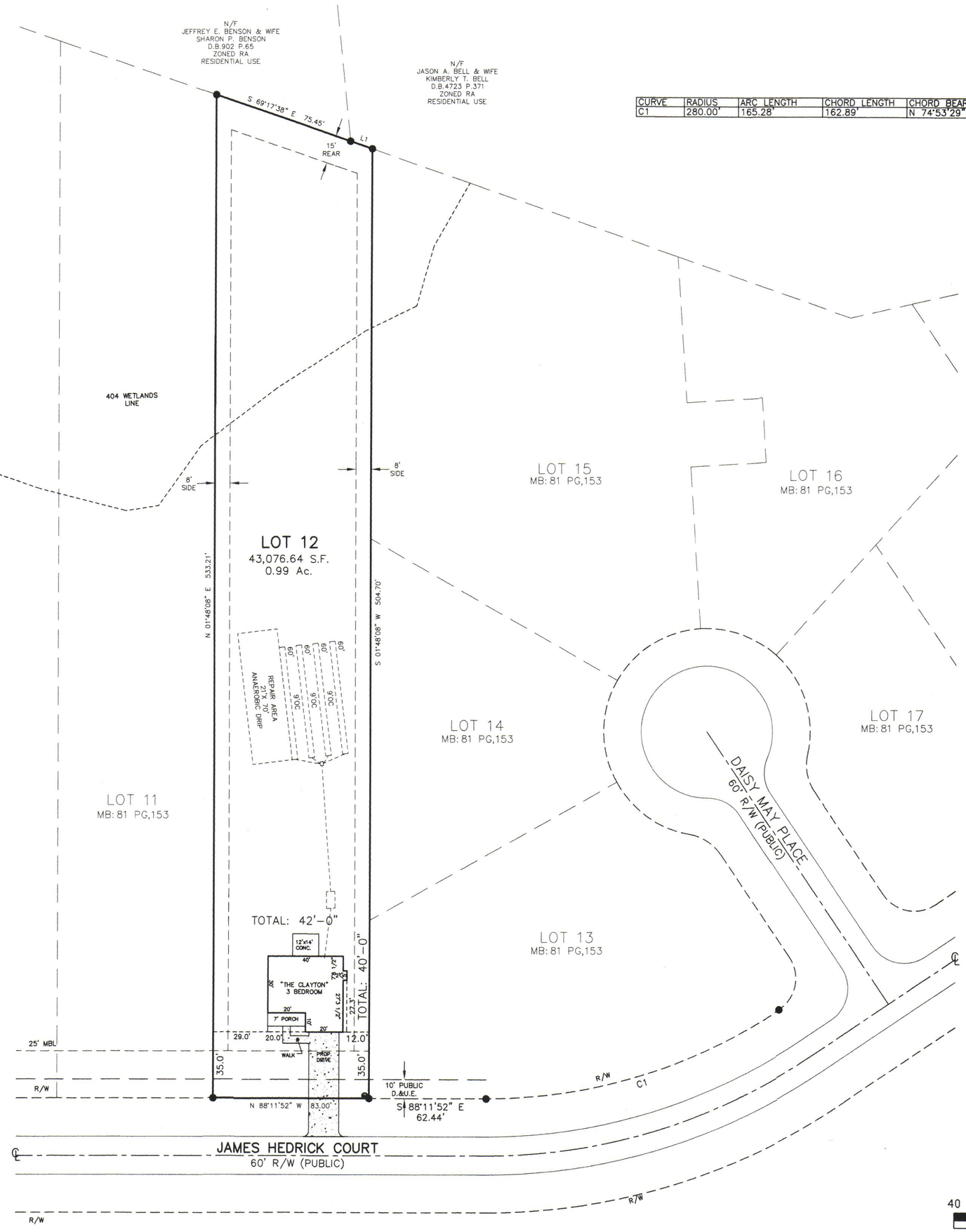
NOTE:
- THE HVAC UNIT WILL NOT ENCROACH INTO ANY SETBACKS.
- WATER SERVICE BY ONWASA.
- SEPTIC PERMIT # EHLS-2022-00084

ALLOWED BUA: 6,000.00 S.F.
PROPOSED BUA: 2,677.86 S.F.

LEGEND

ERRS = EXISTING RAILROAD SPIKE
EIS = EXISTING IRON STAKE
SIS= SET IRON STAKE
EIP = EXISTING IRON PIPE
SRI = SET REFERENCE IRON
EPK = EXISTING P.K. NAIL
SIS = SET IRON STAKE
SPK = SET P.K. NAIL
CP = COMPUTED POINT
D&UE = DRAINAGE & UTILITY EASEMENT
U.E. = UTILITY EASEMENT
C/L = CENTERLINE
P/L = PROPERTY LINE
MBL = MINIMUM BLDG LINE
R/W = RIGHT-OF-WAY
N/F = NOW OR FORMERLY
NCSR = NORTH CAROLINA STATE ROAD
DB = DEED BOOK
MB = MAP BOOK
P. = PAGE
PP = POWER POLE
-E- = OVERHEAD ELECTRIC LINE
ST = SEPTIC TANK
= EXISTING DITCH
317 = STREET ADDRESS
SP = SEPTIC PUMP

REFERENCES:
MB: 81 PG,153



THE SEPTIC SYSTEM IS TO BE INSTALLED ACCORDING TO THE ONSLOW COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT, NOT THIS MAP.

9/7/2022
JOHN L. PIERCE, P.L.S., L-2596

THE RATIO OF PRECISION IS 1:10,000+

NORTH CAROLINA PROFESSIONAL SEAL L-2596 LAND SURVEYOR JOHN L. PIERCE

SITE ADDRESS:
317 JAMES HEDRICK COURT

PRELIMINARY PLOT PLAN
OF
LOT 12 JUSTICE RIDGE
PREPARED FOR
ATLANTIC CONSTRUCTION
JACKSONVILLE TOWNSHIP, ONSLOW COUNTY, NC
PREPARED BY
JOHN L. PIERCE & ASSOCIATES, P.A.
NC LICENSE C-1888

405 JOHNSON BLVD. JACKSONVILLE, NC 28540
PHONE: 910-346-9800 DATE: SEPT. 7, 2022
SCALE: 1"= 40' JOB #2022-615
FB: N/A PG,N/A

40 0 20 40 80 160

EHLS-2022-00084

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 LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ (Date) by _____ (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.): BEAVER CREEK INVESTORS INC

Mailing address: PO Box 1685 City: JACKSONVILLE State: NC Zip: 28541

Telephone number: 910-346-9800 E-mail Address: bettybeajlpnc.com

2. Licensed Soil Scientist (LSS) name: R. HAYWOOD PITTMAN II LSS License number: 1262

Mailing address: PO Box 1387 City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-330-2084 E-mail Address: pittmanshaywood@yahoo.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. 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:

☒ LSS ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): JUSTICE RIDGE LOT 12, 317 JAMES HERRING COURT

County Name: ONSLOW MAP BOOK 81 PAGE 153 PARCEL 324-67.1

6. Type of facility: ☒ Place of residence No. Bedrooms: 3 No. Occupants: 6

☐ Place of business Basis for flow calculation:_____

☐ Place of public assembly Basis for flow calculation:_____

7. Factors that would affect the wastewater load: NONE

8. Type and located of proposed wastewater system: III's

9. Design wastewater flow: 360 gpd

   Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*

10. A plat as defined in G.S. 130A-334(7a) is attached: ☐ Yes ☒ No

    A site plan as defined in G.S. 130A-334(13a) is attached: ☒ Yes ☐ No

    In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.

11. 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 saprolite system. ☐ Yes ☒ No

12. 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

13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA

14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☒ NA

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, R. HAYWOOD PITTMAN II hereby attest that the information required to be included with
Licensed Soil Scientist (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, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

_____ 3-6-22
Signature of Licensed Soil Scientist *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 LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2(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.

This section for Local Health Department use only.

PART 2: *LHD Completeness Review of the Notice of Intent to Construct*

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the LSS and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

☐ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on_____via _____.
Date *Email, FAX, USPS, hand-delivered*

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

LHD Reference:_____

Re-submittal of NOI with missing items included

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

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

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____ hereby attest that the information required to be included with
Licensed Soil Scientist (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.

_____ _____
Signature of Licensed Soil Scientist *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-336.2(c). This NOI is determined to be:

☐ INCOMPLETE
Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____
_____.

Copies of this signed form were sent to the LSS 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 LSS 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*

LHD Reference: _____

PART 3: **Authorization to Operate (ATO)**

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

LHD USE ONLY: Initial submittal of request for ATO received: _____ *Date* by _____ *Initials*

Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the LSS ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number: _____

   Mailing address: _____ City: _____ State: _____ Zip: _____

   Telephone number: _____ E-mail Address: _____
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☐ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner

_____County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *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 LSS COVID-19 permit: _____

_____.

Copies of this signed form were sent to the LSS and the Owner on _____ *Date* via _____. *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 Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

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

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

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.

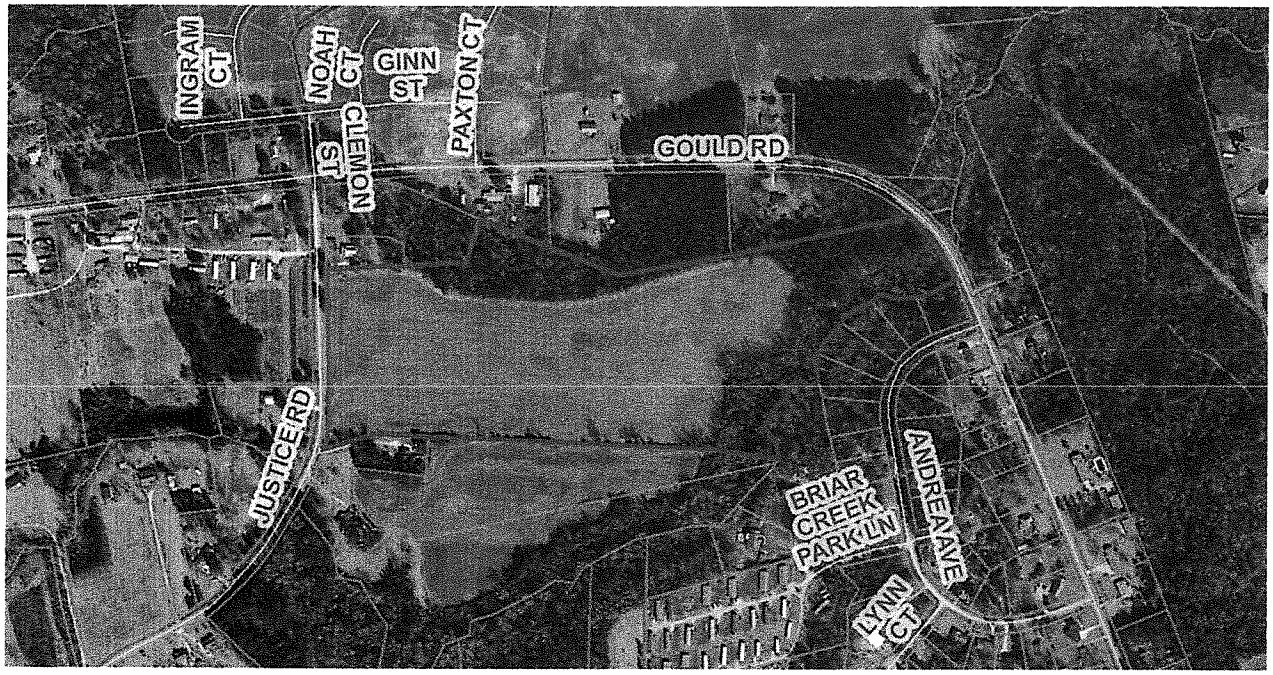
Onslow County, NC | **Tax Parcel Report** | **Monday, March 7, 2022**

Parcel ID
169678

Map Number
324-67.1

Owner Name
BEAVER CREEK INVESTORS INC

Owner Mailing Address
PO BOX 1685
JACKSONVILLE NC 28541-1685



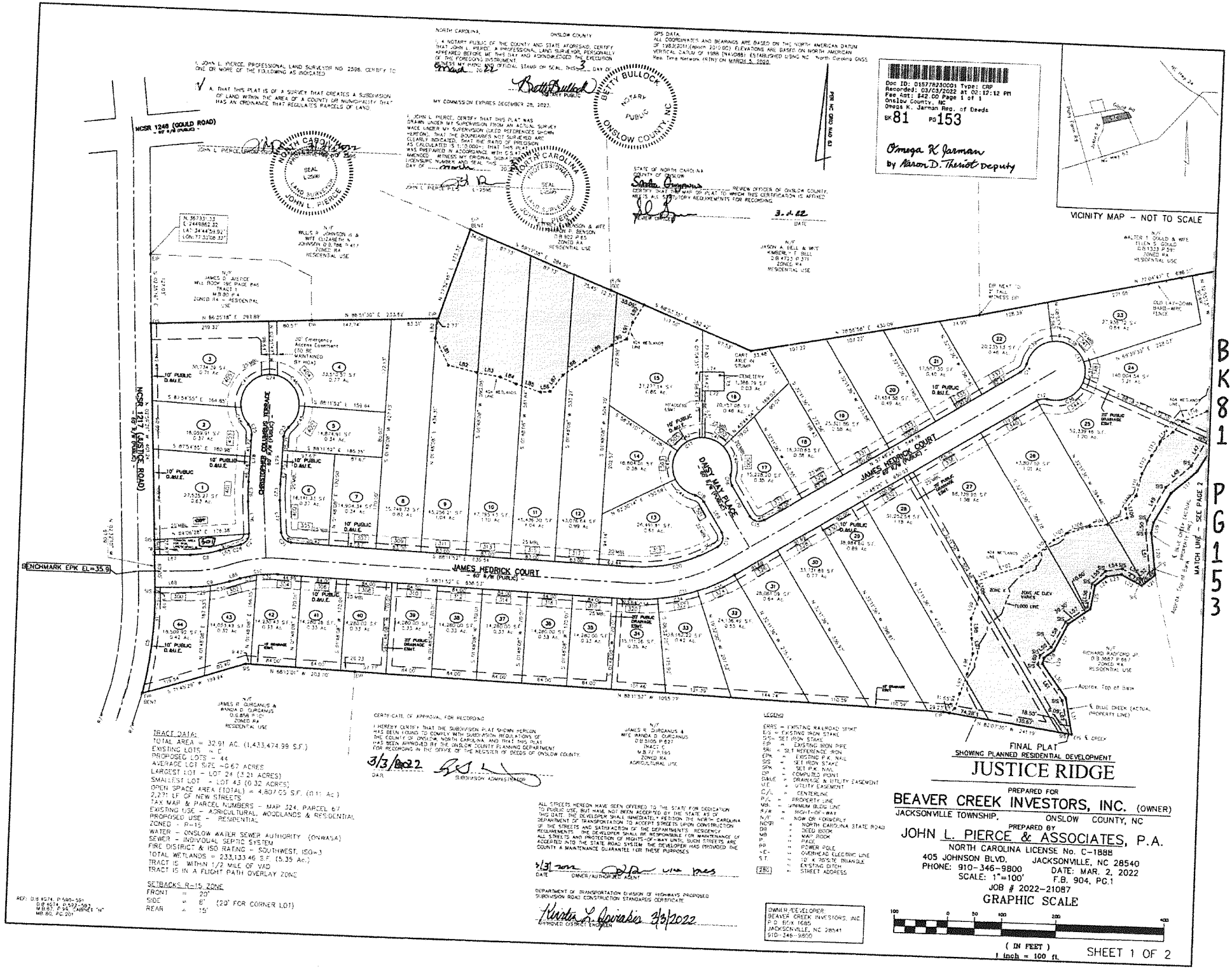
General Information

Acres	32.91	**Property Description**	TR 2 JAMES H JUSTICE HEIRS
Physical Address	JUSTICE RD	**Subdivision**	JAMES H JUSTICE HEIRS
Neighborhood Code	2075	**City Limit**	UNINCORPORATED ONSLOW
Plat Book & Page	80-040	**NC PIN**	435609069925
Township	JACKSONVILLE	**Improvement Code**	V
Building Value	$0.00	**Land Value**	$267,090.00
Assessed Value	$267,090.00	**Total Taxed Value**	$267,090.00
Heated Square Feet		**Year Built**	
Number of Bedrooms			

Last Sale

Date	Price	Book	Page
21-MAY-21	$350,000.00	5468	801

Onslow County
Geographical Information
Services-GIS
234 NW Corridor Blvd.
Jacksonville, NC 28540


NORTH CAROLINA, ONSLOW COUNTY
I, JOHN L. PIERCE, PROFESSIONAL LAND SURVEYOR NO. 2586, CERTIFY TO ONE OR MORE OF THE FOLLOWING AS INDICATED:
A. THAT THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
I, JOHN L. PIERCE, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED REFERENCES SHOWN HEREON); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 3RD DAY OF MARCH, A.D. 2022
JOHN L. PIERCE PLS L-2586
SEAL L-2586
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR JOHN L. PIERCE
NORTH CAROLINA, ONSLOW COUNTY
I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT JOHN L. PIERCE, A PROFESSIONAL LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT.
WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 3 DAY OF March, 2022
Betty Bullock NOTARY PUBLIC
MY COMMISSION EXPIRES DECEMBER 28, 2023.
BETTY BULLOCK NOTARY PUBLIC ONSLOW COUNTY, NC
GPS DATA:
ALL COORDINATES AND BEARINGS ARE BASED ON THE NORTH AMERICAN DATUM OF 1983(2011)(epoch 2010.00). ELEVATIONS ARE BASED ON NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD88) ESTABLISHED USING NC North Carolina GNSS Real-Time Network (RTN) ON MARCH 3, 2022.
Doc ID: 015778230001 Type: CRP
Recorded: 03/03/2022 at 02:12:12 PM
Fee Amt: $42.00 Page 1 of 1
Onslow County, NC
Omega K. Jarman Reg. of Deeds
BK 81 PG 153
Omega K Jarman
by Aaron D. Theriot Deputy
STATE OF NORTH CAROLINA
COUNTY OF ONSLOW
Sandra Guarnaccia REVIEW OFFICER OF ONSLOW COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
3.4.22 DATE
VICINITY MAP – NOT TO SCALE
NCSR 1246 (GOULD ROAD) – 60' R/W (PUBLIC) –
NCSR 1217 (JUSTICE ROAD) – 60' R/W (PUBLIC) –
CHRISTOPHER COLUMBUS TERRACE – 60' R/W (PUBLIC)
JAMES HEDRICK COURT – 60' R/W (PUBLIC)
DUSTY HAY PLACE – 60' R/W (PUBLIC)
BENCHMARK EPK EL=35.9
N: 367331.33
E: 2448865.82
LAT: 34°44'59.92"
LON: 77°35'08.32"
N/F WILLIS P. JOHNSON III & WIFE ELIZABETH N. JOHNSON D.B. 786, P. 417 ZONED: RA RESIDENTIAL USE
N/F JAMES D. JUSTICE WILL BOOK 1967 PAGE 845 TRACT 1 M.B. 80, P. 4 ZONED: RA – RESIDENTIAL USE
N/F JAMES P. BENSON & WIFE CHRISTINE P. BENSON D.B. 902, P. 65 ZONED: RA RESIDENTIAL USE
N/F JASON A. BELL & WIFE KIMBERLY T. BELL D.B. 4723, P. 371 ZONED: RA RESIDENTIAL USE
N/F WALTER T. GOULD & WIFE ELLEN S. GOULD D.B. 1333, P. 59 ZONED: RA RESIDENTIAL USE
N/F JAMES P. GURGANUS & WANDA D. GURGANUS D.B./BK P. 01 ZONED: RA RESIDENTIAL USE
N/F JAMES P. GURGANUS & WIFE WANDA D. GURGANUS D.B. 5105, P. 627 TRACT C M.B. 77, P. 193 ZONED: RA AGRICULTURAL USE
N/F RICHARD RADFORD JR. D.B. 3667, P. 627 ZONED: RA RESIDENTIAL USE
OLD LAY-JOHN SHAKE-WIRE FENCE
OLD WIRE FENCE
BLUE CREEK (ACTUAL PROPERTY LINE)
MATCH LINE – SEE PAGE 2
TRACT DATA:
TOTAL AREA = 32.91 AC. (1,433,474.98 S.F.)
EXISTING LOTS = 0
PROPOSED LOTS = 44
AVERAGE LOT SIZE = 0.67 ACRES
LARGEST LOT – LOT 24 (2.21 ACRES)
SMALLEST LOT – LOT 43 (0.32 ACRES)
OPEN SPACE AREA (TOTAL) = 4,807.05 S.F. (0.11 Ac.)
2,271 LF. OF NEW STREETS
TAX MAP & PARCEL NUMBERS – MAP 324, PARCEL 67
EXISTING USE – AGRICULTURAL, WOODLANDS & RESIDENTIAL
PROPOSED USE – RESIDENTIAL
ZONED – R-15
WATER – ONSLOW WATER SEWER AUTHORITY (ONWASA)
SEWER – INDIVIDUAL SEPTIC SYSTEM
FIRE DISTRICT & ISO RATING – SOUTHWEST, ISO=3
TOTAL WETLANDS = 233,133.46 S.F. (5.35 Ac.)
TRACT IS WITHIN 1/2 MILE OF VAD
TRACT IS IN A FLIGHT PATH OVERLAY ZONE
SETBACKS R-15 ZONE
FRONT = 20'
SIDE = 8' (20' FOR CORNER LOT)
REAR = 15'
REF: D.B. 1074, P. 590-591; D.B. 1074, P. 592-593; M.B. 67, P. 94; CABINET "N" M.B. 80, PG. 201
CERTIFICATE OF APPROVAL FOR RECORDING
I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH SUBDIVISION REGULATIONS OF THE COUNTY OF ONSLOW, NORTH CAROLINA, AND THAT THIS PLAT HAS BEEN APPROVED BY THE ONSLOW COUNTY PLANNING DEPARTMENT FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF ONSLOW COUNTY.
3/3/2022 DATE
SUBDIVISION ADMINISTRATOR
ALL STREETS HEREON HAVE BEEN OFFERED TO THE STATE FOR DEDICATION TO PUBLIC USE, BUT HAVE NOT BEEN ACCEPTED BY THE STATE AS OF THIS DATE. THE DEVELOPER SHALL IMMEDIATELY PETITION THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION TO ACCEPT STREETS UPON CONSTRUCTION OF THE STREETS AND SATISFACTION OF THE DEPARTMENTS REQUIREMENTS. THE DEVELOPER SHALL BE RESPONSIBLE FOR MAINTENANCE OF ALL STREETS AND PROTECTION OF RIGHTS-OF-WAY UNTIL SUCH STREETS ARE ACCEPTED INTO THE STATE ROAD SYSTEM. THE DEVELOPER HAS PROVIDED THE COUNTY A MAINTENANCE GUARANTEE FOR THESE PURPOSES.
3/31/2022 DATE
OWNER/AUTHORIZED AGENT
DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATE
APPROVED DISTRICT ENGINEER 3/3/2022
LEGEND:
ERRS = EXISTING RAILROAD SPIKE
EIS = EXISTING IRON STAKE
DSS = SET IRON STAKE
EIP = EXISTING IRON PIPE
SRI = SET REFERENCE IRON
EPK = EXISTING P.K. NAIL
SIS = SET IRON STAKE
SPK = SET P.K. NAIL
CP = COMPUTED POINT
DAUE = DRAINAGE & UTILITY EASEMENT
U.E. = UTILITY EASEMENT
C/L = CENTERLINE
P/L = PROPERTY LINE
MBL = MINIMUM BLDG LINE
R/W = RIGHT-OF-WAY
N/F = NOW OR FORMERLY
NCSR = NORTH CAROLINA STATE ROAD
DB = DEED BOOK
MB = MAP BOOK
P = PAGE
PP = POWER POLE
OHE = OVERHEAD ELECTRIC LINE
S.T. = 10' X 70'SITE TRIANGLE
= EXISTING DITCH
280 = STREET ADDRESS
OWNER/DEVELOPER:
BEAVER CREEK INVESTORS, INC.
P.O. BOX 1685
JACKSONVILLE, NC 28541
910-346-9800
FINAL PLAT
SHOWING PLANNED RESIDENTIAL DEVELOPMENT
JUSTICE RIDGE
PREPARED FOR
BEAVER CREEK INVESTORS, INC. (OWNER)
JACKSONVILLE TOWNSHIP, ONSLOW COUNTY, NC
PREPARED BY
JOHN L. PIERCE & ASSOCIATES, P.A.
NORTH CAROLINA LICENSE No. C-1888
405 JOHNSON BLVD. JACKSONVILLE, NC 28540
PHONE: 910-346-9800 DATE: MAR. 2, 2022
SCALE: 1"=100' F.B. 904, PG.1
JOB # 2022-21087
GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.
SHEET 1 OF 2
BK81 PG153

NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY, INC.

CERTIFICATE OF LIABILITY INSURANCE

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 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).

INSURED NAME AND ADDRESS RONALD HAYWOOD PITTMAN II 1003 GREGORY FORK RD RICHLANDS NC 28574	CERTIFICATE HOLDER

COVERAGES

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.

X	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
☐	COMMERCIAL GENERAL LIABILITY - OCCURRENCE GEN'L AGGREGATE APPLIES PER POLICY						GENERAL AGGREGATE	$
							PRODUCTS - COMP/OPS AGGREGATE	$
							PERSONAL & ADV INJURY	$
							EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$
							MED EXP (Any one person)	$
☐	BUSINESSOWNERS						EACH OCCURRENCE	$
							AGGREGATE	$
	AUTOMOBILE LIABILITY			BAP 2134903	7/14/2021	1/14/2022	COMBINED SINGLE LIMIT (Each accident)	$1,000,000
☒	SCHEDULED AUTOS						BODILY INJURY (Per person)	$
☐	HIRED AUTOS						BODILY INJURY (Per accident)	$
☐	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
☐	GARAGE LIABILITY							
☐	_____(Other)							
☐	EXCESS LIABILITY – OCCURRENCE						EACH OCCURRENCE	$
							AGGREGATE	$
☒	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC	N/A		WC 0243634	10/6/2020	10/6/2021	WC STATUTORY LIMITS	
							E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000
☐	OTHER:							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

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
TW
DATE 7/22/2021 Tonya Woodard

COI 0910

Pittman Soil Consulting

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

MARCH 6, 2022

Ref: JUSTICE RIDGE LOT 12, 317 JAMES HECRICK COURT

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 sandy clay loam texture. I have assigned an LTAR of 0.5 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of **4-60' 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.

Soils in the repair area showed soil wetness at depths of **20-24"** from the surface with a sandy clay loam texture. The repair area will require a **21'X70' ANAEROBIC DRIP** installed at 6" from the surface with an LTAR of 0.25 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.

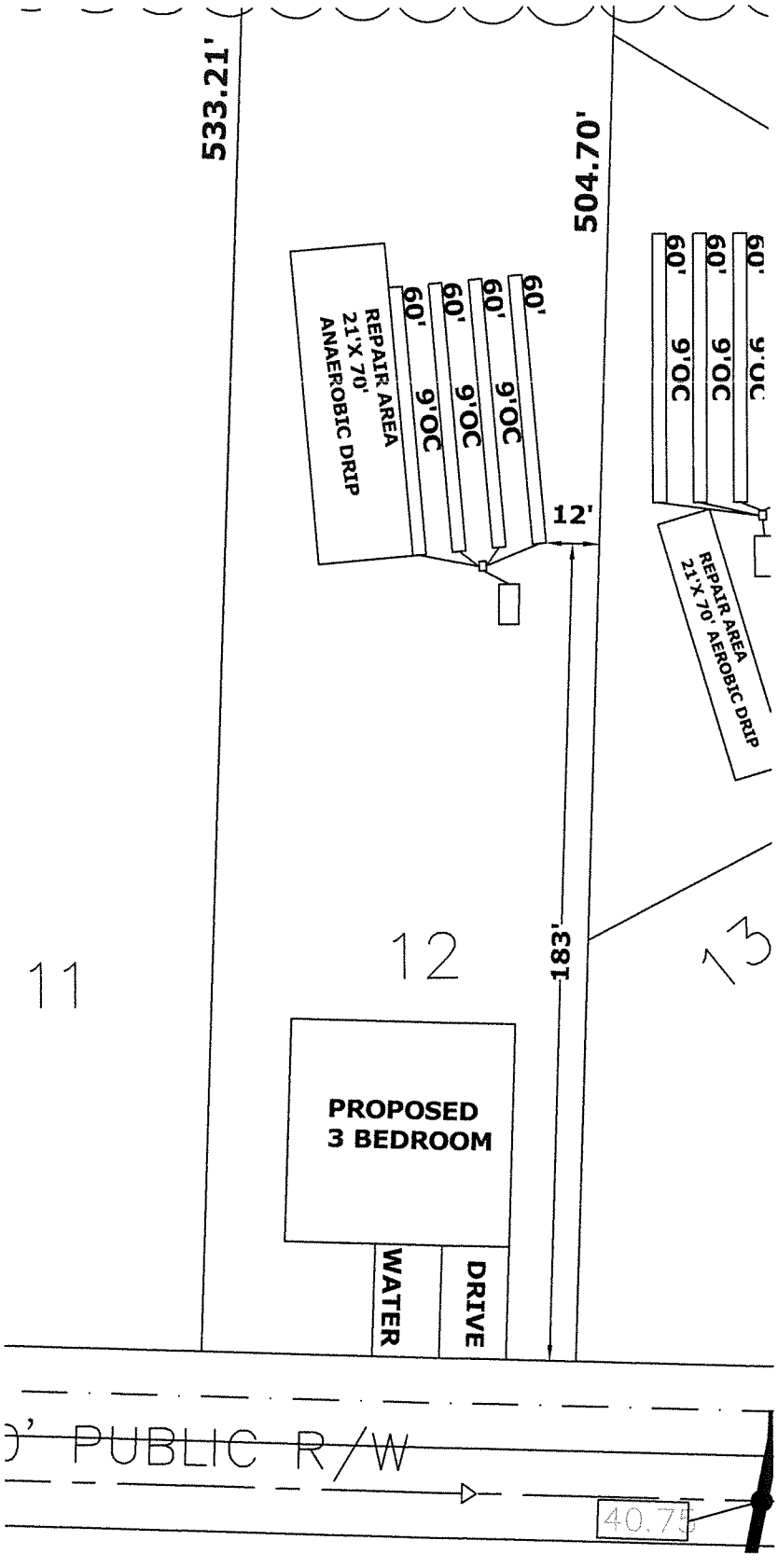
If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,

R. Haywood Pittman II
NC Licensed Soil Scientist

Owner: JUSTICE RIDGE
Address: LOT 12
Location: 317 JAMES HEDRICK COURT

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



INITIAL
3 BEDROOM
LTAR .5
4-60' LOW PROFILE CHAMBER
8-12" TB
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
3 BEDROOMS
LTAR .244
21'X70' ANAEROBIC DRIP
6" TB
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'

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

PROPERTY ID #: _____
COUNTY: ONSLOW

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**

OWNER: JUSTICE RIDGE
ADDRESS: LOT 12 DATE EVALUATED: VARIOUS
PROPOSED FACILITY: 3 BEDROOM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: 317 JAMES HEDRICK COURT PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private X☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE		.1941 CONSISTENCE/ MINERALOGY		OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	0-1 LS	0-12	SL	GR	VFR	NEXP	U 24" 2.5Y 6/1	S	NA	NA	U 12" T.B. 0.5
		12-18	SL	GR	VFR	NEXP					
		18-24	SCL	SBK	FI	SS SP					
		24-48	CL	SBK	FI	SS SP					
2	0-1 LS	0-12	SL	GR	VFR	NEXP	U 20" 2.5Y 6/1	S	NA	NA	U 8" T.B. 0.5
		12-15	SL	GR	VFR	NEXP					
		15-20	SCL	SBK	FI	SS SP					
		20-48	SCL	SBK	FI	SS SP					
3											
4											

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	III	V
Site LTAR	0.5	0.25

OTHER FACTORS (.1946): S
SITE CLASSIFICATION (.1948): PS
EVALUATED BY HAYWOOD PITTMAN II
OTHER(S) PRESENT: _

LICENSED SOIL SCIENTIST
HAYWOOD PITTMAN II
1262
STATE OF NORTH CAROLINA

COMMENTS: _____
PERMIT _____