

**Adams Soil Consulting, PLLC**  
**1676 Mitchell Road**  
**Angier, NC 27501**  
**919-414-6761**  
**alexadams@bcsoil.com**

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March 29, 2023  
Project #1623

*“The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).”*

*“The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335 (a2), (a5), and (a6)”*

*“This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).”*

RE: 29 Single Barrell Ct. NC (Harnett County) for Davidson Homes

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules, 15ANCAC 18A .1900 “Laws and Rules for Sewage Treatment and Disposal Systems”. From this evaluation, ASC is providing the attached 4-bedroom septic design.

The suitable soils found on the subject property were relatively consistent in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

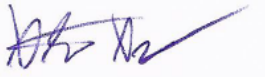
Please find the attached wastewater soil/site evaluation forms for specific soil properties found in the initial and repair areas as well as assigned soil long term acceptance rate (LTAR). Numerous soil borings were made throughout the property and representative soil profile descriptions for the primary septic field and repair area are provided. A location sketch for profile descriptions is also attached. The initial and primary septic fields were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair locations. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and Johnston County regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

This report discusses the location of provisionally suitable soils identified on the property and does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

Sincerely,



Alex Adams  
NC Licensed Soil Scientist #1247  
AOWE Certification: 10021E



County: \_\_\_\_\_

**IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11**

PIN/Lot Identifier: \_\_\_\_\_

Issued To: \_\_\_\_\_

Property Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes  No

If yes, name and license number of LSS: \_\_\_\_\_

New  Repair  Expansion  System Relocation

Proposed Structure: \_\_\_\_\_

Proposed Wastewater System Type: \_\_\_\_\_ (Initial) \_\_\_\_\_ (Repair)

Fill System:  Yes  No If yes, specify:  New  Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: \_\_\_\_\_ GPD Proposed LTAR (Initial): \_\_\_\_\_ Proposed LTAR (Repair): \_\_\_\_\_

Design Wastewater Strength:  domestic  high strength  industrial process

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

Pump Required:  Yes  No  May be required based upon final location and elevations of facilities

Artificial Drainage Required:  Yes  No If yes, please specify details: \_\_\_\_\_

Type of Water Supply:  Private well  Public well  Municipal Supply  Spring  Other: \_\_\_\_\_

Drainfield location meets requirements of Rule .1945: Yes  No

Drainfield location meets requirements of Rule .1950: Yes  No

Permit valid for:  Five years [site plan submitted pursuant to GS 130A-334(13a)]  No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Soil Scientist Print Name: \_\_\_\_\_

Licensed Soil Scientist Signature: Alex Adams Date: \_\_\_\_\_

**The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).**

**\*See attached site sketch\***

\_\_\_\_\_

County: \_\_\_\_\_

***This Section for Local Health Department Use Only***

Initial submittal received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

Permit Number: \_\_\_\_\_

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

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

The following items are missing:

\_\_\_\_\_  
\_\_\_\_\_

Copies of this were sent to the LSS and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).**

Improvement Permit Expiration Date: \_\_\_\_\_

**\*See attached site sketch\***

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: \_\_\_\_\_

Issued To: \_\_\_\_\_

Property Location: \_\_\_\_\_

AOWE/PE Plans/Evaluations Provided: Yes  No  If yes, name and license number of AOWE/PE: \_\_\_\_\_

Facility Type: \_\_\_\_\_

New       Expansion       Repair       System Relocation  
Basement?       Yes       No      Basement Fixtures?       Yes       No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) \_\_\_\_\_ (Repair)

Design Daily Flow: \_\_\_\_\_ GPD      Wastewater Strength:  domestic       high strength       industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?  Yes       No

**Installation Requirements/Conditions**

Septic Tank Size: \_\_\_\_\_ gallons      Total Trench/Bed Length: \_\_\_\_\_ feet      Trench/Bed Spacing: \_\_\_\_\_ feet on center

Drainfield square footage: \_\_\_\_\_      Trench/Bed Width: \_\_\_\_\_ inches      LTAR: \_\_\_\_\_ gpd/ft<sup>2</sup>

Soil Cover: \_\_\_\_\_ inches      Slope Adjusted Maximum Trench/Bed Depth: \_\_\_\_\_ inches

Aggregate Depth: \_\_\_\_\_ inches above pipe      \_\_\_\_\_ inches below pipe      \_\_\_\_\_ inches total

Pump Tank Size (if applicable): \_\_\_\_\_ gallons      Requires more than 1 pump?  Yes       No

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM      Grease Trap Size (if applicable): \_\_\_\_\_ gallons

Distribution Method:  Serial       D-Box or Parallel       Pressure Manifold(s)       LPP       Other: \_\_\_\_\_

Artificial Drainage Required: Yes  No  If yes, please specify details: \_\_\_\_\_

**Legal Agreements** (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [.1937(h)]:  Yes       No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]:  Yes       No

Declaration of Restrictive Covenants:  Yes       No

**\*\*If applicable:**  
**I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**  
Owner/Legal Representative Print Name: Celinda Howell  
Owner/Legal Representative Signature: Celinda Howell      Date: 03/29/23

Pre-Construction Conference Required: Yes  No

Conditions: \_\_\_\_\_

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Alex Adams

AOWE/PE Signature: Alex Adams      Date: \_\_\_\_\_

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

\*See attached site sketch\*

County: \_\_\_\_\_

***This Section for Local Health Department Use Only***

Initial submittal received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

Permit Number: \_\_\_\_\_

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

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

The following items are missing: \_\_\_\_\_  
\_\_\_\_\_

Copies of this were sent to the AOWE/PE and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.**

Construction Authorization Expiration Date: \_\_\_\_\_

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**\*See attached site sketch\***

Wellers Knoll - Lot #18  
 4-Bedroom - Septic Design  
 29 Single Barrell Ct. - Lillington, NC  
 Davidson Homes  
 Harnett County PIN: 0529-88-5814

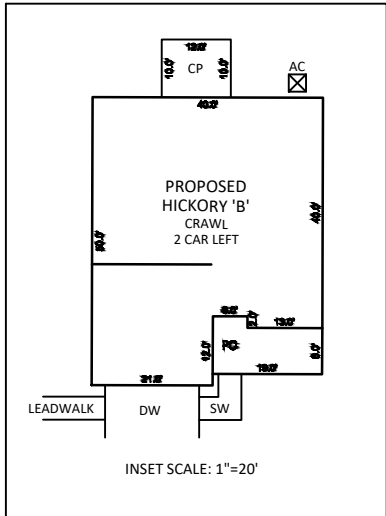
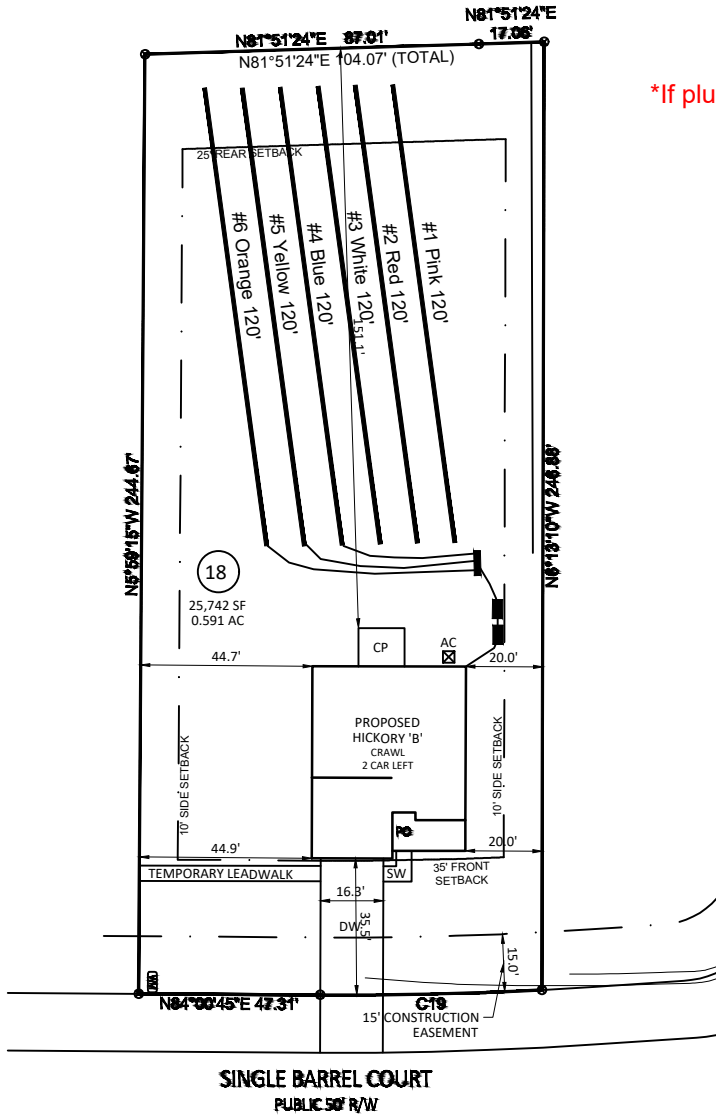
\*Not a Survey  
 Sketched from a plot plan supplied by owner

Pump to supply:  
 21.3gallons/minute at 8.6 feet of head

\*If plumbing is sufficient then gravity may be used to dose septic field.

System: Pressure Manifold  
 Lines: 4-6 (360')  
 0.35 LTAR  
 24" Max Trench Bottom  
 Accepted Status System  
 Repair: Pressure Manifold  
 Lines: 1-3 (360')  
 0.35 LTAR  
 24" Max Trench Bottom  
 Accepted Status System

\*\*1000 Gallon Septic and Pump Tank  
 Tank and trenches to be located minimum of 10'  
 from any property line and minimum of 5'  
 from any building foundation.  
 \*Do Not Cut, Fill, or Alter Drainfield or Repair Area  
 \*Comply with all setbacks  
 \*Contact local health dept. and/or Alex Adams prior to  
 or during installation with any questions or concerns.



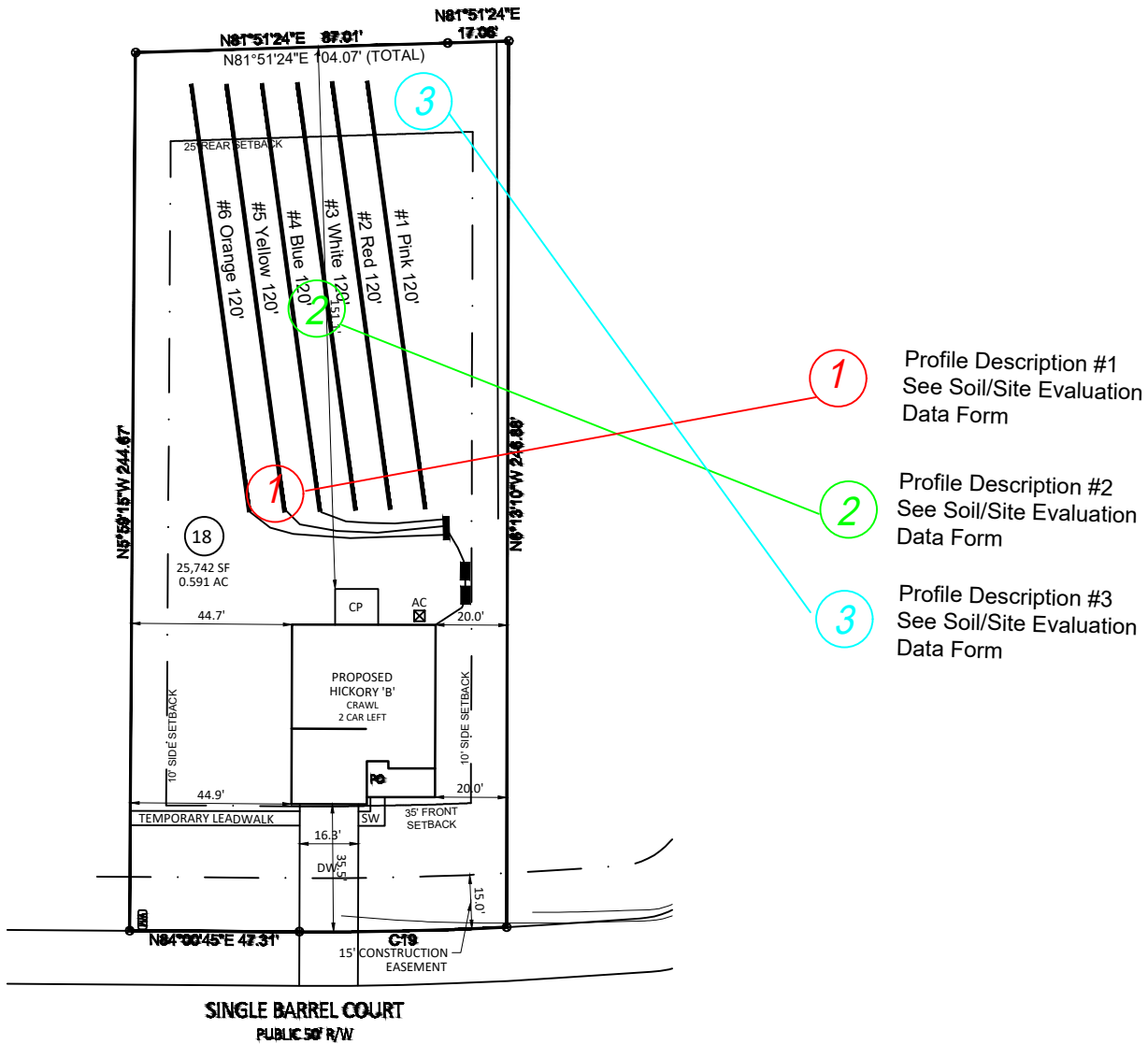
Adams  
 Soil Consulting  
 919-414-6761  
 Job #1623

GRAPHIC SCALE  
 1" = 50'



Wellers Knoll - Lot #18  
 Soil Boring Location Map  
 29 Single Barrell Ct. - Lillington, NC  
 Davidson Homes  
 Harnett County PIN: 0529-88-5814

\*Not a Survey  
 Sketched from a plot plan supplied by owner



- 1 Profile Description #1  
See Soil/Site Evaluation Data Form
- 2 Profile Description #2  
See Soil/Site Evaluation Data Form
- 3 Profile Description #3  
See Soil/Site Evaluation Data Form

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1623

GRAPHIC SCALE  
 1" = 50'





## PRESSURE MANIFOLD DESIGN

Name: Davidson Homes

P.I.N. #:

D#:

Address: 29 Single Barrell Ct

Subdiv: Wellers Knoll

Lot#: 18

# of BDR: 4 Daily Flow: 360 gal/day L.T.A.R.: 0.35 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 1080 Stone Depth:

Number of Taps: 2 Length of Trenches: 360 ft(See Tap Chart for Details)

Depth of Trenches: 24 in Manifold Length: 30 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing side(s) of manifold

Supply Line: length: 25 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 1.06 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 5.50 ft

Total Head: 8.56 ft Pump to Deliver: 21.33 gals/min at 8.56 ft head

Dosing Volume: 176 gals,

Drawdown: 176 gals divided by 20 gals/in = 8.8 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter, or equal is required.

Possible pumps: Hydromatic:                      Goulds:                      Myers:  
 Zoeller: Model 151                      Other:

### TAP CHART

Bench Mark	0	is = 100.00	set at EIP				Design Head:	2	
Pump tank elev.		5.5	94.50	Pump elev.	89.50		Manifold elev.	95.00	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
4	Blue	6.0	94.00	120	1/2in SCH 40	7.11	160.00	360	0.444
5	Yellow	6.4	93.60	120	1/2in SCH 40	7.11	160.00	360	0.444
6	Orange	6.7	93.30	120	1/2in SCH 40	7.11	160.00	360	0.444
		pl	feet =	360	gal/min =	21.33		LTAR =	0.35
% of Dose Vol.		75		Des. Flow	480			(Itar + 5%)	0.37
Dose Volume		176		Pump Run=	22.50			(Itar W/ INOV)	0.47
Dose Pump Time		8.23		Tank Gal/IN	20			(Itar + 5%)	0.49
Drawdown in Inches		8.8		Elev. Head	5.50				
Supply Line Length		25							

Comments:

### Hydraulic Profile

Manifold Elevation	95.00	25
Pump tank elev.	94.50	2
Pump elev.	89.50	0

**SOIL/SITE EVALUATION**  
**for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

OWNER: Davidson Homes  
 ADDRESS: 29 Single Barrell Ct.  
 PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 360gpd  
 LOCATION OF SITE: 29 Single Barrell Ct.  
 WATER SUPPLY: Public Water  
 EVALUATION METHOD: Auger Boring

APPLICATION DATE:  
 DATE EVALUATED: 3-16-23  
 PROPERTY SIZE: ~591 acres

TYPE OF WASTEWATER: Sewage

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 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/3%	0-16	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35-0.4
		16-40	SBK/SCL	FI/SEXP/SS					
2	Linear Slope/3%	0-14	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35-0.4
		14-40	SBK/SCL	FI/SEXP/SS					
3	Linear Slope/3%	0-18	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35-0.4
		18-40	SBK/SCL	FI/SEXP/SS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS  EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	>5,000 ft <sup>2</sup>	>5,000 ft <sup>2</sup>	
System Type(s)	Type III (b)	Type III (b)	
Site LTAR	0.35	0.35	

COMMENTS:



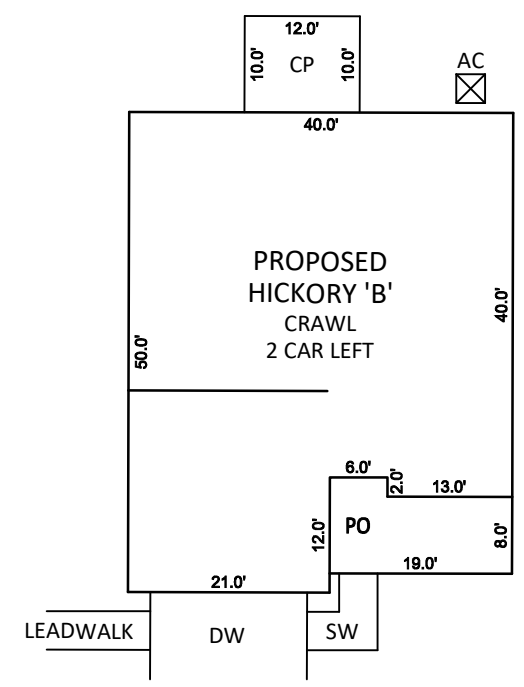
# Bateman Civil Survey Company

Engineers • Surveyors • Planners  
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081  
www.batemancivilsurvey.com info@batemancivilsurvey.com  
NCBELS Firm No. C-2378

## LOT INFORMATION:

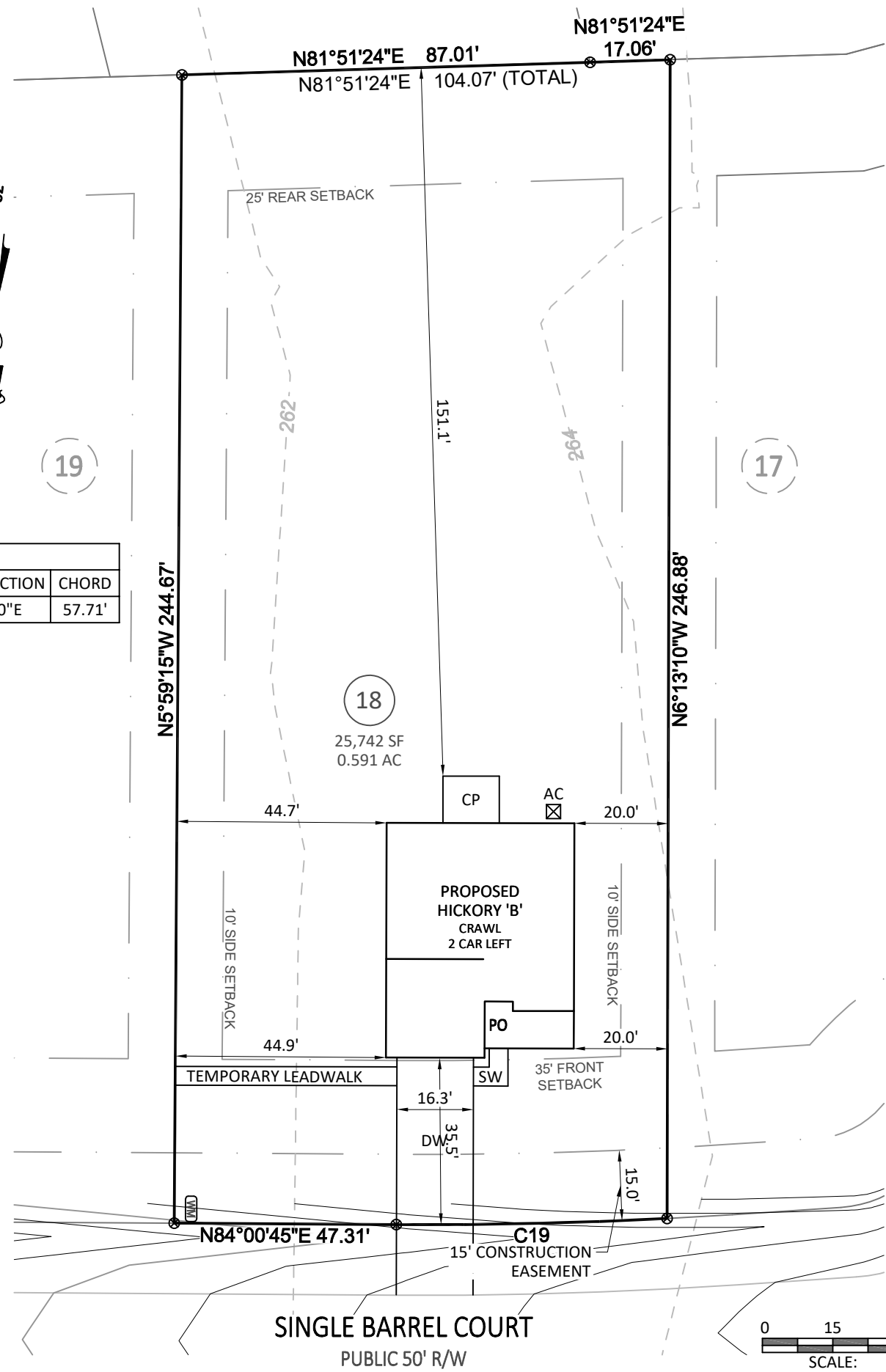
PIN: 0529-88-5814.000  
TOTAL LOT AREA = 0.591 AC = 25,742 SF  
HOUSE = 1,798 SF  
PORCH = 164 SF  
SIDEWALK = 45 SF  
DRIVEWAY = 580 SF  
TEMPORARY LEADWALK = 169 SF  
COVERED PORCH = 120 SF  
AC PAD = 9 SF  
EXISTING IMPERVIOUS = 2,885 SF  
PERCENT IMPERVIOUS = 11.2 %  
MAXIMUM IMPERVIOUS = 7,000 SF  
**BUILDING SETBACKS**  
FRONT - 35' FROM R/W  
REAR - 25'  
SIDE - 10'  
SIDE CORNER - 20'

BM 2023 PG. 59 - 62



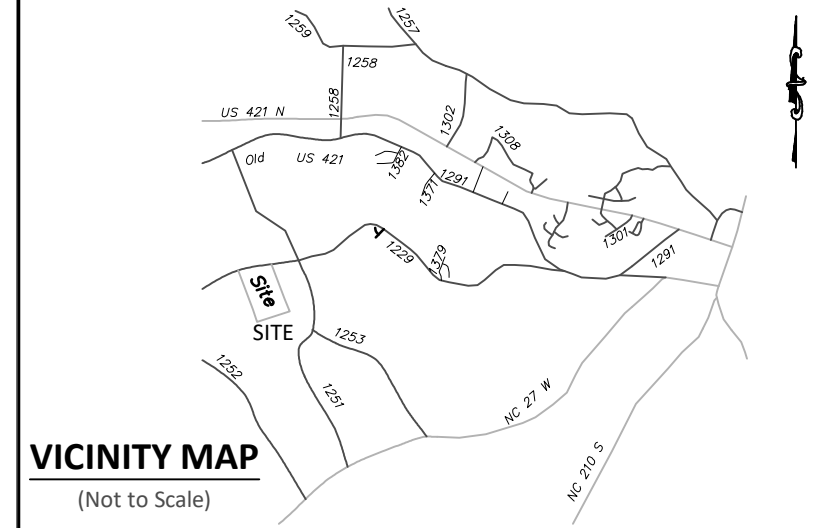
INSET SCALE: 1"=20'

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C19	975.00'	57.72'	N82°19'00"E	57.71'



## NOTES:

- THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
- THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
- PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
- THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS
- THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK
- NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
- SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
- FEMA FLOOD HAZARD STATEMENT: LOTS SHOWN ON THIS PLAT ARE NOT LOCATED WITHIN THE FEMA FLOOD HAZARD "ZONE AE" AS SHOWN ON FEMA MAP NO. 3720064000J & 3720054800J EFFECTIVE DATE 10/3/2006.
- ZONING: RA-30
- PROPERTY OWNER: DAVIDSON HOMES  
1903 NORTH HARRISON AVENUE  
CARY, NC 27513



## VICINITY MAP

(Not to Scale)

## LEGEND

- PO = PORCH
- SP = SCREENED PORCH/PATIO
- CP = COVERED PORCH/PATIO
- WD = WOOD DECK
- SW = SIDEWALK
- DW = CONC DRIVEWAY
- P = CONC PATIO
- ⊗ = COMPUTED POINT
- X = MAG NAIL FOUND
- = IRON PIPE FOUND
- = IRON PIPE SET
- ⦿ = DRILL HOLE FOUND
- WM = WATER METER
- CO = CLEAN OUT
- AC = AIR CONDITIONER
- ⊙ = SEWER MANHOLE
- EB = ELECTRIC BOX
- ⊙ = CABLE BOX
- ⊠ = TELEPHONE PEDESTAL
- CB = CATCH BASIN
- IC = IRRIGATION CONTROLLER
- ⊙ = LIGHT POLE
- ⊙ = UTILITY POLE
- ⊙ = FIRE HYDRANT
- DI = DRAIN INLET
- ⊙ = WATER VALVE
- ⊙ = STREET SIGN
- YI = YARD INLET
- G = GAS METER
- E = ELECTRIC METER

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. L-4752  
DATED:

**PRELIMINARY**

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE LOCATION DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

## PRELIMINARY PLOT PLAN FOR DAVIDSON HOMES

**WELLERS KNOLL - LOT 18**  
SINGLE BARREL COURT, LILLINGTON, NC  
LITTLE RIVER TOWNSHIP, HARNETT COUNTY

DATE: 2/17/23 DRAWN BY: MJA CHECKED BY: SPC

REFERENCE: BM 2023 PG. 59-62 BCS# 230051 SCALE: 1" = 30'

