Permit #:	



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes:	(a2) Improvement Permit	(a2) Construction Authori	zation Fee \$	
	IMPROVEMEN	NT PERMIT FOR G.S. 13	0A-335(a2)	
County:				
PIN/Lot Identifier:		·		
Subdivision (if applicable)		Lot #:	Block:	Section:
LSS Report Provided: Yes	No 🗌			
If yes, name and license num	ber of LSS:			
New 🗌	Expansion	System Relocation	Change of U	Jse 🗌
Proposed Structure:				
Number of bedrooms:	Number of Occupants:	Other:		
Design Wastewater Strength	: domestic	high strength	industrial process	
Proposed Design Daily Flow:	GPD P	Proposed LTAR (Initial):	Proposed LTAR (Repa	ir):
Proposed Wastewater System	n Type*:	(Initial) P	ump Required: Yes	No May be required
Proposed Wastewater System	n Type*:	(Repair) P	ump Required: 🗌 Yes 🔲	No May be required
*Please include system classi	fication for proposed wastewat	er system types in accordance v	vith 15A NCAC 18A .1961 Tal	ble V(a)
Saprolite System (initial):	Yes No Saprolite Sy	ystem (repair): Yes No		
Fill System (Initial): Tes	☐ No If yes, specify: ☐ New	Existing (when adding mo	re than 6 inches of fill to syst	em area provide a fill plan)
Fill System (repair): Yes	☐ No If yes, specify: ☐ New	Existing (when adding mo	ore than 6 inches of fill to syst	tem area provide a fill plan)
Usable Soil Depth (Initial):	Usable Soil	Depth (Repair):		
Max. Trench Depth (Initial)‡:	Max. Trenc	ch Depth (Repair)‡:	[‡] Measured on the d	ownhill side of the trench
Artificial Drainage Required:	Yes No If yes, please s	specify details:		
Type of Water Supply: 🗌 Pri	ivate well Public well	Shared well Municipal S	Supply Spring O	ther:
Drainfield location meets req	uirements of Rule .1945: Yes	No Drainfield locatio	n meets requirements of Rul	e .1950: Yes 🔲 No 🗌
Permit valid for: 🗌 Five year	rs [site plan submitted pursuant	t to GS 130A-334(13a)] 🔲 No	expiration [plat submitted po	ursuant to GS 130A-334(7a)
Permit conditions:				
Licensed Soil Scientist Print N	lame.			
Licensed Soil Scientist Fint N	M.O. a	mØ	Date:	

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

See attached site sketch

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



Permit #:

This Section for Local Health Department Use Only

	Initial submittal received:		by	
		Date	Initials	
G.S. 130A-335(a3) states the follow	ving:			
When an applicant for an Improvement Pedepartment, the common form developed within five business days of receiving the appearmit includes all of the required component department to cure the deficiencies in the list complete within five business days after act within any period set out in this subsect common form for use as the Improvement	by the Department, and a soil evaluation plication, conduct a completeness revents. If the local health department de some seed to complete the Improvement may over the local health of the local health department receives the local health department the failur	on pursuant to su view of the submit termines that the nt Permit. The app department shall he additional info	bsection (a2) of this section, t tal. A determination of comp Improvement Permit is incon Ilicant may submit additional make a final determination a rmation from the applicant. Ij	the local health department shall, leteness means that the Improvement aplete, the local health department information to the local health is to whether the Improvement Permit the local health department fails to
The review for completeness of th Permit is determined to be:	is Improvement Permit was co	nducted in ac	cordance with G.S. 130	4-335(a3). This Improvement
☐ Incomplete (If box is checked,	information in this section is r	equired.)		
The following items are missing:	5/0 4			A
Copies of this were sent to the LSS	and the Applicant on			_\\\
		Date		
State Authorized Agent:			Date	<u>:</u>
☐ Complete	1 55//8			2 18
State Authorized Agent:			Date	j:
This Improvement Permit is issue attached here. The issuance of the permit holder is responsible for conto revocation if the site plan, plat ownership of the site. This permit Disposal and to the conditions of The Department, the Department any liabilities, duties, and responsevaluations, submittals, or action	his permit by the Health Depar hecking with appropriate gove , or the intended use changes t is subject to compliance with this permit. It's authorized agents, and the sibilities imposed by statute o	ertment in no werning bodies The Improventhe provision local health drin common I	yay guarantees the issuin meeting their requirement Permit shall not no of the Laws and Rule epartments shall be disaw from any claim aris	ance of other permits. The ements. This permit is subject be affected by a change in es for Sewage Treatment and scharged and released from ing out of or attributed to
Improvement Permit Expiration C	vate:			

See attached site sketch



Permit #:

Re-submittal of Improvement Permit

				
	LHD USE ONLY: This IP resubmittal received:	Date	by	
The following it	ems are being resubmitted pursuant to G.S. 130A-3350	(a3) for issuance	of the Improvement Permit:	
		200		
	STA	Trus	A.	
is accurate and o	hereby attest that cientist (Print Name) complete to the best of my knowledge and that the properties and complete to the best of my knowledge.		required to be included with ement Permit meets all appli	
Signature	e of Licensed Soil Scientist		Date	
I UD Follow u	The section below is for Local Health Department use on the Completeness Review of Improvement Pe		items noted as missing above.	
The review for c	ompleteness of this Improvement Permit re-submittaermit is determined to be:		in accordance with G.S. 130	A-335(a3). This
☐ Incomplete	(If box is checked, information in this section is requir	red.)		
The following ite	ems are missing:			
Copies of this we	ere sent to the LSS and the Applicant on			
State Authorized	d Agent:		Date:	
☐ Complete				
State Authorized	d Agent:		Date:	



Permit #:	
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CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County:
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 ☐ Change of Use
Basement?
Type of Wastewater System*(Initial)(Rep
*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
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?
Installation Requirements/Conditions
Septic Tank Size: gallons Total Trench/Bed Length: feet Trench/Bed Spacing: feet on center
Trench/Bed Width: inches LTAR: gpd/ft ²
Soil Cover: inches Slope Corrected Maximum Trench/Bed Depth [‡] : inches * Measured on the downhill side of the trench
Aggregate Depth:inches above pipeinches below pipeinches 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 I 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:
Pre-Construction Conference Required: Yes No 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: Expiration Date:
AOWE/PE Signature: Date:

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

See attached site sketch



Permit #:

This Section for Local Health Department Use Only

	Initial submittal received:	b	,
		Date	Initials
G.S. 130A-335(a5) states the follo	_		
mprovement Permit and Construction All Department, and any necessary signed and Ingineer or a person certified pursuant to department shall, within five business day the Construction Authorization or Improving Implicant of the components needed to conditional information to the local health Authorization. The local health department for the business that the Construction any period apply for the building permit for the project the project of the surface of the surface of the project of the project of the surface of the surfac	athorization application together, the pend sealed plans or evaluations conducted of Article 5 of Chapter 90A of the General as of receiving the application, conduct of the General and Construction Authorization or Improvement Permit and Construction Authorization or Improvement Permit and Construction Authorization of the Construction Authorization of the Authorization as to the Salah and the Authorization as to the Salah and the Authorization of the Authorization of the Internation as to the Salah and the Internation of Completeness of the Internation of Construction Authorization for cause. It is suppend or revoke the Construction Authorization for cause.	rmit fee charged by the lo d by a person licensed pur. Statutes as an Authorized a completeness review of t ation includes all of the re truction Authorization is in or Improvement Permit and the Construction Authorization whether the Construction and treat the failure to act the Construction Authorization the Construction Authorization act within five busine est that the local health a Upon written request of the uthorization or Improvem	ation together, submits a Construction Authorization, or an an acal health department, the common form developed by the suant to Chapter 89C of the General Statutes as a licensed of On-Site Wastewater Evaluator, the local health the submittal. A determination of completeness means that required components. If the local health department and construction Authorization. The applicant may submit and construction Authorization. The applicant may submit and construction or Improvement Permit and Construction and information from the applicant. If the local health ect as a determination of completeness. The applicant may reaction or Improvement Permit and Construction as a determination of completeness. The applicant may reaction or Improvement Permit and Construction ress days. The Authorized On-Site Wastewater Evaluator or department revoke or suspend the Construction are Authorized On-Site Wastewater Evaluator or licensed and Construction Authorization pursuant to G.S.
The review for completeness of t	his Construction Authorization v	was conducted in acc	cordance with G.S. 130A-335(a5). This
Construction Authorization is def	termined to be:		
☐ Incomplete (If box is checked	d, information in this section is r	equired.)	
The following items are missing:			
Copies of this were sent to the A	OWE/PE and the Applicant on _	Date	4V 76 //
State Authorized Agent:			Date:
☐ Complete	Florence		
State Authorized Agent:	W ZPRIL	12 1776	Date of Issuance:
attached here. This Construction Construction Authorization shall to compliance with the provision of the Department, the Department in y liabilities, duties, and respondans, evaluations, preconstruct the General Statutes as a license Authorized On-Site Wastewater	n Authorization is subject to revious function and the affected by a change in most of the Laws and Rules for Sevent's authorized agents, and the insibilities imposed by statute or ion conference findings, submited engineer or a person certified Evaluator in GS 130A-335(a2), (artments shall be responsible a	ocation if the site pl ownership of the sit vage Treatment and local health departn r in common law fro tals, or actions from d pursuant to Article (a5), and (a7). The D nd bear liability for	ing the signed and sealed plans or evaluations an, plat, or the intended use changes. The te. This Construction Authorization is subject Disposal and to the conditions of this permit. The enerts shall be discharged and released from many claim arising out of or attributed to a a person licensed pursuant to Chapter 89C of 5 of Chapter 90A of the General Statutes as an epartment, the Department's authorized their actions and evaluations and other pursuant to GS 130A-337.
Construction Authorization Expi	ration Date:		

See attached site sketch



Permit #:	
-----------	--

Re-submittal of Construction Authorization

	I HD LISE ONI V	This CA resubmittal received:		by		
	END OSE ONET.	Tills CA resubilittal received	Date	by Initio	als	
The following i	tems are being resul	omitted pursuant to G.S. 130A-33	35(a5) for issuance of	of the Construction	n Authorization:	
1		harahy attact the	at the information r	required to be incl	udad with this ra s	uhmittal
is accurate and			at the information r			
Signatur	re of Authorized On-Site \	Nastewater Evaluator		Date	Ť.	
LHD Follow-ւ		w is for Local Health Department us s Review of Construction A		tems noted as missii	ng above.	
	completeness of thi on Authorization is o	s Construction Authorization re-s determined to be:	submittal was condo	ucted in accordanc	ce with G.S. 130A-3	335(a5).
☐ Incomplete	(If box is checked, ir	formation in this section is requi	ired.)			
The following it	ems are missing:					
		ANO 300 MA	M VIDER	19		
Copies of this w	vere sent to the AOV	VE/PE and the Applicant on	Date	-		
State Authorize	ed Agent:			Date: _		_
Complete						
State Authorize	ed Agent:			Date: _		_

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

May 24, 2024 Project #1215

"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)"

RE: Tobacco Road Subdivision - Lot #54 – 169 Grading Stick, Angier NC (Harnett County) for Davidson Homes (PIN#0693-25-9281)

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 18E. From this evaluation, ASC is providing the attached 360 gallon/day 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 360 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 Harnett 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.

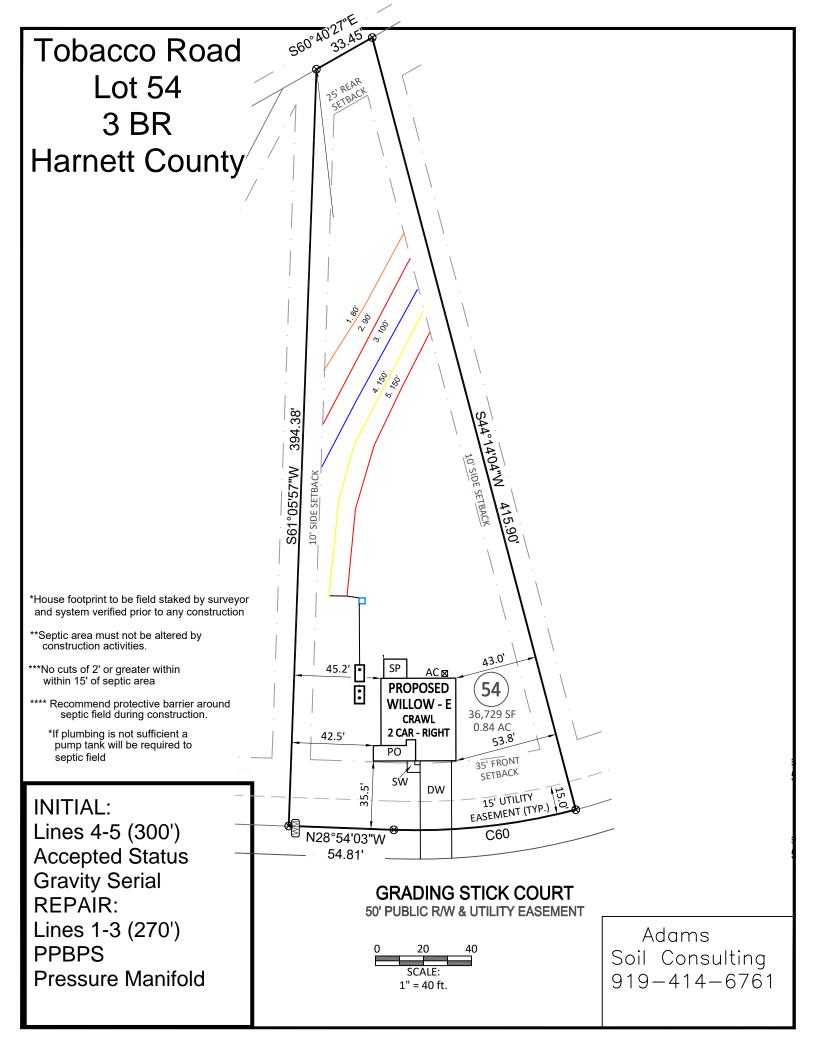
Sincerely,

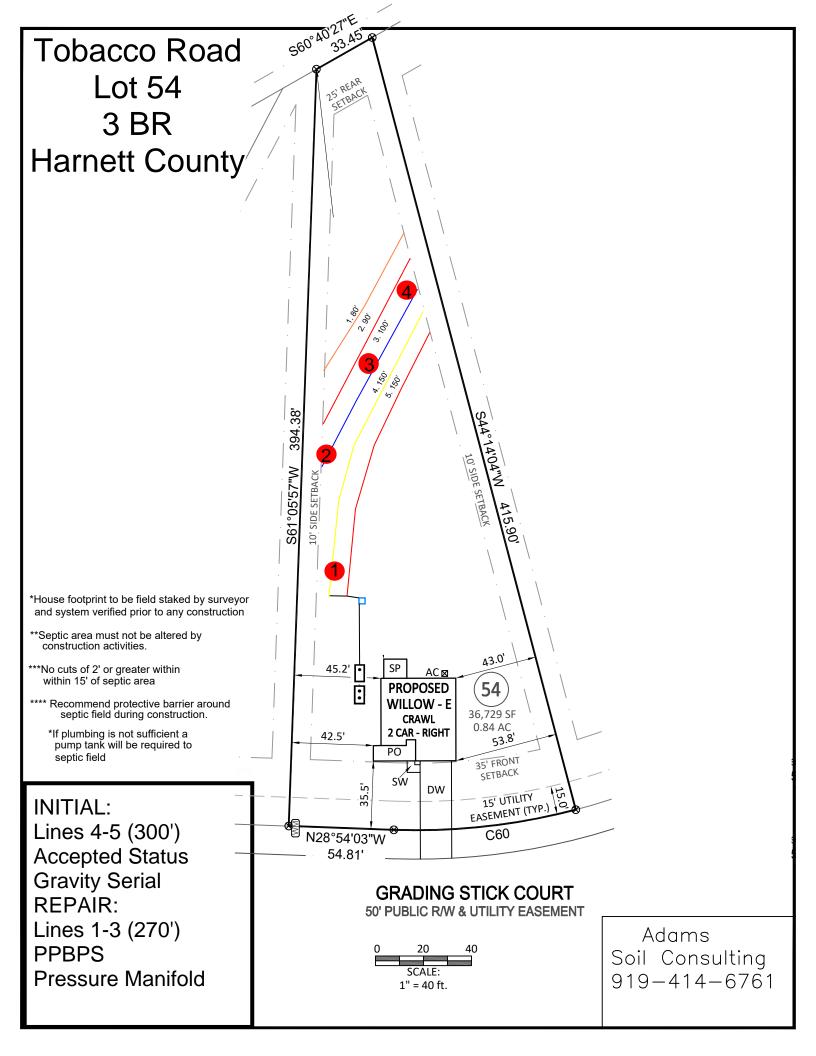
Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E









RESIDENTIAL PRESSURE MANIFOLD DESIGN

Davidson Homes

Lot #54 - Tobacco Road

of BDR: 3 Daily Flow: 360 gal/day L.T.A.R.: 0.3000 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 900 System Type: Accepted

Number of Taps: $\underline{2}$ Length of Trenches: $\underline{300}$ ft(See Tap Chart for Details)

Depth of Trenches: 14 in Manifold Length: 30 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 50 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 0.63 ft(supply line length + 70' for fittings in pump tank)

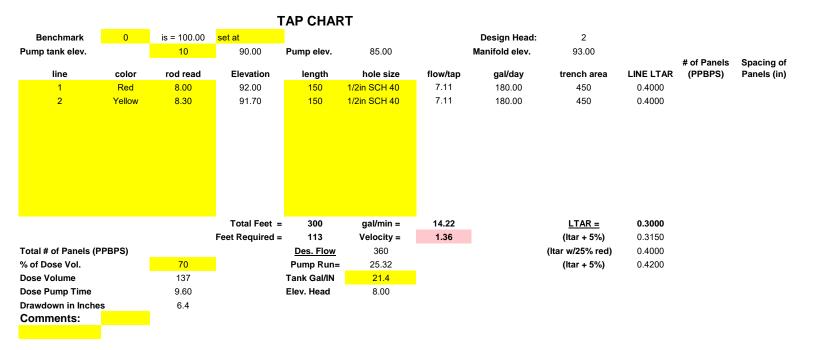
Design Head: $\underline{2}$ ft Elevation Head: $\underline{8.00}$ ft

Total Head: 10.63 ft Pump to Deliver: 14.22 gals/min at 10.63 ft head

Dosing Volume: <u>137</u> gals,

Drawdown: 137 gals divided by $\underline{21.4}$ gals/in = $\underline{6.4}$ 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 is required.



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Davidson Homes LLC

ADDRESS:

APPLICATION DATE:

DATE EVALUATED: 05/23/2024

PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 360 gpd LOCATION OF SITE: 169 Grading Stick Ct, Angier, NC, 27501

PROPERTY SIZE: .84 Acres

WATER SUPPLY: Public Water EVALUATION METHOD:

Auger Boring TYPE OF WASTEWATER: Sewage

_				Ī				-	
P R O F I L	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
#			.1941 STRUCTURE/ TEXTLSE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear	0-10	GR/LS	VFR,NS,NP,SEXP	26"	26"	N.O	N.O	U/P.S .3
1	Slope/5%	10-26	SBK/SCL	FR,SS,SP,SEXP					
	Linear Slope/5%	0-16	GR/LS	VFR,NS,NP,SEXP	32"	32"	N.O	N.O	U/P.S .35
		16-32	SBK/SCL	FR,SS,SP,SEXP					
	Linear	0-15	GR/LS	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	U/P.S .35
3	Slope/5%	15-36	SBK/SCL	FR,SS,SP,SEXP					
	Linear Slope/5%	0-10	GR/LS	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .35
		10-36	SBK/SCL	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):			
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): U/PS			
System Type(s)	Type III B	Type III B	EVALUATED BY:A. Adams OTHER(S) PRESENT:			
Site LTAR	0.3	0.3				

COMMENTS: Updated February 2014

NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS, FLOODZONES OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.

THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.

THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND

DEVELOPMENT REGULATIONS.

ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.

6

2

THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES

THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.

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.

(55)

S61°05'57"W

10' SIDE SETBACK

36,729 SF 0.84 AC

,06.314

54

10, 2IDE ZELBYCK

œ

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.

11.

PROPERTY OWNER:

DAVIDSON HOMES 1903 NORTH HARRISON AVE CARY, NC 27513

ZONING: RA-30

NOTES: 10.01 INSET SCALE: 1"=20' PO 22.0' SP 10.01 WILLOW - E 2 CAR - RIGHT PROPOSED CRAWL 39.0 D V \boxtimes $^{\triangleright}$ COVERED PORCH = 120 SF AC PAD = 9 SF PROPOSED IMPERVIOUS = 2,462 SF PERCENT IMPERVIOUS = 6.70% REFERENCE: DB. 42162 PGS. 658 BM 2023 PGS. 563-568 TOTAL LOT AREA = 0.84 AC = 36,729 SF MAX. IMPERVIOUS = 5,500 SF PIN: 0693-25-9281.000 LOT INFORMATION: FRONT - 35' REAR - 25' PORCH = 191 SF SIDEWALK = 35 SF DRIVEWAY = 588 SF SIDE CORNER - 20' SIDE - 10' BUILDING SETBACKS 100SE = 1,519SF560° 40'27"E 394.38' 25' REAR 3.605 CURVE M... 70.71. . 775 C60 RADIUS 325.00' LENGTH CHORD DIRECTION 95.66 CURVE TABLE 53 N37°19'59"W

35' FRONT SETBACK

CHORD 95.32'

Bateman Civil Survey Company

2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081 www.batemancivilsurvey.com Engineers • Surveyors • Planners info@batemancivilsurvey.com

NCBELS Firm No. C-2378

≤ **CINITY MAP**

Ē GEND

(Not to Scale)

PO = PORCH
CP = COVERED PORCH
SP = SCREENED PORCH/PATIO
SW = SIDEWALK
DW = CONC DRIVEWAY
WD = WOOD DECK
P = CONCRETE PATIO
② = COMPUTED POINT
O = IRON PIPE FOUND (IPF)
O = IRON PIPE SET (IPS)
O = DRILL HOLE FOUND
MM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER PAD
O = CABLE BOX
O = CABLE BOX
O = SEWER MANOLE
CB = CATCH BASIN
X = LIGHT POLE
EN = HAND HOLE
EN = ELECTRIC BOX
T = FIRE HYDRANT
YI = YARD INLET
G = GAS METER
E = ELECTRIC METER

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 SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A CAROLINA. L-4752 INDICATED AS DRAWN FROM INFORMATION LISTED BOUNDARIES NOT SURVEYED ARE CLEARLY REFERENCED IN TITLE BLOCK); THAT THE SPELMINARY.

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

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

PRELIMINARY PLOT PLAN

DAVIDSON HOMES

BLACK RIVER TOWNSHIP, HARNETT COUNTY TOBACCO ROAD - PHASE 1 & 3 - LOT 54 169 GRADING STICK COURT, ANGIER, NC

DATE: 5/14/24 DRAWN BY: AJR CHECKED BY: SPC

REFERENCE: BM 2023 PGS. 651-656

L'' = 50 ft.

50' PUBLIC R/W & UTILITY EASEMENT GRADING STICK COURT N28°54'03"W

35.5

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D۷

EASEMENT (TYP.)

15.0'

C60

54.81'

42.5

2 CAR - RIGHT

53.8₂

CRAWL

WILLOW - E

PROPOSED

РО

45.2'

SP