

Permit #: \_\_\_\_\_



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 Authorization [ ] Fee \$ \_\_\_\_\_

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

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

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

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

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

Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes [ ] No [ ]

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

New [ ] Expansion [ ] System Relocation [ ] Change of Use [ ]

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

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

Design Wastewater Strength: [ ] domestic [ ] high strength [ ] industrial process

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

Proposed Wastewater System Type\*: \_\_\_\_\_ (Initial) Pump Required: [ ] Yes [ ] No [ ] May be required

Proposed Wastewater System Type\*: \_\_\_\_\_ (Repair) Pump Required: [ ] Yes [ ] No [ ] May be required

\*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

Saprolite System (initial): [ ] Yes [ ] No Saprolite System (repair): [ ] Yes [ ] No

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

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

Usable Soil Depth (Initial): \_\_\_\_\_ Usable Soil Depth (Repair): \_\_\_\_\_

Max. Trench Depth (Initial)\*: \_\_\_\_\_ Max. Trench Depth (Repair)\*: \_\_\_\_\_ \* Measured on the downhill side of the trench

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

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared 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\*

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

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

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

G.S. 130A-335(a3) states the following:

*When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.*

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on \_\_\_\_\_  
*Date*

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

Complete

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

**This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) 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 permit is subject to revocation if the site plan, plat, or the intended use changes. 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 the conditions of this permit.**

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\***

### Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: \_\_\_\_\_ by \_\_\_\_\_  
*Date* *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

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

I, \_\_\_\_\_ hereby attest that the information required to be included with this re-submittal  
*Licensed Soil Scientist (Print Name)*  
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all 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 Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on \_\_\_\_\_  
*Date*

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

Complete

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

**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?  Yes  No Basement Fixtures?  Yes  No

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

*\*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?  Yes  No  
(if yes, please provide engineering documentation)

**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<sup>2</sup>

Soil Cover: \_\_\_\_\_ inches Slope Corrected Maximum Trench/Bed Depth<sup>†</sup>: \_\_\_\_\_ inches *\* Measured on the downhill side of the trench*

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

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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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\***

**This Section for Local Health Department Use Only**Initial submittal received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

G.S. 130A-335(a5) states the following:

*When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by 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, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.*

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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 Applicant 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) and (a5) 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. 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 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:** \_\_\_\_\_

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

### Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: \_\_\_\_\_ by \_\_\_\_\_  
*Date* *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

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

I, \_\_\_\_\_ hereby attest that the information required to be included with this re-submittal  
*Authorized Onsite Wastewater Evaluator (Print Name)*  
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

\_\_\_\_\_  
*Signature of Authorized On-Site Wastewater Evaluator* *Date*

*The section below is for Local Health Department use after submittal of items noted as missing above.*

### LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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 Applicant on \_\_\_\_\_  
*Date*

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

Complete

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

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

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October 10, 2024  
Project #1968

*“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: 171 Travelers Way – Lillington, NC (Harnett County) -Lot #337 – Oakmont Subdivision for Oakmont Holdings, Inc (PIN# 0507-63-6771)

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, State Subsurface Rules, 15ANCAC 18E. From this evaluation, ASC is providing the attached 4-bedroom (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 480 gallons/day and utilizing an Accepted Status or PPBPS system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

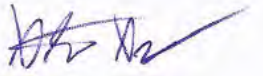


The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair locations. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and local 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



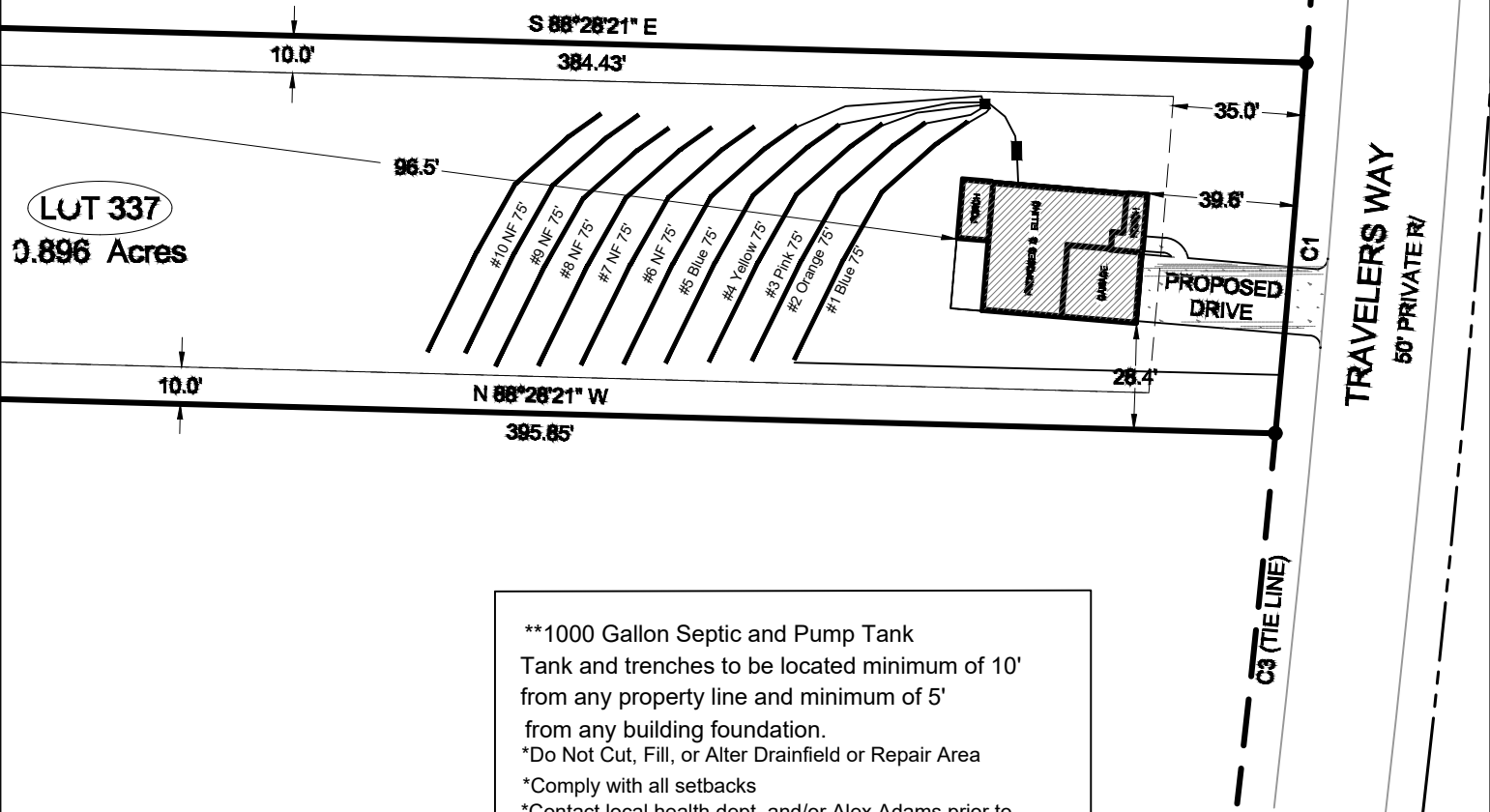


Oakmont - Lot #337  
 4-Bedroom Septic Design  
 171 Travelers Way - Harnett County  
 Ascot Corporation, LLC  
 PIN# 0507-63-3701

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

System: Gravity to D-Box  
 Lines: 1-5 (375')  
 LTAR: 0.35  
 18" Max Trench Bottom  
 Accepted Status System  
 Repair: Gravity to D-Box  
 Lines: 6-10 (375')  
 LTAR: 0.35  
 18" Max Trench Bottom  
 Accepted Status System

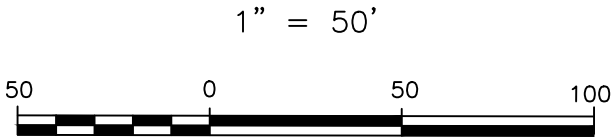
**LOT 338**



**LOT 337**  
 0.896 Acres

\*\*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 #1968  
 10-10-24



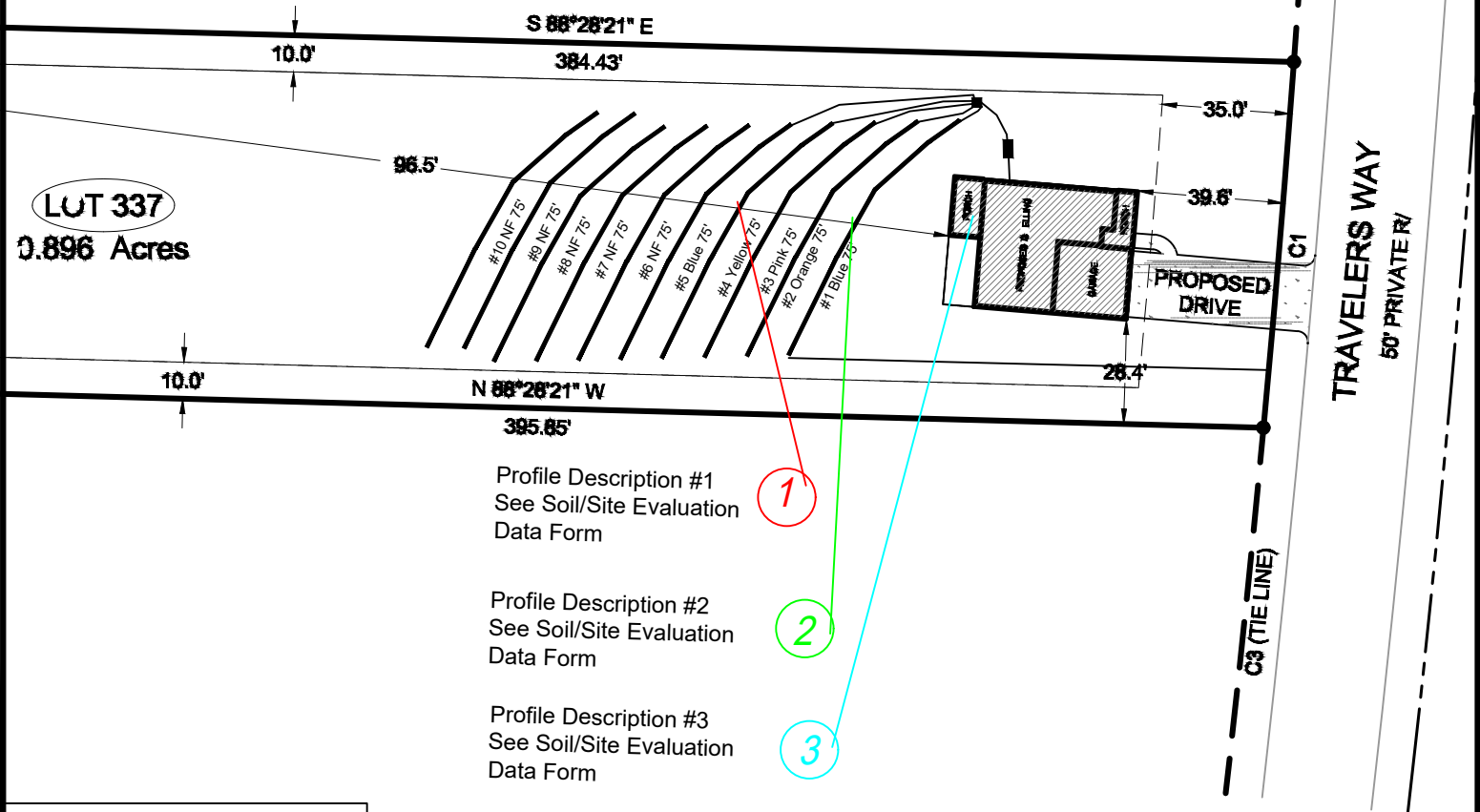
Oakmont - Lot #337  
 4-Bedroom Septic Design  
 171 Travelers Way - Harnett County  
 Ascot Corporation, LLC  
 PIN# 0507-63-3701

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

System: Gravity to D-Box  
 Lines: 1-5 (375')  
 LTAR: 0.35  
 18" Max Trench Bottom  
 Accepted Status System  
 Repair: Gravity to D-Box  
 Lines: 6-10 (375')  
 LTAR: 0.35  
 18" Max Trench Bottom  
 Accepted Status System

**LOT 338**

**LOT 337**  
 0.896 Acres



Profile Description #1  
 See Soil/Site Evaluation  
 Data Form

1

Profile Description #2  
 See Soil/Site Evaluation  
 Data Form

2

Profile Description #3  
 See Soil/Site Evaluation  
 Data Form

3

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1968  
 10-10-24

1" = 50'



**LEGEND OF SYMBOLS AND ABBREVIATIONS**

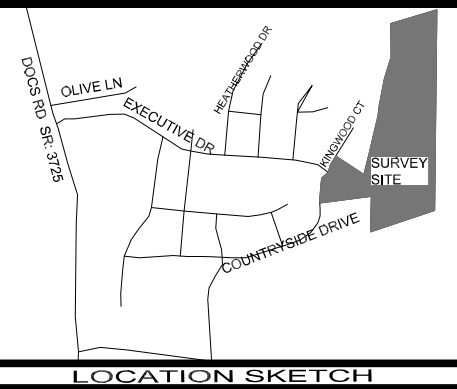
- CP  $\triangle$  COMPUTED POINT
- EA  $\bullet$  EXISTING AXLE
- ECM  $\blacksquare$  EXISTING CONCRETE MONUMENT
- EIP  $\bullet$  EXISTING IRON PIPE
- EIR  $\bullet$  EXISTING IRON ROD
- NIR  $\circ$  NEW IRON ROD
- $\bullet$  FIRE HYDRANT

- $\oplus$  GAS VALVE
- $\ominus$  POWER POLE
- $\odot$  LIGHT POLE
- $\oplus$  SANITARY SEWER MANHOLE
- $\ominus$  STORM MANHOLE
- $\oplus$  TELEPHONE PEDESTAL
- $\ominus$  TRANSFORMER
- $\oplus$  WATER METER
- $\ominus$  WATER VALVE
- $\oplus$  WELL

- AG ABOVE GRADE
- BG BELOW GRADE
- CB CATCH BASIN
- CL CENTERLINE
- CO CLEAN OUT
- CMP CORRUGATED METAL PIPE
- CFP CORRUGATED PLASTIC PIPE
- DI DROP INLET
- EJB ELECTRIC JUNCTION BOX
- EM ELECTRIC METER
- EMN EXISTING MAG NAIL
- EN EXISTING NAIL
- EOP EDGE OF PAVEMENT

- EPK EXISTING PK NAIL
- ERRS EXISTING RAILROAD SPIKE
- FO FIBER OPTIC
- FL FLUSH WITH GRADE
- ICV IRRIGATION CONTROL VALVE
- MBS MINIMUM BUILDING SETBACKS
- N/F NOW OR FORMERLY
- NMN NEW MAG NAIL
- RCP REINFORCED CONCRETE PIPE
- R/W RIGHT-OF-WAY
- TBC TOP BACK CURB
- TOC TOE OF CURB
- YI YARD INLET

- SURVEYED PROPERTY BOUNDARY
- - -** COMPUTED / ADJOINER PROPERTY LINE
- - -** RIGHT-OF-WAY
- - -** TIE LINE
- - -** SETBACK LINES
- SS** SANITARY SEWER LINE
- S** STORM LINE
- W** WATER LINE
- X** FENCE
- E** OVERHEAD ELECTRIC LINES
- - -** EASEMENTS



I, DAVID R. ESSICK, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL GPS/GNSS SURVEY MADE UNDER MY SUPERVISION AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

- (1) CLASS OF SURVEY: CLASS A
- (2) POSITIONAL ACCURACY: <math>\pm 0.10'</math>
- (3) TYPE OF GPS FIELD PROCEDURE: RTK NETWORKS
- (4) DATES OF SURVEY: JANUARY 11, 2024
- (5) DATUM/EPOCH: NAD83(2011)
- (6) PUBLISHED/FIXED-CONTROL USE: NC CORS
- (7) GEOID MODEL: ContinentalUS\_NGS2012B
- (8) COMBINED GRID FACTOR(S): 0.99985871
- (9) GPS / GNSS SCALE POINT:  
N: 572872.67 E: 2005483.02 Z: 329.89
- (10) UNITS: US SURVEY FEET

I, DAVID R. ESSICK, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN (SEE REFERENCE TABLE); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN (SEE REFERENCE TABLE); AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).

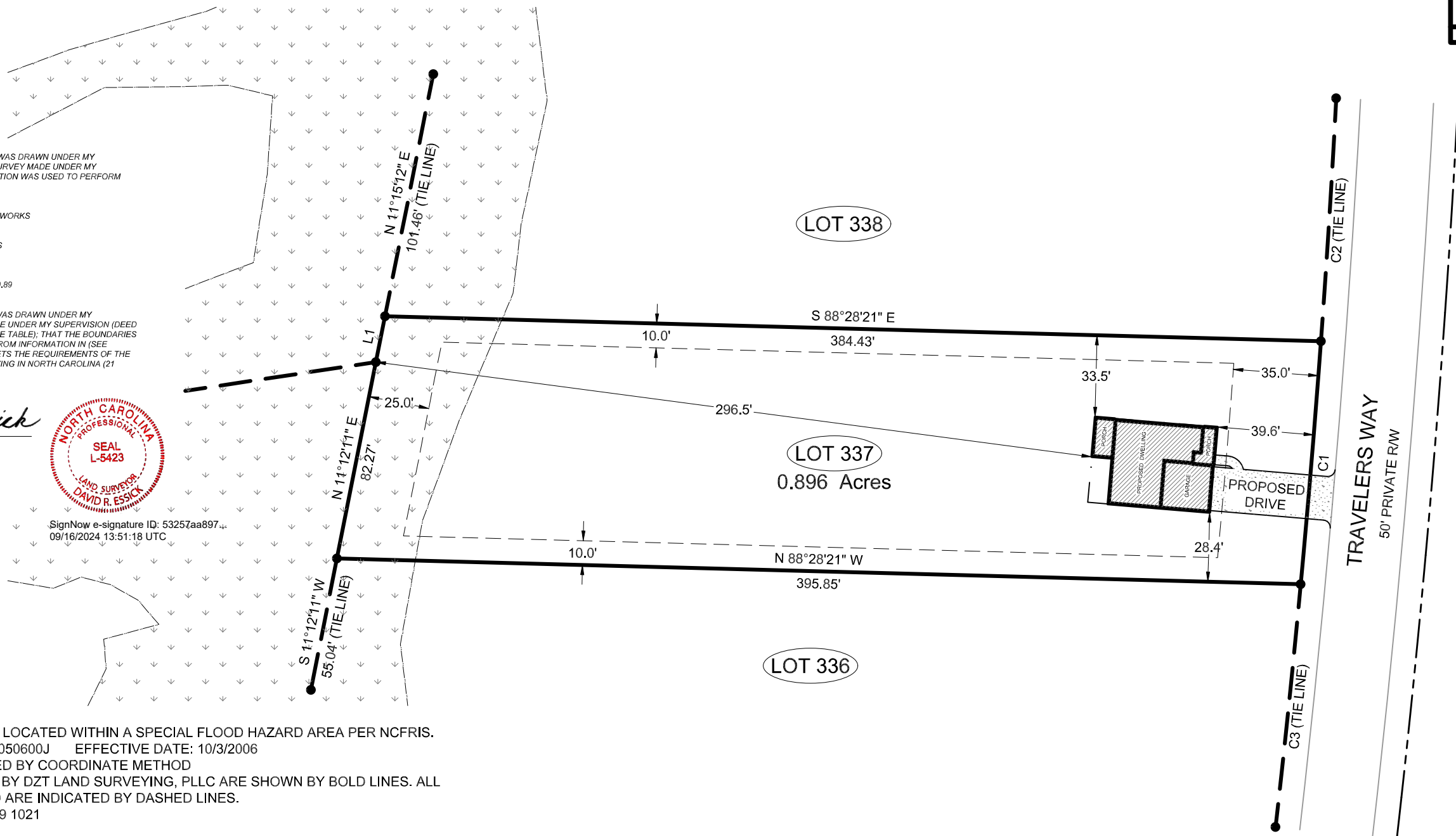
THIS 16TH DAY OF SEPTEMBER, A.D., 2024.

*David R. Essick*

Verified by signNow  
09/16/2024 13:51:18 UTC  
a1aca52c00d941aab9c2  
PROFESSIONAL LAND SURVEYOR, L-5423



SignNow e-signature ID: 53257aa897  
09/16/2024 13:51:18 UTC



**IMPERVIOUS SURFACE CALCULATIONS**

HOUSE: 1,612 SQ.FT.	4.1%
DRIVE: 761 SQ.FT.	2.0%
<b>TOTAL: 2,373 SQ.FT.</b>	<b>6.1%</b>

DRIVE IN R/W: 184 SQ.FT.

**SITE PLAN:**  
**THE ASCOT CORPORATION, LLC**

SEPTEMBER 16, 2024  
OAKMONT, LOT 337  
CITY/TOWN OF LILLINGTON  
BARBECUE TOWNSHIP  
HARNETT COUNTY, NORTH CAROLINA

SCALE 1"=50'

REFERENCE TABLE:  
DEED BOOK 4219, PAGE 702  
PLAT CABINET 2024, SLIDE 463  
HARNETT COUNTY REGISTRY

PROPERTY ADDRESS:  
TRAVELERS WAY  
LILLINGTON, NC 27546

OWNER'S ADDRESS:  
OAKMONT HOLDINGS, INC  
PO BOX 1872  
SOUTHERN PINES, NC 28388

- NOTES:**
- THIS PROJECT IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA PER NCFRIS. MAP #: 3720050600J EFFECTIVE DATE: 10/3/2006
  - ACREAGE DETERMINED BY COORDINATE METHOD
  - ALL LINES SURVEYED BY DZT LAND SURVEYING, PLLC ARE SHOWN BY BOLD LINES. ALL LINES NOT SURVEYED ARE INDICATED BY DASHED LINES.
  - TAX PARCEL ID: 039589 1021
  - ZONING: RA-20R
  - PUBLIC WATER SUPPLY WATERSHED: NONE
  - NO ATTEMPT WAS MADE BY THIS SURVEY TO LOCATE ALL UNDERGROUND UTILITIES NOR ANY OTHER EASEMENTS OR CONVEYANCES THAT WOULD BE REVEALED BY A TITLE SEARCH
  - VERIFY MINIMUM BUILDING SETBACKS BEFORE CONSTRUCTION.
  - LOCATION OF UNDERGROUND UTILITIES, IF SHOWN, ARE BASED ON VISIBLE EVIDENCE AND DRAWINGS PROVIDED TO THE SURVEYOR. LOCATION OF UNDERGROUND UTILITIES AND STRUCTURES MAY VARY FROM SHOWN LOCATIONS. ADDITIONAL UTILITIES MAY EXIST. LOCAL UTILITY COMPANIES SHOULD BE CONSULTED FOR FURTHER INFORMATION ON UTILITIES AFFECTING THE PROPERTY.

LINE	BEARING	DISTANCE
L1	N 11°15'12" E	19.17'

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	4975.00'	100.16'	100.16'	S 04°45'17" W	1°09'13"
C2	4975.00'	100.07'	100.07'	N 03°36'06" E	1°09'09"
C3	4975.00'	100.29'	100.29'	S 05°54'32" W	1°09'18"

**BUILDING SETBACKS:**  
FRONT = 35'  
SIDE = 10'  
REAR = 25'

**DZT**  
LAND SURVEYING, PLLC NC FIRM: P-2686  
SUITE 5 7500 NC HWY 15/501 WEST END, NC 27376  
JOB#: 2246

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

OWNER: Ascott Group

APPLICATION DATE:

ADDRESS: 171 Travelers Way. –Oakmont – Lot 337 – Lillington, NC

DATE EVALUATED: 9-18-24

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480gpd

PROPERTY SIZE: ~0.92 acres

LOCATION OF SITE: 171 Travelers Way. –Oakmont – Lot 337 – Lillington, NC

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

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	Side slope/10%	0-28	GR/LS	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35
		28-36	SBK/SCL	FR/SEXP/NS					
2	SS/10%	0-25	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35
		25-36	SBK/CL	FR/SEXP/NS					
3	SS/10%	0-25	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.35
		25-36	SBK/CL	FR/SEXP/NS					
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:

Updated February 2014