



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Chief 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 ☐

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Design Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process Wastewater

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 Rule .1301 Table XXXII*

Effluent Standard: ☐ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

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 Depth to LC (Initial)*: _____ Usable Depth to LC (Repair)*: _____ *** Limiting Condition**

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 .0508: Yes ☐ No ☐ Drainfield location meets requirements of Rule .0601: 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

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 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 15A NCAC 18E 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: _____



Permit/File #: _____

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

County: _____

Pre-Construction Conference Required: Yes ☐ No ☐

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: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

☐ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of UseBasement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ NoCrawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* _____ (Initial) _____ (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*Design Daily Flow: _____ GPD Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process WWSession Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☐ No
(if yes, please provide engineering documentation)Effluent Standard: ☐ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCWType of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____**Installation Requirements/Conditions**

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

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)*: _____ **^xLimiting condition**Soil Cover: _____ inches Slope Corrected Maximum Trench/Bed Depth*: _____ inches **^{*}Measured on the downhill side of the trench**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 [.0204(g)]: ☐ Yes ☐ No Declaration of Restrictive Covenants: ☐ Yes ☐ NoEasement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☐ NoManagement Entity Required: ☐ Yes ☐ No Minimum O&M Requirements: _____

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. ***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 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: _____

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

June 26, 2025
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: 279 Travelers Way – Lillington, NC (Harnett County) -Lot #342 – Oakmont
Subdivision for Oakmont Holdings, Inc (PIN# 0507-64-3288)
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 (480 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

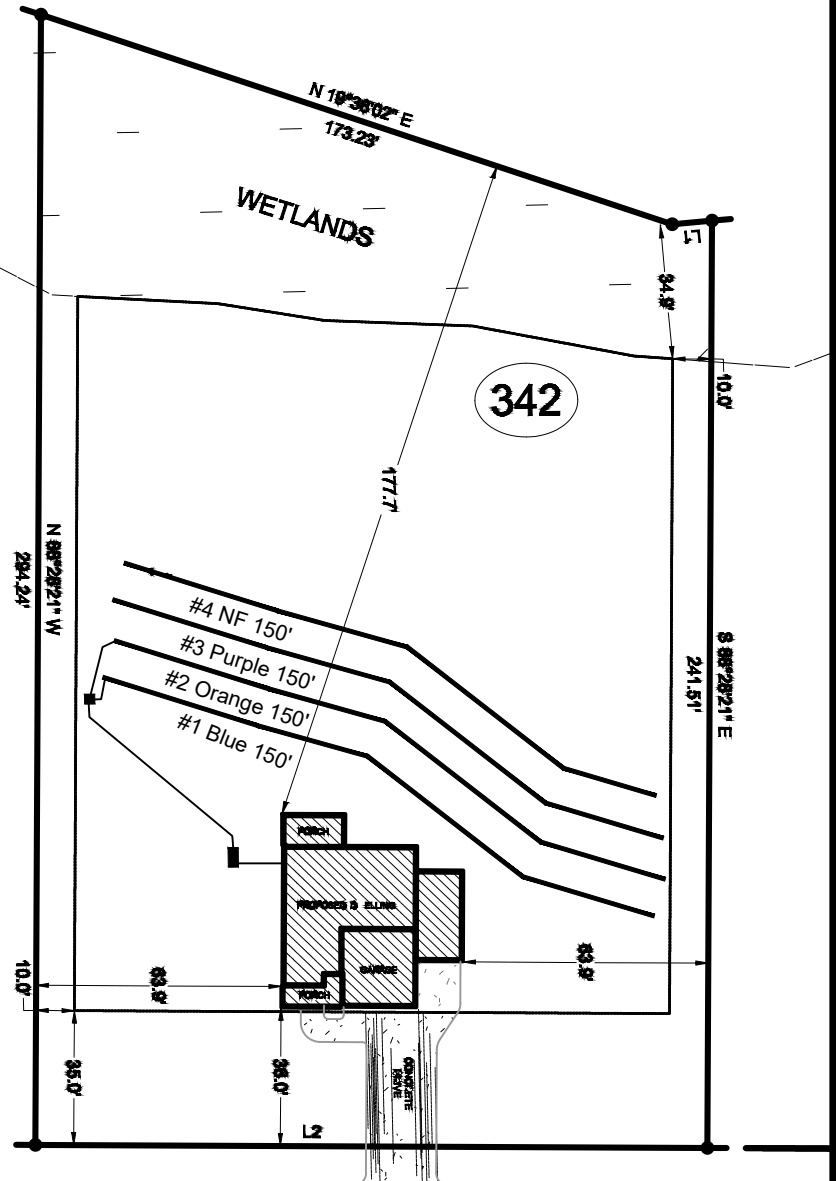


Oakmont - Lot #342
4-Bedroom Septic Design
279 Travelers Way - Harnett County
Ascot Corporation, LLC
PIN# 0507-64-3288

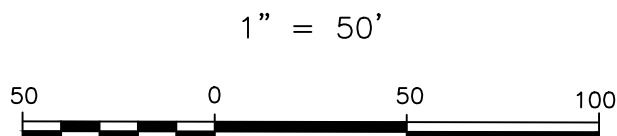
*Not a Survey
Sketched from a plot plan supplied by owner

System: Gravity to D-Box
Lines: 1-2 (300')
LTAR: 0.4
24" Max Trench Bottom
Accepted Status System
Repair: Pressure Manifold
Lines: 3-4 (300')
LTAR: 0.4
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 #1968
6-25-25



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

OWNER: Ascott Group

APPLICATION DATE:

ADDRESS: 279 Travelers Way. –Oakmont – Lot 342 – Lillington, NC

DATE EVALUATED: 6-24-25

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

PROPERTY SIZE: ~0.92 acres

LOCATION OF SITE: 279 Travelers Way. –Oakmont – Lot 342 – 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/7%	0-28	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
		28-38	SBK/SCL	FI/SEXP/SS					
2	Side slope/7%	0-40	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.6
3	Side slope/7%	0-28	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
		28-40	Sbk/scl	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 ²	>5,000 ft ²	
System Type(s)	Type III (b)	Type III (b)	
Site LTAR	0.4	0.4	

COMMENTS:

Updated February 2014

PIN# 0507-64-3288

Sketched from a plot plan supplied by owner

Profile Description #1
See Soil/Site Evaluation
Data Form

Profile Description #2
See Soil/Site Evaluation
Data Form

Profile Description #3
See Soil/Site Evaluation
Data Form



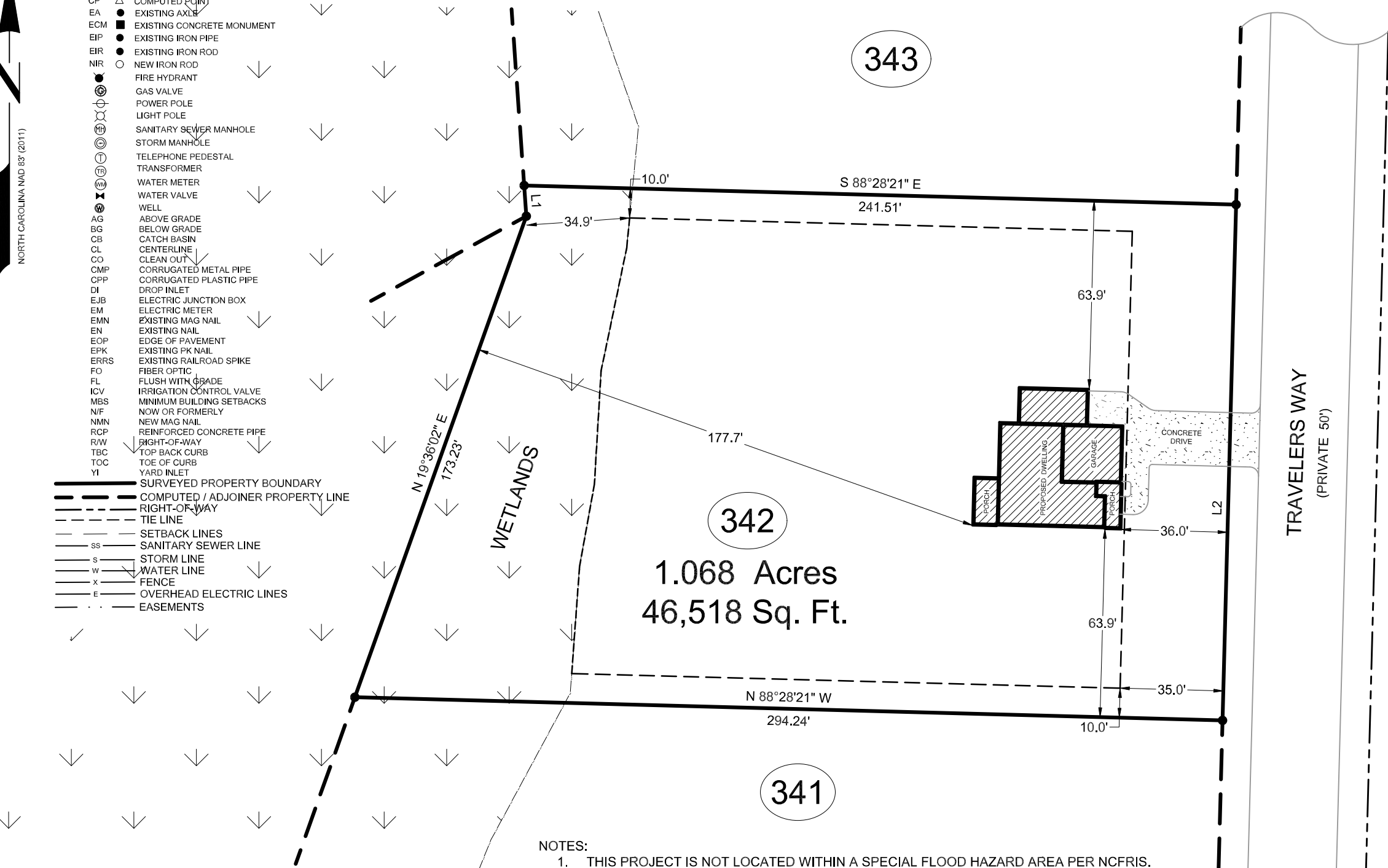
Adams
Soil Consulting
919-414-6761
Job #1968
6-25-25

$$1'' = 50'$$


NORTH CAROLINA NAD 83 (2011)

LEGEND OF SYMBOLS AND ABBREVIATIONS

- CP COMPUTED POINT
EA EXISTING AXLE
ECM EXISTING CONCRETE MONUMENT
EIP EXISTING IRON PIPE
EIR EXISTING IRON ROD
NIR NEW IRON ROD
 FIRE HYDRANT
 GAS VALVE
 POWER POLE
 LIGHT POLE
 SANITARY SEWER MANHOLE
 STORM MANHOLE
 TELEPHONE PEDESTAL
 TRANSFORMER
 WATER METER
 WATER VALVE
 WELL
AG ABOVE GRADE
BG BELOW GRADE
CB CATCH BASIN
CL CENTERLINE
CO CLEAN OUT
CMP CORRUGATED METAL PIPE
CPP 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



NOTES:

1. THIS PROJECT IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA PER NCFRIS.
MAP #: 3720050600J EFFECTIVE DATE: 10/3/2006
2. ACREAGE DETERMINED BY COORDINATE METHOD
3. ALL LINES SURVEYED BY DZT LAND SURVEYING, PLLC ARE SHOWN BY BOLD LINES. ALL LINES NOT SURVEYED ARE INDICATED BY DASHED LINES.
4. TAX PARCEL ID: 039589 1021
5. ZONING: RA-20R
6. PUBLIC WATER SUPPLY WATERSHED: NONE
7. 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
8. VERIFY MINIMUM BUILDING SETBACKS BEFORE CONSTRUCTION.
9. 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.

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).

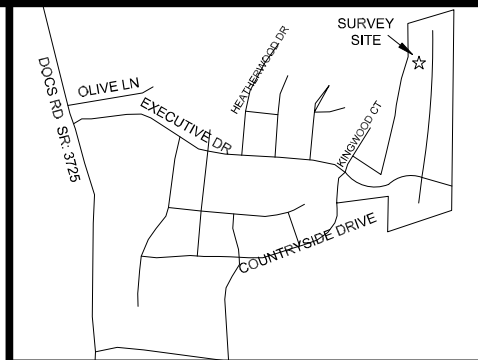
THIS 27TH DAY OF JANUARY A.D., 2025.

David R. Essick



SignNow e-signature ID: d53ebe40e2...
02/17/2025 17:55:48 UTC

Verified by signNow
02/17/2025 17:55:48 UTC
50e28f2b3bf949bcbcd3



LOCATION SKETCH

LINE	BEARING	DISTANCE
L1	S 04°04'57" E	10.37'
L2	N 01°31'39" E	175.00'

IMPERVIOUS SURFACE CALCULATIONS		
HOUSE: 1,452 SQ.FT.	17.64%	
DRIVE/WALK: 960 SQ.FT.	2.06%	
TOTAL: 2,412 SQ.FT.	5.19%	

DRIVE IN R/W: 187 SQ.FT.

SITE PLAN FOR:
THE ASCOT
CORPORATION, LLC

JANUARY 27, 2025
OAKMONT, LOT 342
CITY/TOWN OF LILLINGTON
BARBECUE TOWNSHIP
HARNETT COUNTY, NORTH CAROLINA

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



DZT
LAND SURVEYING, PLLC NC FIRM: P-2686

SUITE 5 7500 NC HWY 15/501 WEST END, NC 27376

JOB#: 2561



SCALE 1"=40'