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 Author	orization Fee \$	
	IMPROVEN	IENT PERMIT FOR G.S. 1	30A-335(a2)	
County:				
PIN/Lot Identifier:				
Issued To:				
Property Location:				
Subdivision (if applicat	ole)	Lot #: _	Block:	Section:
LSS Report Provided: \	Yes No No			
If yes, name and licens	se number of LSS:			
New 🗌	Expansion	System Relocation	Change of Us	se 🗌
Proposed Structure:				
Number of bedrooms:	Number of Occupants:	Other:		
Design Wastewater Sti	rength: domestic	high strength	industrial process	
Proposed Design Daily	Flow:GPD	Proposed LTAR (Initial):	Proposed LTAR (Repair):
Proposed Wastewater	System Type*:	(Initial)	Pump Required: Yes N	o May be required
Proposed Wastewater	System Type*:	(Repair)	Pump Required: Yes N	o May be required
*Please include system	n classification for proposed wastev	water system types in accordance	e with 15A NCAC 18A .1961 Tabl	e V(a)
Saprolite System (initia	al): 🗌 Yes 🔲 No Saprolit	e System (repair): 🗌 Yes 🔲 N	0	
Fill System (Initial):	Yes No If yes, specify: Ne	ew Existing (when adding n	nore than 6 inches of fill to syste	m area provide a fill plan)
Fill System (repair):	Yes No If yes, specify: No	ew Existing (when adding n	nore than 6 inches of fill to syste	em area provide a fill plan)
Usable Soil Depth (Init	ial): Usable	Soil Depth (Repair):		
Max. Trench Depth (In	itial) [‡] : Max. Tr	ench Depth (Repair)‡:	[‡] Measured on the do	wnhill side of the trench
Artificial Drainage Req	uired: Yes No If yes, plea	se specify details:		
Type of Water Supply:	Private well Public well	Shared well Municipa	al Supply Spring Otl	her:
Drainfield location me	ets requirements of Rule .1945: Ye	es 🔲 No 🔲 Drainfield locat	ion meets requirements of Rule	.1950: Yes No No
Permit valid for: Fiv	ve years [site plan submitted pursu	ant to GS 130A-334(13a)] 🔲 N	o expiration [plat submitted pur	suant to GS 130A-334(7a)
Permit conditions:				
Licensed Soil Scientist				
Licensed Soil Scientist	Signature: X	amo	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 #:	
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This Section for Local Health Department Use Only

	Initial submittal received:		by		
		Date	Initials	_	
G.S. 130A-335(a3) states the follo	wing:				
When an applicant for an Improvement Padepartment, the common form developed within five business days of receiving the comport includes all of the required componers hall notify the applicant of the componers department to cure the deficiencies in the is 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 evaluat pplication, conduct a completeness re ents. If the local health department de ts needed to complete the Improveme Improvement Permit. The local health the local health department receives t tion, the applicant may treat the failu	ion pursuant to su view of the submit etermines that the nt Permit. The app department shall i the additional infor	bsection (a2) of this s tal. A determination Improvement Permit Ilicant may submit ac make a final determi rmation from the app	ection, the local healt of completeness mea is incomplete, the loc Iditional information t nation as to whether t blicant. If the local hec	th department shall, ns that the Improvement al health department to the local health the Improvement Permit alth department fails to
The review for completeness of the Permit is determined to be:	nis Improvement Permit was co	onducted in acc	cordance with G.	S. 130A-335(a3).	This Improvement
☐ Incomplete (If box is checked	, information in this section is	required.)			
The following items are missing:					
8/ 4	7/25 1			FC W	
Copies of this were sent to the LS	S and the Applicant on	Date			
State Authorized Agent:				Date:	
☐ Complete	1 95//			121	
State Authorized Agent:		-1/-3	·4(1)	Date:	
This Improvement Permit is issue attached here. The issuance of t permit holder is responsible for o to revocation if the site plan, pla ownership of the site. This perm Disposal and to the conditions of	nis permit by the Health Depa hecking with appropriate gove t, or the intended use changes it is subject to compliance wit this permit. t's authorized agents, and the	rtment in no we erning bodies in The Improve th the provision	yay guarantees to in meeting their ement Permit sha ns of the Laws ar epartments shal	he issuance of ot requirements. Th all not be affected nd Rules for Sewa I be discharged a	her permits. The his permit is subject d by a change in nge Treatment and nd released from
any liabilities, duties, and respon evaluations, submittals, or action	• •		-	_	
Improvement Permit Expiration	Date:				

See attached site sketch



Permit #:

Re-submittal of Improvement Permit

_				
	LHD USE ONLY: This IP resubmittal received:		by	
	LITO OSE ONET. THIS IF TESUDITILIZAT TECEIVEU.	Date	by	
The following ite	ems are being resubmitted pursuant to G.S. 130A-3.	35(a3) for issuance of	of the Improvement Permit:	
	CT	ATE	<i>b</i>	
	9 5 141 31	THE OF	M	
l,		at the information r	equired to be included with	this re-submittal
is accurate and c	cientist (Print Name) complete to the best of my knowledge and that the aws, regulations, rules, and ordinances.	e proposed Improver	nent Permit meets all applic	able federal,
Signature	of Licensed Soil Scientist		Date	
	The section below is for Local Health Department us	se after submittal of it	ems noted as missing above.	
LHD Follow-u	p Completeness Review of Improvement	Permit		
	ompleteness of this Improvement Permit re-submi ermit is determined to be:	ttal was conducted i	n accordance with G.S. 130A	\-335(a3). This
☐ Incomplete	(If box is checked, information in this section is req	juired.)		
The following ite	ems are missing:			
		IVI V		
Copies of this we	ere sent to the LSS and the Applicant on	te		
State Authorized	Agent:		Date:	
☐ Complete				
State Authorized	Agent:		Date:	



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

County:
PIN/Lot Identifier:
ssued 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)(Repa
*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 🔲 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:
All Across
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference
nto 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 #:	
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This Section for Local Health Department Use Only

	Initial submittal received:	by	
		Date	Initials
G.S. 130A-335(a5) states the following	_		
mprovement Permit and Construction Authorice partment, and any necessary signed and secengineer or a person certified pursuant to Article partment shall, within five business days of the Construction Authorization or Improvement letermines that the Construction Authorization applicant of the components needed to complete diditional information to the local health department shouthorization. The local health department shouthorization is complete within five business department fails to act within any period set of apply for the building permit for the project up for the suilding permit for the project up that the project up that the project up that are also and the local health department of censed engineer submitting the evaluation pot the formation or Improvement Permit and Contact the local health of the contact of the project up that the project up that the project up that are the local health department of the l	zation application together, the per- aled plans or evaluations conducted cle 5 of Chapter 90A of the General 3 receiving the application, conduct a at Permit and Construction Authorize in or Improvement Permit and Const- ete the Construction Authorization of artment to cure the deficiencies in the all make a final determination as to days after the local health department in this subsection, the applicant in ion the decision of completeness of the or if the local health department fail, ursuant to this subsection may reque- struction Authorization for cause. Use	mit fee charged by the look by a person licensed purs Statutes as an Authorized completeness review of to ation includes all of the re ruction Authorization is in ar Improvement Permit an are Construction Authorization and treat the failure to ac atthe Construction Authoriz as to act within five busine as that the local health de pon written request of the atthorization or Improvement	tion together, submits a Construction Authorization, or an cal health department, the common form developed by the suant to Chapter 89C of the General Statutes as a licensed On-Site Wastewater Evaluator, the local health he submittal. A determination of completeness means that equired components. If the local health department complete, the local health department shall notify the ad Construction Authorization. The applicant may submit tion or Improvement Permit and Construction and Authorization or Improvement Permit and Construction of Information from the applicant. If the local health as a determination of completeness. The applicant may action or Improvement Permit and Construction as determination of completeness. The applicant may action or Improvement Permit and Construction as days. The Authorized On-Site Wastewater Evaluator or repartment revoke or suspend the Construction as Authorized On-Site Wastewater Evaluator or licensed and Permit and Construction Authorization pursuant to G.S.
The review for completeness of this (Construction Authorization w	as conducted in acc	ordance with G.S. 130A-335(a5). This
Construction Authorization is determ	ined to be:		
☐ Incomplete (If box is checked, in	ormation in this section is re	equired.)	
The following items are missing:			
Copies of this were sent to the AOWI	E/PE and the Applicant on	Date	AV 76 /
State Authorized Agent:			Date:
☐ Complete	- Levine	141 6	-/
State Authorized Agent:	1PRIL	12 1776	Date of Issuance:
attached here. This Construction Au Construction Authorization shall not to compliance with the provisions of	thorization is subject to revo be affected by a change in o f the Laws and Rules for Sew	ocation if the site pla ownership of the sit vage Treatment and	ing the signed and sealed plans or evaluations an, plat, or the intended use changes. The e. This Construction Authorization is subject Disposal and to the conditions of this permit.
any liabilities, duties, and responsib plans, evaluations, preconstruction the General Statutes as a licensed en Authorized On-Site Wastewater Eva	ilities imposed by statute or conference findings, submitt ngineer or a person certified luator in GS 130A-335(a2), (a nents shall be responsible ar	in common law from tals, or actions from pursuant to Article a5), and (a7). The De ad bear liability for t	nents shall be discharged and released from many claim arising out of or attributed to 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 Expiration	on Date:		
	See attache	ed site sketch	

G.S. 130A-335(a2) Common Form



Permit #:

Re-submittal of Construction Authorization

	LHD USE ONLY: This CA resubmittal received		b	
	LIND USE ONLY. THIS CATESUDHILLIAI TECEIVEU	Date	by Initials	
The following in	tems are being resubmitted pursuant to G.S. 130A	335(a5) for issuance o	of the Construction Authoriza	ation:
		A TOTAL OF THE PARTY OF THE PAR		
l,		that the information re	equired to be included with	this re-submittal
is accurate and	nsite Wastewater Evaluator (Print Name) complete to the best of my knowledge and that to and local laws, regulations, rules, and ordinances.		cion Authorization meets all	applicable
Signatur	e of Authorized On-Site Wastewater Evaluator		Date	
I HD Follow-ı	The section below is for Local Health Department		ems noted as missing above.	
The review for o	completeness of this Construction Authorization on Authorization is determined to be:		octed in accordance with G.S	i. 130A-335(a5).
☐ Incomplete ((If box is checked, information in this section is re	quired.)		
The following it	ems are missing:			
	110 3c2 OII	AM VIDER	19	
Copies of this w	vere sent to the AOWE/PE and the Applicant on _	Date		
State Authorize	d Agent:		Date:	
☐ Complete				
State Authorize	d Agent:		Date:	

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

alexadams@bcsoil.com

August 27th, 2025

"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: 116 Great Pine Way, Sanford NC 27332 (Harnett County) Smith Douglas Homes, Briarwood Lot 6 PIN # (9588-55-6300)

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 3-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 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 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



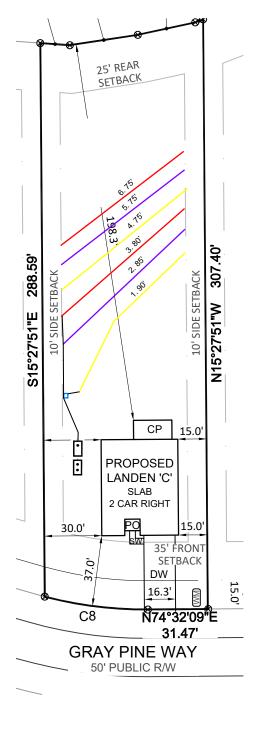


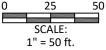
Briarwood Park Lot 6 3 BR Harnett County

- *House footprint to be field staked by surveyor and system verified prior to any construction
- **Septic area must not be altered by construction activities.
- ***No cuts of 2' or greater within within 15' of septic area
- **** Recommend protective barrier around septic field during construction.

INITIAL: Lines 1-3 (255') Accepted Status 18" TB Pressure Manifold REPAIR: Lines 4-6 (225') Accepted Status Pressure Manifold 18" TB

Adams Soil Consulting 919-414-6761



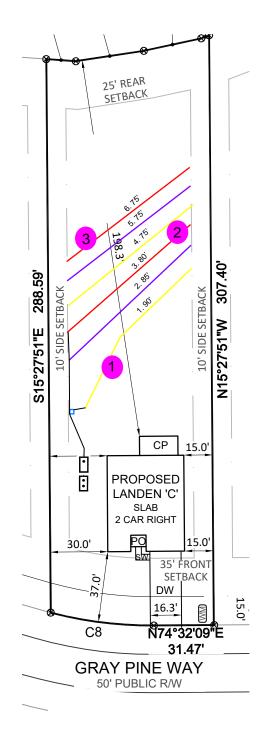


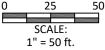
Briarwood Park Lot 6 3 BR Harnett County

- *House footprint to be field staked by surveyor and system verified prior to any construction
- **Septic area must not be altered by construction activities.
- ***No cuts of 2' or greater within within 15' of septic area
- **** Recommend protective barrier around septic field during construction.

INITIAL: Lines 1-3 (255') Accepted Status 18" TB Pressure Manifold REPAIR: Lines 4-6 (225') PPBPS Accepted Status 18" TB

Adams Soil Consulting 919-414-6761





Page _1_ of _1_ PROPERTY ID #: 9588-55-6300 COUNTY: ____Harnett_

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full) ___ DATE EVALUATED: <u>8/20/</u>25 OWNER: Smith Douglas Homes ADDRESS: PROPOSED FACILITY: Single Family 3 BR PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: LOCATION OF SITE: 116 Gray Pine Way, Sanford NC 27332 PROPERTY RECORDED: Y WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other ______ WATER SUPPLY SETBACK:____ EVALUATION METHOD: X Auger Boring Pit Cut TYPE OF WASTEWATER: X Domestic High Strength IPWW

EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Domestic High Strength IPWW										
P R O F I			SOIL MORPHOLOGY		OTHER PROFIL		E FACTORS			
L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
	Linear 2%	0-14	GR/LS	VFR,SEXP,NS		36"	N.O	N.O	P.S .4	1"
1		14-36	SBK SCL	FR,SEXP,S						
					N.O					
	Linear 2%	0-14	GR/LS	VFR,SEXP,NS		36"	N.O	N.O	P.S .4	1"
2		14-36	SBK SC	FR,SEXP,S	N.O					
	Linear 2%	0-16	GR/LS	VFR,SEXP,NS		36"	N.O	N.O	P.S .4	1"
3		16-40	SBK SCL	FR,SEXP,S	N.O					
					14.0					
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM					
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): P.S				
System Type(s)	III B	III B	EVALUATED BY: Bobby Weaver/Alex Adams				
Site LTAR	.4	.4	OTHER(S) PRESENT:				
Maximum Trench Depth	18"	18"					
Comments:	•						

NCDHHS/DPH/EHS/OSWP Revised January 2024

RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # Briarwood Lot 6

of BDR: 3 Daily Flow: 360 gal/day L.T.A.R.: 0.4000 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 765 System Type: Accepted

Number of Taps: <u>3</u> Length of Trenches: <u>255</u> ft(See Tap Chart for Details)

Depth of Trenches: <u>18</u> in Manifold Length: <u>36</u> ir

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

Supply Line: length: <u>25</u> ft Diameter: <u>2</u> in sch 40pvc

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

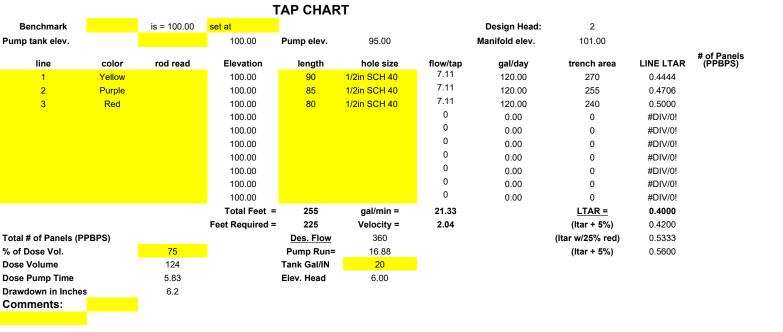
Design Head: 2 ft Elevation Head: 6.00 ft

Total Head: 9.06 ft Pump to Deliver: 21.33 gals/min at 9.06 ft head

Dosing Volume: <u>124</u> gals,

Drawdown: 124 gals divided by 20 gals/in = 6.2 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.



Minimum Panel Requirements

The following items will be considered the minimum for all pump systems:

- 1. It must be a NEMA 4X Box.
- 2. It must use a HOA (Hand, Off, Auto) switch to control the pump. No more use of piggyback plugs!
- 3. It must have a motor contactor to prevent high voltage electricity in the water at all times.
- 4. It must have an audible and visual alarm.
- 5. All Pressure Manifold and LPP Systems must have an elapsed time meter and cycle counter installed in the panel.
- 6. It must have 2 separate power supplies, wired from the fuse panel at the house.
- 7. All panels must have 2 circuit breakers installed in the panel to allow for disconnecting of power, so that the pump or switches maybe serviced.
- 8. Panels and pumps are to be wired at the time of our inspection. Power must be supplied by use of generators or from the house temporary meter, if the builder applied for it and has had all required inspections and the temporary meter has been set. We will no longer inspect any system that has been hot wired from the temporary power pole or jumped through the house wiring without a meter being set.

Pressure Manifolds

- 1. A float tree or hanging floats must be used.
- 2. A Simplex Control Panel with a Hand Off Auto switch and alarm in a NEMA 4X box is required. See the plans or CA comments for further details on the panel.
- 3. 2 separate power supplies are needed. Try to look and make sure they have not used a 120V only panel with a 240V pump.
- 4. The taps and pipes for the taps must be of the same material! If it is a sch80 tap (usually gray plastic) then the tap, pipe and valve (the valve can be sch40pvc if there is an adequate amount of sch80 pipe used) must be constructed of sch80pvc. The same goes for sch40 taps, you cannot use sch80 pieces with the sch40.
- 5. The taps must go directly to the 3" pipe; no elbows can be used in the tap connections.
- 6. All of the tap must be the same size or larger. 3/4" pipe cannot have a 1/2" valve, but a 1/2" pipe could have a 3/4" valve, if at there is at least 6" total 1/2" pipe used.
- 7. Should the wrong size or material be used in the tap itself, the flow to the line can be corrected by using an adequate amount of the proper pipe material and size. The amount of pipe needed to control the flow is dependent on the size pipe/tap. If 1/2" pipe is needed, then at least 6" of total pipe is needed. A 3/4" size requires at least 9" of pipe to be used. A 1" size needs 12" of total pipe length to control the flow.

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.

NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS, FLOOD ZONES OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM. ALL LINES SHOWN, IF ANY, ARE SCALED FROM THE RECORDED PLAT.

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

6

DEVELOPMENT REGULATIONS.

'n

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

4

SHOWN.

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

ώ

SURVEYOR BY THE CLIENT.

PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE

THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.

THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF SONYA A. WARD, PLS.

NOTES:

9

ZONING: RA-20R

10.

BUILDER/DEVELOPER:

SMITH DOUGLAS HOMES 3412 APEX PEAKWAY APEX, NC 27502

CURVE

CURVE TABLE LENGTH

205.00 RADIUS

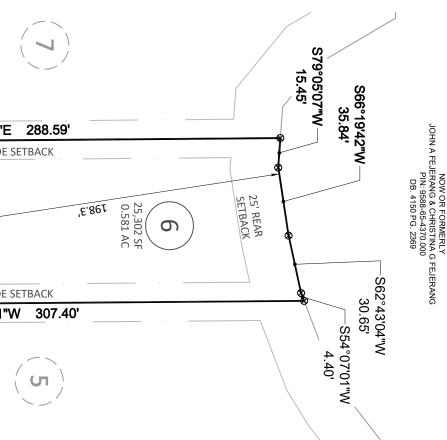
54.16'

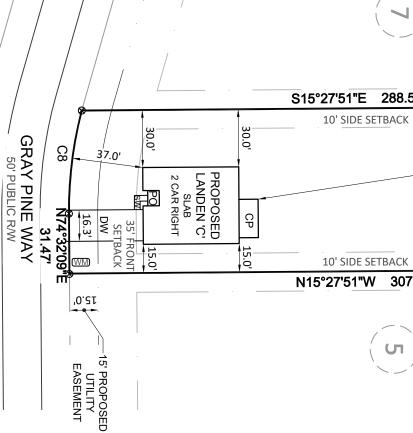
S82°06'16"W CHD BEARING

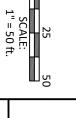
CHORD 54.00'

50.0 NSET SCALE: 1"=20' **6.0** PO LANDEN 'C' 2 CAR RIGHT PROPOSED 10.0 SLAB **4**0.0 20.0' SP V 10.0' 50.0

SIDEWALK = 34 SF DRIVEWAY = 628 SF COVERED PATIO = 200 SF PROPOSED IMPERVIOUS = 2,842 SF PIN: 9588-55-6300.000 REFERENCE: DB. 4272, PG. 2219 TOTAL LOT AREA = 0.581 AC = 25,302 SF PERCENT IMPERVIOUS = 11.23% STREET SIDE - 20' REAR - 25' BUILDING SETBACKS FRONT - 35' LOT INFORMATION: PORCH = 48 SF +0USE = 1,932 SF2025, PG.20







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

BIG RANCH ВD **WCCOKWICK** PERRY ВD KNOLL WY NAMTTI9 ROSSER PINE VISTA WAY MCDOUGALD BELLA BRIDGE RD $\frac{7}{6}$ VICINITY MAP (Not to scale) JESSE RD

BR

I, SONYA A. WARD, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A

SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK

BOUNDARIES NOT SURVEYED ARE CLEARLY

ION LISTED

REFERENCED IN TITLE BLOCK); THAT THE

YO = COVERED FRONT PORCH S = STOOP YP = COVERED PORCH/PATIO YD = WOOD DECK W = SIDEWALK W = CONC DRIVEWAY

= CONC PATIO = COMPUTED POINT = MAG NAIL FOUND = IRON PIPE FOUND (IPF) = IRON PIPE SET (IPS) = DRILL HOLE FOUND = WATER METER

CAROLINA. L-4017

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

SEWER MANHOLE

PREIMINAPLE

PO = COVE S = STOOF SW = SIDE DW = COMP ED = COVE SW = SIDE DW = COMP X = MAG N P = COVE ED = CONP CO = CLE AC = CLE AC = AIR O = STILL CO = CLE O = CAB TELE CO = RRIC CO = RRIC AC = PROI I C = IRRIC AC = PROI I C = IRRIC AC = PROI I C = IRRIC I C = IRR] = TELEPHONE PEDESTAL 3 = CATCH BASIN = IRRIGATION CONTROLLER = PROPOSED LIGHT POLE CABLE BOX **ELECTRIC BOX**

= WATER VALVE - = STREET SIGN - YARD INLET = UTILITY POLE = DRAIN INLET = PROPOSED FIRE HYDRANT

= NOW OR FORMERLY

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

SMITH DOUGLAS HOMES

FOR

BARBECUE TOWNSHIP, HARNETT COUNTY 116 GRAY PINE WAY, SANFORD, NC **BRIARWOOD PARK - LOT 6**

DATE: 8/7/25 DRAWN BY: AHB CHECKED BY: SAW

REFERENCE: PB. 2025, PG. 20 BCS# 250487 SCALE: 1" = 50'