



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Permit/File #: \_\_\_\_\_

**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): \_\_\_\_\_ <sup>‡</sup>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: \_\_\_\_\_

## 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 Use

Basement?  Yes  No Basement Fixtures?  Yes  No

Crawl 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 WW

Session 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  RCW

Type 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/ft<sup>2</sup> Usable Depth to LC (Initial): \_\_\_\_\_ \*Limiting condition

Soil Cover: \_\_\_\_\_ inches Slope Corrected Maximum Trench/Bed Depth<sup>‡</sup>: \_\_\_\_\_ 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  No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]:  Yes  No

Management 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: \_\_\_\_\_



## **ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL**

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

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

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

### **Additional Improvement Permit Conditions:**

### **Additional Construction Authorization Conditions:**

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

---

November 21st, 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: 167 Croatoke Ct. Angier NC 27501 (Harnett County)  
Signature Home Builder, Mabry Ridge Lot #7 PIN # 0682-26-6975

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.

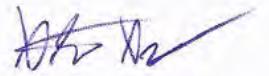
The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair

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



\*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

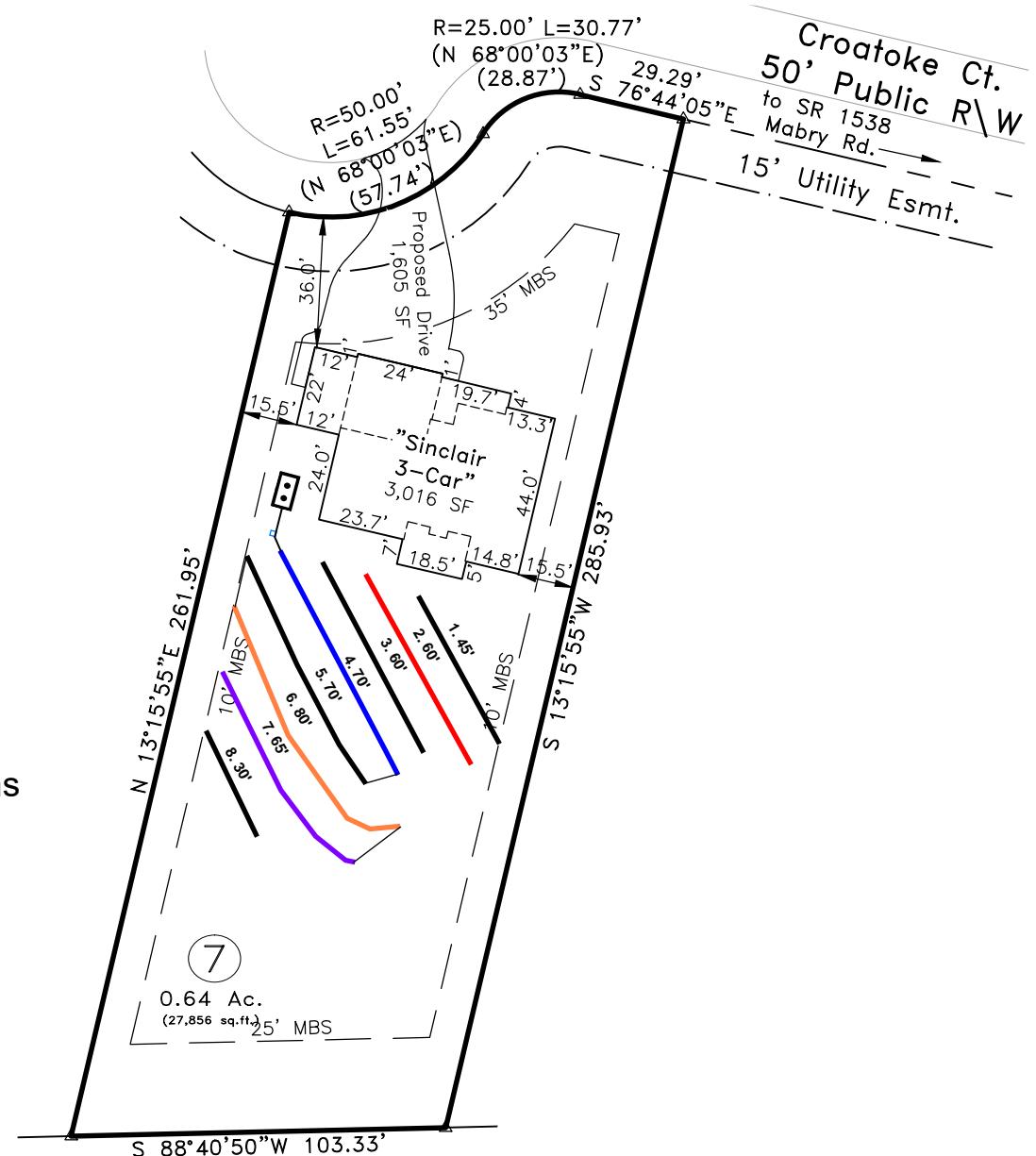
\*\*\*\*\* Recommend protective barrier around septic field during construction.

\*If plumbing is not sufficient, a pump tank will be required for a septic field

14" Max Trench Bottoms

INITIAL:  
Lines 4-7 (285')  
Accepted Status  
Gravity Serial  
REPAIR:  
Lines 1-3,8 (195')  
PPBPS  
Pressure Manifold

Mabry Ridge  
Lot 7  
3 BR  
Harnett County



A graphic scale with markings at 0, 25', 50', and 100'. The scale is marked with a series of black and white squares, with a solid black square at the 0 mark and a solid black square at the 100' mark. The text 'GRAPHIC SCALE' is printed below the scale line.

Adams  
Soil Consulting  
919-414-6761

\*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 15' of septic area

\*\*\*\* Recommend protective barrier around septic field during construction.

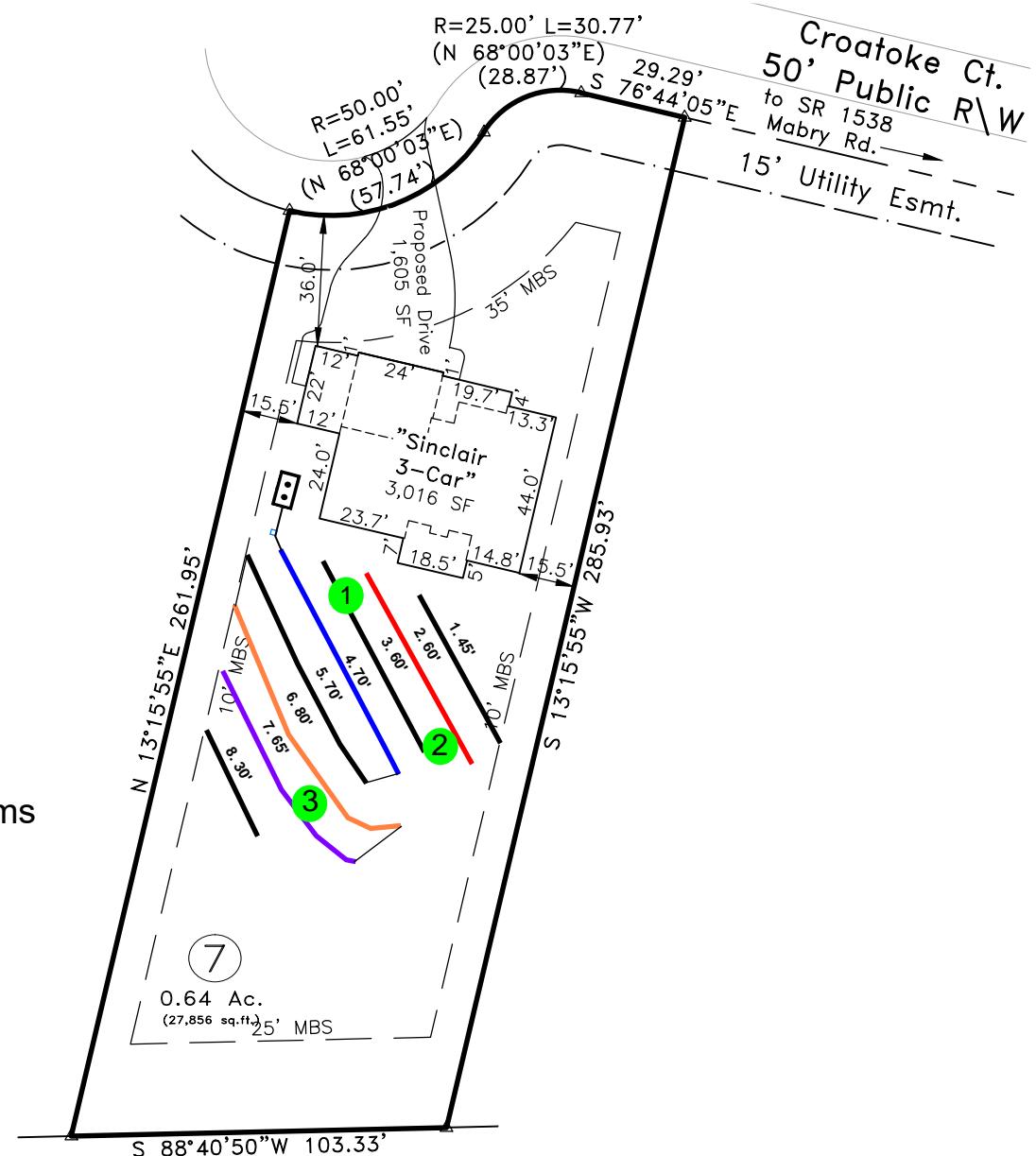
# Mabry Ridge Lot 7 3 BR Harnett County

\*If plumbing is not sufficient, pump tank will be required in septic field

14" Max Trench Bottoms

**INITIAL:**  
Lines 4-7 (285')  
Accepted Status  
Gravity Serial  
**REPAIR:**  
Lines 1-3,8 (195')  
PPBPS  
Pressure Manifold

Adams  
Soil Consulting  
919-414-6761



0 25' 50' 100'  
GRAPHIC SCALE

**SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM**

(Complete all fields in full)

OWNER: Signature Home Builders DATE EVALUATED: 11/12/25

ADDRESS: \_\_\_\_\_

PROPOSED FACILITY: Single Family 3 BR PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: .64 Acres

LOCATION OF SITE: 167 Croatoke Ct. Angier NC 27501 PROPERTY RECORDED: Y

WATER SUPPLY:  Public  Single Family Well  Shared Well  Spring  Other \_\_\_\_\_ WATER SUPPLY SETBACK: \_\_\_\_\_

EVALUATION METHOD:  Auger Boring  Pit  Cut TYPE OF WASTEWATER:  Domestic  High Strength  IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	Linear 2%	0-28	GR/LS	VFR,SEXP,NS	34"	34"	N.O	N.O	U/P.S .4	2"
		28-34	SBK CL	FI,SEXP,S						
2	Linear 2%	0-18	GR/LS	VFR,SEXP,NS	28"	28""	N.O	N.O	U/P.S .35	2"
		18-28	SBK SCL	FI,SEXP,S						
3	Linear 2%	0-18	GR/LS	VFR,SEXP,NS	33"	33"	N.O	N.O	U/P.S .35	2"
		18-33	SBK SCL	FI,SEXP,S						
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): <u>U/P.S</u>
Available Space (.0508)	<u>S</u>	<u>S</u>	EVALUATED BY: <u>Bobby Weaver/Alex Adams</u>
System Type(s)	<u>III G</u>	<u>III B</u>	OTHER(S) PRESENT: _____
Site LTAR	<u>.35</u>	<u>.35</u>	
Maximum Trench Depth	<u>14"</u>	<u>14"</u>	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEMA FLOOD HAZARD STATEMENT**  
The subject property shown on this plat  
is located within the FEMA "Zone X"  
(Minimal Flood Risk) Area as shown on  
FIRM Number: 372006800J  
Effective date: 10/3/2006

Impervious Surface Limit:  
7,651 SF per lot  
Proposed Impervious Surface:  
House: 3,016 SF  
+ Drive: 1,605 SF  
TOTAL: 4,621 SF

NC GRID NORTH  
NAD 83 (2011)

8

6

Lot 7: 0.64 Ac. (27,856 sq.ft.)

Lot 6: 0.15 Ac. (1,033.33 sq.ft.)

Proposed Drive: 1,605 SF

"Sinclair 3-Car" 3,016 SF

Dimensions: 36.0' x 15.5' x 22' x 12' x 24' x 19.7' x 13.3' x 44.0' x 18.5' x 14.8' x 15.5'

Property Lines: N 13°15'55"E 261.95', S 13°15'55"W 285.93', 10' MBS, 25' MBS

Neighboring Properties: R=25.00' L=30.77' (N 68°00'03"E) (28.87'), S 29.29' to SR 1538 Mabry Rd., 15' Utility Esmt.

Coordinates: S 88°40'50"W 103.33'

Notes: [550] Hollis Matthew St.John, Danielle Mabry St.John, D.B. 3317, Pg. 148

Lot Subject to: Notes as shown on Map #2025-214

Scale: 0 25' 50' 100'

Lot Subject to: Notes as  
shown on Map #2025-214

A graphic scale consisting of a horizontal line with vertical tick marks. The scale is marked at 0, 25', 50', and 100'. The text 'GRAPHIC SCALE' is printed below the scale line.

~ 167 Croatoke Ct., Lillington ~  
Lot 7, Mabry Ridge Subdivision  
Map #2025-214

# Plot Plan For: **Signature Home Builders, Inc.**

Black River Township	Harnett County
Scale: 1" = 50'	Date: Sept. 30, 2025

Surveyed & Mapped By

# STREAMLINE LAND SURVEYING, Inc.

NC FIRM C-1898  
870 NC 55 W, Coats, N.C. 27521  
Phone: 910-897-7715

## ~PRELIMINARY PLOT PLAN~

— Not an actual survey —

This plan represents proposed improvements to a lot of record. This plan is subject to review and approval by County Planning and Inspections Departments.

NOT FOR RECORDATION