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 Permi	it (a2) Construct	ion Authorization	n	
	IMPROVI	EMENT PERMIT FO	R G.S. 130A-3	335(a2)	
County:					
PIN/Lot Identifier:					
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 Re	location	Change of	Use
Facility Type:					
Number of bedrooms:	Number of Occupants	s: Other:			
Design Wastewater St	rength: Domestic	High Strength	☐ Indu	strial Process Wastew	ater
Proposed Design Daily	Flow: GPD	Proposed LTAR (Initi	al):	Proposed LTAR (Repa	air):
Proposed Wastewater	System Type*:		(Initial) Pump	Required: 🗌 Yes 🗌	No May be required
Proposed Wastewater	System Type*:		(Repair) Pump I	Required: 🗌 Yes 📗	No May be required
*Please include system	n classification for proposed was	stewater system types in a	ccordance with R	ule .1301 Table XXXII	
Effluent Standard:	DSE HSE NSF/ANS	SI 40 TS-I TS-II	RCW		
Saprolite System (Initia	al): 🗌 Yes 🔲 No Sapr	olite System (Repair):	Yes 🗌 No		
Fill System (Initial): 🗌	Yes No If yes, specify:	New 🗌 Existing (wher	adding more tha	in 6 inches of fill to sys	tem area provide a fill plan)
Fill System (Repair):	Yes No If yes, specify:	New Existing (whe	n adding more th	an 6 inches of fill to sy	stem area provide a fill plar
Usable Depth to LC (In	itial) ^x :	Usable Depth to LC (Repair) ^x :	× Limitin	g Condition
Max. Trench Depth (In	itial)‡: Max	. Trench Depth (Repair)‡: _		_ [‡] Measured on the o	downhill side of the trench
Artificial Drainage Req	uired: Yes No If yes, p	lease specify details:			
Type of Water Supply:	Private well Public we	ell Shared well	Municipal Supply	y Spring 0	Other:
Drainfield location me	ets requirements of Rule .0508:	Yes No Drain	field location mee	ets requirements of Ru	lle .0601: Yes 🔲 No 🗌
Permit valid for: 🗌 Fi	ve years [site plan submitted pu	irsuant to GS 130A-334(13	a)] 🔲 No expira	ation [plat submitted p	oursuant to GS 130A-334(7a)
Permit conditions:					
Licensed Soil Scientist	Print Name:				
Licensed Soil Scientist	Signature: XLLX XX	Jamo		Date:	

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



Permit/File #:	
----------------	--

This Section for Local Health Department Use Only

initiai submittai received:		Dy	
	Date	Initials	
G.S. 130A-335(a3) states the following:			
When an applicant for an Improvement Permit submits to a local health depart department, the common form developed by the Department, and a soil evalu within five business days of receiving the application, conduct a completeness Permit includes all of the required components. If the local health department shall notify the applicant of the components needed to complete the Improven department to cure the deficiencies in the Improvement Permit. The local heal is complete within five business days after the local health department receive act within any period set out in this subsection, the applicant may treat the fair common form for use as the Improvement Permit.	ation pursuant to su review of the submit determines that the ment Permit. The app th department shall i st the additional infor	osection (a2) of this section, the local health departital. A determination of completeness means that the Improvement Permit is incomplete, the local health licant may submit additional information to the local make a final determination as to whether the Impromation from the applicant. If the local health depar	ment shall, e Improvement department al health vement Permit tment fails to
The review for completeness of this Improvement Permit was Permit is determined to be:	conducted in acc	cordance with G.S. 130A-335(a3). This Im	provement
☐ Incomplete (If box is checked, information in this section i	s required.)		
The following items are missing:			
	ļ <u> </u>		
Copies of this were sent to the LSS and the Applicant on	Date		
State Authorized Agent:		Date:	
☐ Complete			
State Authorized Agent:	-1/55	Date:	
This Improvement Permit is issued pursuant to G.S. 130A-335 attached here. The issuance of this permit in no way guarant for checking with appropriate governing bodies in meeting th plat, or the intended use changes. The Improvement Permit permit is subject to compliance with the provisions of 15A NOT The Department, the Department's authorized agents, and the any liabilities, duties, and responsibilities imposed by statute evaluations, submittals, or actions from a licensed soil scient	tees the issuance neir requirement shall not be affe CAC 18E and to t ne local health d or in common l	e of other permits. The permit holder is rest. This permit is subject to revocation if the cted by a change in ownership of the sitch he conditions of this permit. Experiments shall be discharged and release from any claim arising out of or attribute.	esponsible the site plan, e. This
Improvement Permit Expiration Date:			

See attached site sketch



Permit/File #:

Re-submittal of Improvement Permit

	LHD USE ONLY: This IP resubmittal received:	Date	by	
		Dute	Illiuuis	
The following i	items are being resubmitted pursuant to G.S. 130A-335((a3) for issuance of	f the Improvement Permit:	
		TOTAL STATE		
	THE SIA	MF ~	Dr.	
l,	hereby attest that t	the information re	quired to be included with	n this re-submittal
is accurate and	Scientist (Print Name) complete to the best of my knowledge and that the pr l laws, regulations, rules, and ordinances.	oposed Improvem	ent Permit meets all appli	cable federal,
Signatui	re of Licensed Soil Scientist		Date	
	The section below is for Local Health Department use a	ıfter submittal of ite	ms noted as missing above.	
LHD Follow-	up Completeness Review of Improvement Pe	rmit		
	completeness of this Improvement Permit re-submittal Permit is determined to be:	l was conducted in	accordance with G.S. 130	IA-335(a3). This
☐ Incomplete	e (If box is checked, information in this section is require	ed.)		
The following it	tems are missing:			
Copies of this w	vere sent to the LSS and the Applicant on			
State Authorize	ed Agent:		Date:	
☐ Complete				
State Authorize	ed Agent:		Date:	



Permit/File #:

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

County:			Pre-Construction Conference Required: Yes	No 🗌
PIN/Lot Identifie	er:			
Issued To:				
Property Locatio	on:			
AOWE/PE Plans/	Evaluations Provide	d: Yes No	If yes, name and license number of AOWE/PE:	
Facility Type:				
Number of bedro	ooms: Nun	nber of Occupants	: Other:	
New	Expansion	Repair	System Relocation Change of Use	
Basement?	Yes	☐ No	Basement Fixtures?	
Crawl Space?	Yes	☐ No	Slab Foundation? Yes No	
Type of Wastew	ater System*		(Initial)	(Repair)
*Please include s	system classification	for proposed was	tewater system types in accordance with Rule .1301 Table XXXII	
Design Daily Flo	w:	_GPD W	astewater Strength: Domestic High Strength	Industrial Process WW
	4-120 Section 53, Er ovide engineering d		Utilizing Low-flow Fixtures and Low-flow Technologies?	No
Effluent Standar	d: DSE H	SE NSF/ANS	I 40 ☐ TS-I ☐ TS-II ☐ RCW	
Type of Water S	upply: 🗌 Private w	ell 🔲 Public we	ell 🗌 Shared well 🔲 Municipal Supply 🔲 Spring 🔲 🕻	Other:
Installation Requ	uirements/Conditio	ns		
Septic Tank Size:	: gallon	s Total Trench/E	Bed Length: feet Trench/Bed Spacing: feet on a	center
Trench/Bed Wid	th: inches	LTAR:	gpd/ft ² Usable Depth to LC (Initial) ^x :	xLimiting condition
Soil Cover:	_ inches Slope (Corrected Maximu	m Trench/Bed Depth [‡] : inches * Measured on the do	wnhill side of the trench
Pump Tank Size	(if applicable):	gallons	Requires more than 1 pump? Yes No	
Pump Requirem	ents: ft. TDH	l vs GPM	Grease Trap Size (if applicable): gallons	
Distribution Met	thod: Serial	D-Box or Paralle	el Pressure Manifold(s) LPP Other:	1
Artificial Drainag	ge Required: Yes	No 🗌 If yes, p	olease specify details:	
Legal Agreemen	ts (If the answer is '	'Yes" to any type o	f legal agreements, please attach a copy of the agreement.)	
Multi-party Agre	eement Required [.0	204(g)]:	No Declaration of Restrictive Covenants:	☐ Yes ☐ No
Easement, Right	-of-Way, or Encroac	hment Agreement	Required [.0301(b)]: Yes No	
Management En	itity Required: 🔲 Y	es No Minin	num O&M Requirements:	
Daniel and dist		110	Cartin	
Permit conditi	ions:			
with the attache Construction Au with the provision AOWE/PE Print I	ed site sketch. <u>This</u> thorization shall no ons of 15A NCAC 18	Construction Authors to be affected by a	by reference into this permit and shall be met. Systems shall be norization is subject to revocation if the site plan, plat, or the interpretation of the site. This Construction Authorization Author	ended use changes. The
AOWE/PE Signat	ture:NXX	- Maning	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/File #:	
Permit/File #:	

This Section for Local Health Department Use Only

Initial submittal received: ______ by _____

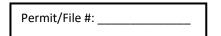
	Date	Initials
G.S. 130A-335(a5) states the following:		
When an applicant for a Construction Authorization, or an Improvement Permit Improvement Permit and Construction Authorization application together, the proper them, and any necessary signed and sealed plans or evaluations conduct engineer or a person certified pursuant to Article 5 of Chapter 90A of the General department shall, within five business days of receiving the application, conduct the Construction Authorization or Improvement Permit and Construction Authorization or Improvement Permit and Construction Authorization of the components needed to complete the Construction Authorization additional information to the local health department to cure the deficiencies in Authorization. The local health department shall make a final determination as Authorization is complete within five business days after the local health department department fails to act within any period set out in this subsection, the applicant apply for the building permit for the project upon the decision of completeness of Authorization by the local health department or if the local health department flicensed engineer submitting the evaluation pursuant to this subsection may reconstruction or Improvement Permit and Construction Authorization for cause engineer, the local health department shall suspend or revoke the Construction 130A-23. The Department shall develop a common form for use as the Construction	permit fee charged by the ted by a person licensed p al Statutes as an Authoriz t a completeness review or rization includes all of the instruction Authorization is or Improvement Permit in the Construction Authorito whether the Construction Authorito to whether the failure to of the Construction Authoritals to act within five busiquest that the local health authorization or Improve Authorization or Improve	I local health department, the common form developed by the bursuant to Chapter 89C of the General Statutes as a licensed and On-Site Wastewater Evaluator, the local health of the submittal. A determination of completeness means that a required components. If the local health department is incomplete, the local health department shall notify the and Construction Authorization. The applicant may submit initiation or Improvement Permit and Construction and Information from the applicant. If the local health a act as a determination of completeness. The applicant may prization or Improvement Permit and Construction in Improvement Permit and Construction or Improvement Permit and Construction or Improvement Permit and Construction in Improvement Permit and Improve
The review for completeness of this Construction Authorization	ı was conducted in a	accordance with G.S. 130A-335(a5). This
Construction Authorization is determined to be:		
$\hfill \square$ 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	1776	1-2/9
State Authorized Agent:	L 12. 17	Date of Issuance:
This Construction Authorization is issued pursuant to G.S. 130 attached here. This Construction Authorization is subject to reconstruction Authorization shall not be affected by a change is to compliance with the provisions of the Laws and Rules for Softh Department, the Department's authorized agents, and the any liabilities, duties, and responsibilities imposed by statute of plans, evaluations, preconstruction conference findings, submathe General Statutes as a licensed engineer or a person certification conference of the Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), agents, and the local health departments shall be responsible obligations under State law or rule, including the issuance of the state of the s	evocation if the site in ownership of the sewage Treatment are local health departor in common law frontitals, or actions froed pursuant to Artice, (a5), and (a7). The and bear liability fo	plan, plat, or the intended use changes. The site. This Construction Authorization is subject and Disposal and to the conditions of this permit. It ments shall be discharged and released from any claim arising out of or attributed to a person licensed pursuant to Chapter 89C of the 5 of Chapter 90A of the General Statutes as an Department, the Department's authorized or their actions and evaluations and other
Construction Authorization Expiration Date:		



Permit/File #:

Re-submittal of Construction Authorization

	LHD USE ONLY: This CA resubmittal received: _	Date	by	
The following it	tems are being resubmitted pursuant to G.S. 130A-33	35(a5) for issuance of	of the Construction Authoriza	l ation:
	ST. ST.	ATF	<i>D</i>	
is accurate and	hereby attest th nsite Wastewater Evaluator (Print Name) complete to the best of my knowledge and that the and local laws, regulations, rules, and ordinances.		equired to be included with tion Authorization meets all	
Signatur	re of Authorized On-Site Wastewater Evaluator		Date	
LHD Follow-ւ	The section below is for Local Health Department us up Completeness Review of Construction A		ems noted as missing above.	
	completeness of this Construction Authorization reson Authorization is determined to be:	submittal was condu	ucted in accordance with G.S	. 130A-335(a5).
☐ Incomplete ((If box is checked, information in this section is requ	uired.)		
The following it	ems are missing:			
	AND 35E GUA	W Albers		
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:	





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

County:	
PIN/Lot Identifier:	
Issued To:	
Additional Improvement Permit Conditions:	
E STATE	
6 N N N N N N N N N N N N N N N N N N N	
Net lend state to the second s	
Additional Construction Authorization Conditions:	
1PRII 12 1776	
White The state of	
QUAM VI	

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

alexadams@bcsoil.com

September 29th, 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: 203 Crop Rd. Angier NC 27501 (Harnett County)
Davidson Homes, Tobacco Rd Lot 124 PIN# (0693-15-1744)

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 5-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 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





Tobacco Rd Lot 124 5 BR, w/ 480 gpd WETLANDS **Harnett County** 30. 30' RIPARIAN N55°30'50"E **BUFFER** 103.48 25' REAR SETBACK ³705, *20" Max Trench Bottoms S40°00'51"E S40°00'51"E SIDE SETBACK СР 32.0' *House footprint to be field staked by surveyor and system verified prior to any construction **PROPOSED** AC 🛛 **Septic area must not be altered by construction activities. **ASHPORT G** 10 **CRAWL** *No cuts of 2' or greater within 22.0' within 15' of septic area L3 CAR -LEFT **** Recommend protective barrier around septic field during construction. 22.0' 32.0' *If plumbing is not sufficient a pump tank will be required to 35' FRONT septic field **SETBACK** DW 15' UTILITY 26.620 SF 15.0' 16.3' **INITIAL:** 0.61 AC **EASEMENT** Lines 1-5 (425') S49°59'09"W 103.00 **Accepted Status CROP ROAD Gravity Serial** 50' PUBLIC R/W & UTILITY EASEMENT **REPAIR:** Lines 6-8 (315') Adams **PPBPS** Soil Consulting 180' 60 120' Pressure Manifold 919-414-6761 GRAPHIC SCALE

Page _1_ of _1_ PROPERTY ID #: 0693-15-1744 COUNTY: Harnett

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

OWNER: Davidson Homes	DATE EVALUATED: _1	0/23/2025
ADDRESS:		
PROPOSED FACILITY: <u>Single Family 5 BR</u> PROPOSED DESIGN FLOW (.0400): <u>480 gpd</u>	PROPERTY SIZE:6	31 Acres
LOCATION OF SITE: 203 Crop Rd. Angier NC 27501	PROPERTY RECORDED:	Y
WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other	WATER SUPPLY SETBAC	K:
EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER:	☑ Domestic ☐ High Strength	\square IPWW

P R O F I			SOIL MORPHOLOGY		OTHER PROFILE 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	0-26	GR/LS	VFR,SEXP,NS		36"	N.O	N.O	P.S .35	1"	
		26-36	SBK SCL	FR,SEXP,S							
1	4%										
		0-20	GR/LS	VFR,SEXP,NS							
2	Linear 4%	20-36	SBK SCL	FR,SEXP,S	N.O	36"	N.O	N.O			
									P.S .35	1"	
									.00		
	Linear 4%	0-20	GR/SL	VFR,SEXP,NS							
		20-34	SBK SCL	FR,SEXP,S	34"	34" 34	34"	N.O	I.O N.O	U/P.S	4.11
3						07	14.0	14.0	.35	1"	
4											

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): U/P.S
System Type(s)	III B	III B	EVALUATED BY: Bobby Weaver/Alex Adams
Site LTAR	.35	.35	OTHER(S) PRESENT:
Maximum Trench Depth	20"	20"	
Comments:	•		

Revised January 2024 NCDHHS/DPH/EHS/OSWP

Tobacco Rd Lot 124 5 BR, w/ 480 gpd WETLANDS **Harnett County** 30. 30' RIPARIAN N55°30'50"E **BUFFER** 103.48 25' REAR SETBACK *20" Max Trench Bottoms S40°00'51"E S40°00'51"E SIDE SETBACK 32.0' *House footprint to be field staked by surveyor and system verified prior to any construction **PROPOSED** AC 🛛 **Septic area must not be altered by construction activities. **ASHPORT G** 10 **CRAWL** *No cuts of 2' or greater within 22.0' within 15' of septic area L3 CAR -LEFT **** Recommend protective barrier around septic field during construction. 22.0' 32.0' *If plumbing is not sufficient a pump tank will be required to 35' FRONT septic field **SETBACK** DW 15' UTILITY 26.620 SF 15.0' 16.3' **INITIAL:** 0.61 AC **EASEMENT** Lines 1-5 (425') S49°59'09"W 103.00 **Accepted Status CROP ROAD Gravity Serial** 50' PUBLIC R/W & UTILITY EASEMENT **REPAIR:** Lines 6-8 (315') Adams **PPBPS** Soil Consulting 180' 60 120' Pressure Manifold 919-414-6761 GRAPHIC SCALE

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.

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

10.

ZONING: RA-30

CURRENT TITLE SEARCH MAY DISCLOSE.

DEVELOPER/BUILDER: DAVIDSON HOMES

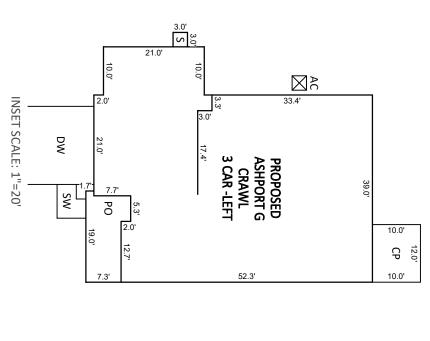
1903 NORTH HARRISON AVE
CARY, NC 27513

6.

DEVELOPMENT REGULATIONS.

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

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



LOT INFORMATION:

Bateman Civil Survey Company

2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081

Engineers • Surveyors • Planners

www.batemancivilsurvey.com

NCBELS Firm No. C-2378

info@batemancivilsurvey.com

REFERENCE: DB. 4216 PGS. 2256-2258 TOTAL LOT AREA = 0.61 AC = 26,620 SF MAX. IMPERVIOUS = 5,500 SF HOUSE = 2,359 SF COVERED PORCH = 120 SF DRIVEWAY = 604 SF SIDEWALK = 36 SF PORCH = 144 SF

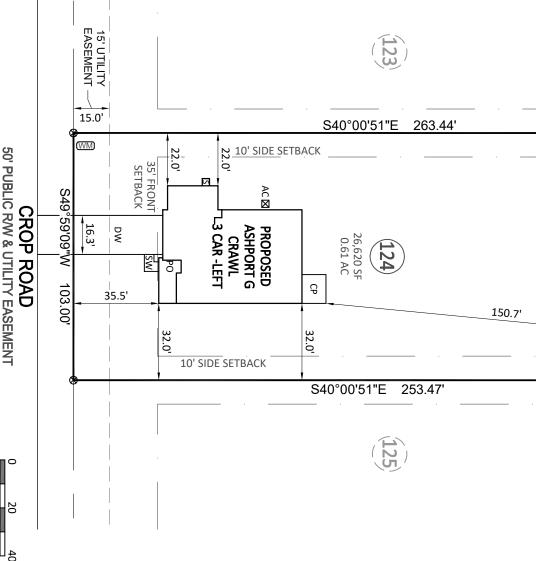
REAR - 25' SIDE - 10' SIDE CORNER - 20'

STOOP = 9 SFAC PAD = 9 SF

PERCENT IMPERVIOUS = 12.33% EXISTING IMPERVIOUS = 3,281 SF

BUILDING SETBACKS FRONT - 35'

WETLANDS NH AND AGE AT A N55°30'50"E 103.48 30.0 BUFFER 30' RIPARIAN



VICINITY MAP

(Not to Scale)

25' REAR SETBACK

PO = COVERED FRONT PORCH
CWD = COVERED WOOD DECK
SP = SCREENED PORCH
SW = SIDEWALK
DW = CONC DRIVEWAY
S = STOOP
© = RON PIPE FOUND (IPF)
© = IRON PIPE FOUND
MM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER PAD
© = CABLE BOX
© = SEWER MANHOLE
T = TELEPHONE PEDESTAL
CB = CATCH BASIN/CURB INLET
Q = LIGHT POLE
ETH = HAND HOLE
FIRE HYDRANT
Y = YARD INLET 匾

?

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

THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES

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

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

OTHERWISE SHOWN.

NOTES:

= CATCH BASIN/CURB INLET

YARD INLET = NOW OR FORMERLY

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

PREI MINAPL

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

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

PRELIMINARY PLOT PLAN

DAVIDSON HOMES

BLACK RIVER TOWNSHIP, HARNETT COUNTY **TOBACCO ROAD - PHASE 2 - LOT 124** 203 CROP ROAD, ANGIER, NC

ATE: 10/6/25 DRAWN BY: MJA CHECKED BY: SPC

1'' = 40 ft.SCALE:

D REFERENCE: BM 2025 PGS. 25-28 BCS# 230746 SCALE: 1" = 30'