

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

COMMON FORM FOR ENGINEERED OPTION PERMIT

LHD USE ONLY: Initial submittal of this NOI received: 5/13/2025 by FP
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply.

☒ Single System or ☐ Multiple Systems

AND

☒ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Fritchle Family Farms, LLC; Manager: Johnathan Fritchle

Mailing address: 5416 Pulley Town Road City: Zebulon State: NC Zip: 27597

Telephone number: (919) 909-4173 E-mail Address: fritchlefamilfarm@gmail.com

2. Professional Engineer (PE) name: Gary S. MacConnell, PE License number: 17069

Mailing address: PO Box 129 City: Morrisville State: NC Zip: 27560

Telephone number: (919) 467-1239 E-mail Address: gary@macconnellandassoc.com

3. Licensed Soil Scientist (LSS) name: John Davis, LSS License number: 1028

Mailing address: PO Bos 1036 City: Youngsville State: NC Zip: 27596

Telephone number: (919) 245-2375 E-mail Address: soilhorizons@gmail.com

4. Licensed Geologist (LG) (if applicable) name: _____ License number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-Site Wastewater Contractor name: David Brantley License number: 1036

Mailing address: 37 Pine Ridge Road City: Zebulon State: NC Zip: 27597

Telephone number: (252) 478-3721 E-mail Address: 1installer@gmail.com`

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 5017 Mitchell Town Road Youngsville, NC 27596; Parcel ID: 1789-20-4913

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

LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH NC 27699-1642

www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

County Name: Wake

8. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 8 max.
☐ Place of business Basis for flow calculation: include 25% flow reduction
☐ Place of public assembly Basis for flow calculation: _____
9. Factors that would affect the wastewater load: Domestic Wastewater that is typical of a single-family Residence
10. Type and location of proposed wastewater system: Initial and Repair System: Type 111(b) Pressure Manifold System
11. Design wastewater flow: 360 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
 Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process
12. A plat as defined in G.S. 130A-334(7a) is attached: ☒ Yes ☐ No
13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18E .0601: ☒ Yes ☐ No
 This is a saprolite system. ☐ Yes ☒ No
14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☒ Yes ☐ No
15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA
16. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☒ NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, Gary S. MacConnell, PE hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Licensed Professional Engineer

SEAL
17069

Date

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, Johnathan Fritchel hereby designate Gary S. MacConnell, PE as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Signature of Owner

Date

Owner self-submittal of NOI:

I, Johnathan Fritchel hereby submit this NOI prepared by Gary S. MacConnell, PE pursuant to G.S. 130A-336.1.

Signature of Owner

Print Name of Licensed PE

Date

PART 3: Authorization to Operate (ATO)

LHD USE ONLY: Initial submittal of this ATO received: _____ by _____
Date Initials

The following items are included in this Authorization to Operate for an EOP:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) | ☐ Yes | ☐ No |
| 2. Operation and management program and ORC contract, if applicable | ☐ Yes | ☐ No |
| 3. Letter documenting Owner's acceptance of the system from the PE | ☐ Yes | ☐ No |
| 4. Owner meets requirements control of the system per 15A NCAC 18E .0301(b) | ☐ Yes | ☐ No |
| 5. Easement, right of way, or encroachment agreement required per 15A NCAC 18E .0301(c) | ☐ Yes | ☐ No |
| 6. Multi-party agreements required, as applicable, per 15A NCAC 18E .0204(g) | ☐ Yes | ☐ No |
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided
Print name of Owner or Professional Engineer
and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Owner or Professional Engineer

Date

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an Engineer Option Permit [G.S. 130A-336.1(f)]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Harris & Company - Cary Office 215 E Chatham St. Suite 120 Cary NC 27511		CONTACT NAME: Chris Ham PHONE (A/C No. Ext): (919)467-8126 E-MAIL ADDRESS: chris@hc1935.com FAX (A/C No): (919)467-8175	
INSURED MacConnell & Associates, P.C. Po Box 129 Morrisville NC 27560-0129		INSURER(S) AFFORDING COVERAGE INSURER A: ERIE Insurance Exchange INSURER B: Continental Casualty Co INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			Q97-0842712	11/04/2024	11/04/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			Q11-1731074	11/17/2024	11/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$			Q31-1070288	07/10/2024	07/10/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☒ N	N / A	Q91-1000820	07/10/2024	07/10/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability & Pollution Incident Liability Insurance			AEH591893132	09/17/2024	09/17/2025	Each Claim \$2,000,000 Aggregate \$2,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Engineer, Policy Forms and Endorsements Apply

CERTIFICATE HOLDER**CANCELLATION**

This Certificate is for
Informational Purposes Only.
Certificate Holder Name and
Address Needed to Validate.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christal D. Ham

Fax:

Email:

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ACORD 25 (2016/03)

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SOILH-1

OP ID: KJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/09/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hodges Insurance Agency, Inc. P. O. Box 330 Louisburg, NC 27549 Bryan Cash	919-496-5155	CONTACT NAME: Bryan Cash PHONE (A/C, No, Ext): 919-496-5155 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Soil Horizons LLC John Davis PO Box 1063 Youngsville, NC 27596		INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Ins. Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 24082

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			BLS59976367	06/11/2024	06/11/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

MacConnell & Associates, P.C. 501 Cascade Pointe Lane Suite 103 Cary, NC 27513	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bryan Cash
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	CONTACT NAME: Certificate Administrator PHONE (A/C, No, Ext): 910-455-7576 E-MAIL ADDRESS: certs@siagroup.com	FAX (A/C, No): 910-455-7481
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Owners Insurance Company		32700
INSURER B : Auto-Owners Insurance Company		18988
INSURER C : FFVA Mutual Insurance Co.		10385
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER: 379977437** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ cont liab GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			35506165	7/2/2024	7/2/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			53-914661-00	7/2/2024	7/2/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			5391466101	7/2/2024	7/2/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	WC850-0050098-2024A	7/2/2024	7/2/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Equipment			35506165	7/2/2024	7/2/2025	Leased/Rented \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All Projects for MacConnell & Associates, PC

CERTIFICATE HOLDER**CANCELLATION**

MacConnell & Associates, PC
PO Box 129
Morrisville NC 27560

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

P.O. Box 129
Morrisville, NC 27560

Phone: 919-467-1239



**MACCONNELL
& ASSOCIATES, P.C**

501 Cascade Pointe Lane
Suite 103
Cary, NC 27513
Fax: 919-319-6510

May 7, 2025

Re: Fritchle Family Farms, LLC
5017 Mitchell Town Road
Wake County, North Carolina
MacConnell & Associates Project Number: C28503.00

To Whom it May Concern:

This letter accompanies the EOP septic Application for 5017 Mitchell Town Road, Youngsville, NC 27596 in Wake County, North Carolina. To satisfy requirement 12 of the application pertaining to regulation G.S. 130A 334(7a), a plat was submitted with all application documentation. Although the submitted plat does not provide all items per regulation G.S. 130A 334(7a), in my professional opinion, it does satisfy the intent of said regulation because it is being submitted concurrently with a site plan based on information provided by the plat surveyor which includes the proposed wastewater system, water supply (when applicable), and related appurtenances.

Thank you for your consideration for this EOP septic Application. If you have any questions or require additional information, please contact me at (919) 467-1239.

Sincerely,

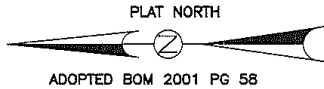
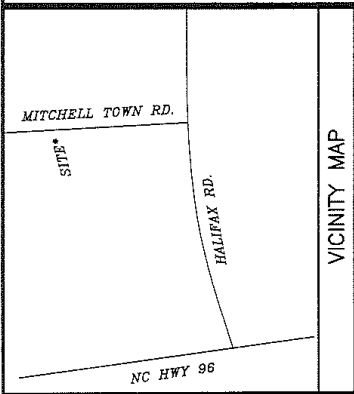
Gary S MacConnell, PE

President



5/7/2025

RBPR-131955-2024



SITE PLAN APPROVED BY
WAKE COUNTY N.C. P.D.I.
Tiya Shields
03/14/2025 4:19:11 PM

WAKE COUNTY N.C. P.D.I.
REVISED SITE PLAN

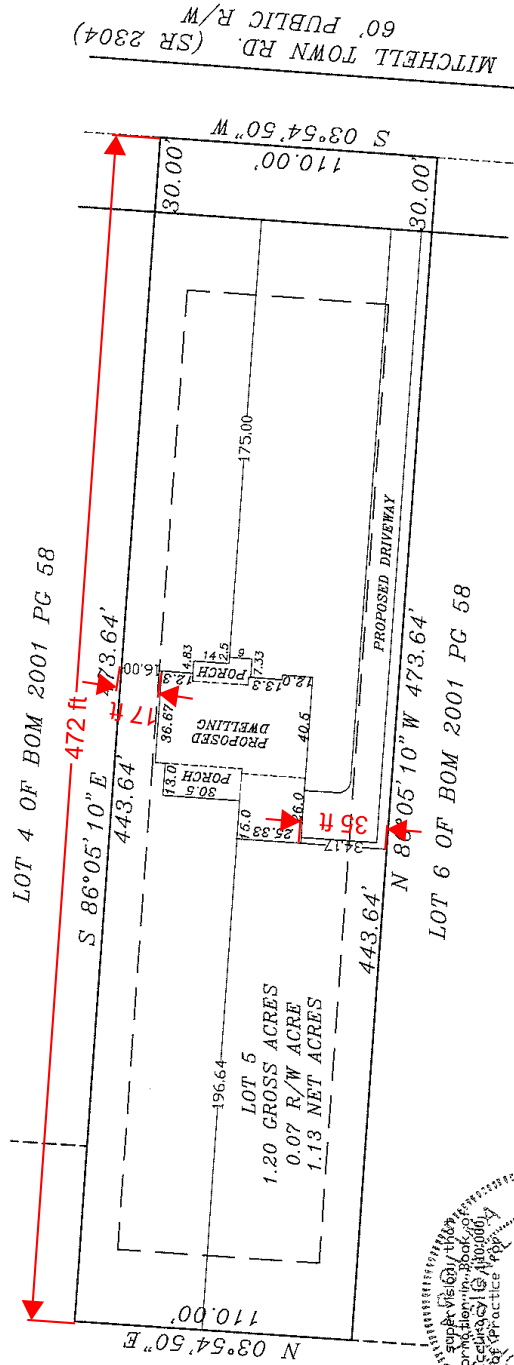
PROPERTY ADDRESS:
5017 MITCHELL TOWN RD.
YOUNGSHVILLE, NC

PIN: 1789-20-4913

ZONED: R-40W

SETBACKS:
FRONT 30'
SIDE 15'
REAR - 30'

LOT 4 OF BOM 2001 PG 58



NOTE: BEING LOT 5 OF THE C.E. DUKE, JR. HEIRS
SUBDIVISION AS RECORDED IN BOOK OF MAPS 2001
PAGE 58.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS MONUMENT WITHIN 2000'.

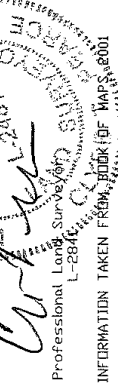
NOTE: THIS PROPERTY IS SUBJECT TO
EASEMENTS AND RESTRICTIONS OF RECORD.

IMPERVIOUS SURFACE COVERAGE
3456 SQ.FT. - HOUSE, GARAGE & PORCHES
3276 SQ.FT. - DRIVEWAY
6732 TOTAL SQ.FT. - PROPOSED COVERAGE
PERCENTAGE OF LOT COVERED - 13.7%

"I, Clyde T. Pearce, certify that this map was drawn under
the boundaries not surveyed are indicated as drawn from information in Book of
Maps 2001 Page 58 that the ratio of precision or positional accuracy is 1/100,000,
and that this map meets the requirements of The Standard of Practice for
Land Surveying in North Carolina (21 NCAC 56.1600)."

This 15th day of MAY, 2024.

Seal



NOTE: NOT AN ACTUAL FIELD SURVEY. INFORMATION TAKEN FROM BOOK OF MAPS 2001
PG. 58

WILLIAMS - PEARCE and ASSOC.,
PROFESSIONAL LAND SURVEYORS, P.A.
1000 N. ARENDELL AVE.
P.O. BOX 892, ZEBULON, N.C. 27597
PHONE: 919-269-9605 LIC. # C-0243

PLOT PLAN FOR
FRITCHLE FAMILY FARM
LITTLE RIVER TOWNSHIP
WAKE COUNTY
NORTH CAROLINA



GRAPHIC SCALE - FEET
F:\NEWMAPS\JOHN FRITCHLE\DUKE LOTS\LOT PLAN LOT 5.DWG

DRAWN BY: CTP & BCW

CHECKED BY: CTP

(REV. 03-04-2025)
(REV. 01-11-2025)

DATE: 05-15-2024

SCALE: 1" = 60'

JOB: CTP2066 CF