

Certificate of Approval for Recording

I hereby certify that the subdivision plot shown hereon has been found to be exempt from the Duplin County Unified Development Ordinance per Section 809(A) and is hereby approved for recording in the Office of the Register of Deeds of Duplin County, North Carolina.

Signed by: Christopher Hatler 12/30/2025  
Deed Administrator, Duplin County Date

STATE OF NORTH CAROLINA DUPLIN COUNTY  
I, Kaylin Burgess REVIEW OFFICER of Duplin County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.  
12/30/2025 Date  
Review Officer

STATE OF NORTH CAROLINA DUPLIN COUNTY  
Filed for registration on the: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (A.M./P.M.)  
and duly recorded in Map Book \_\_\_\_\_ of Page \_\_\_\_\_.

Register of Deeds

By \_\_\_\_\_

BK 36 PG 399 - 399 (1) DOC# 10065670  
This Document eRecorded: 12/30/2025 03:22:42 PM  
Fee: \$21.00 DocType: MAP Tax: \$0.00  
Duplin County, North Carolina  
Anita Marie Savage Register of Deeds

STUDY REFERENCE:

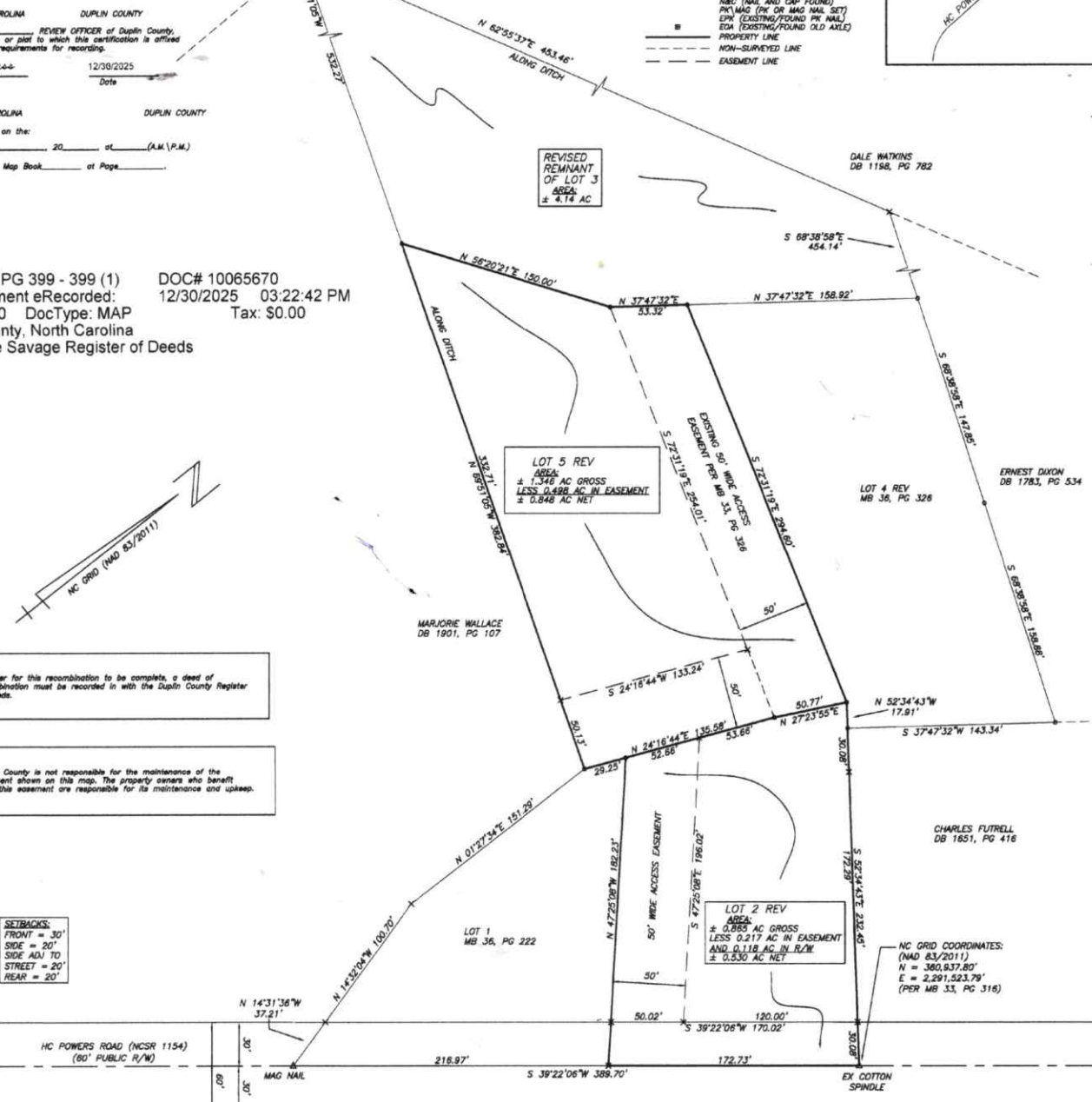
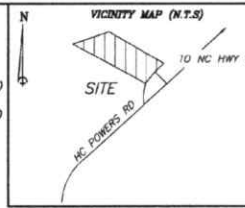
MAP BOOK 36 AT PAGE 222  
AND MAP BOOK 36 AT PAGE 326  
DUPLIN COUNTY REGISTRY

NOTES:

- FEMA FLOOD MAP INFORMATION: DUPLIN COUNTY FLOOD INSURANCE RATE MAP: MAP No.: 3700338000 FLOOD ZONE: I MAP EFFECTIVE DATE: JUNE 20, 2018. CORNERS ARE MARKED AS NOTED ON MAP.
- ALL BEARINGS ARE TO NC GRID (MAD 8/3/2011).
- ALL DISTANCES ARE HORIZONTAL FIELD MEASUREMENTS.
- AREA COMPUTED BY THE COORDINATE METHOD.
- COUNTY WATER IS AVAILABLE.

LEGEND:

- EIR (EXISTING/FOUND IRON ROD)
- EIP (EXISTING/FOUND IRON PIPE)
- IPS (IRON PIPE SET)
- EIS (EXISTING/FOUND IRON STAKE)
- IRS (IRON ROD SET)
- CMS (CONCRETE MONUMENT SET)
- ECM (EXISTING/FOUND CONC MONUMENT)
- NCDS GRID MONUMENT
- △ EIRIS (EXISTING/FOUND RAILROAD SPIKE)
- RRSS (RAILROAD SPIKE SET)
- NAC (NAIL AND CAP FOUND)
- PCK (NAIL OR CAP FOUND)
- EPK (EXISTING/FOUND PK NAIL)
- EDA (EXISTING/FOUND OLD AXLE)
- PROPERTY LINE
- NON-SURVEYED LINE
- EASEMENT LINE



In order for this recombination to be complete, a deed of recombination must be recorded in with the Duplin County Register of Deeds.

Duplin County is not responsible for the maintenance of the easement shown on this map. The property owners who benefit from this easement are responsible for its maintenance and upkeep.

SETBACKS:  
FRONT = 30'  
SIDE = 20'  
SIDE ADJ TO STREET = 20'  
REAR = 20'

NC GRID COORDINATES:  
(MAD 8/3/2011)  
N = 360,937.80'  
E = 2,291,523.79'  
(PER MB 33, PG 316)

Certificate of Ownership

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Duplin and that I hereby adopt this plan of subdivision with my own free consent and intend to construct all improvements in this subdivision in compliance with the minimum design requirements as established by the Duplin County Unified Development Ordinance. I also accept responsibility for maintenance, ownership or dedication of any easements created by this plat unless responsibility of such is deemed to be a new party.

Signed by: Harry Dorsey 12/30/2025  
Owner Date

I, Elizabeth F. Smith, Professional Land Surveyor L-5195, state that this plat is of a survey of another category such as the recombination of existing parcels, a court-ordered survey or other exception to the definition of a subdivision as per Duplin County Subdivision Regulations. (RECOMBINATION OF EXISTING PARCELS)

Signed by: Elizabeth F. Smith  
Professional Land Surveyor  
NC License No. L-5195



OWNER: HARRY & KATHLEEN DORSEY  
1815 ROCK HILL ROAD  
CASTLE HAYNE NC 28429

CERTIFICATE OF SURVEY AND ACCURACY (G.S. 47-30)

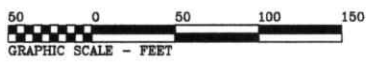
I, Elizabeth F. Smith, PLS, certify that this plot was drawn under my supervision from an actual survey made under my supervision from information found in Duplin County Registry, as noted hereon, that the ratio of precision as calculated is 1:10,000; that the boundaries not surveyed are shown as dashed lines as noted; that this plot was prepared in accordance with G.S. 47-30 as amended. Witness my original Signature, License Number, and Seal, the \_\_\_\_ day of \_\_\_\_\_, AD, 2025.

Signed by: Elizabeth F. Smith  
Professional Land Surveyor  
NC License No. L-5195



ELIZABETH F. SMITH, PLS  
ROBERT H. GOSLEE & ASSOCIATES, PA  
LAND SURVEYORS - LAND PLANNERS  
317 E. MURRAY ST., P.O. BOX 133  
WALLACE, NORTH CAROLINA 28466  
NC CORPORATE LICENSE No. C-1167  
910-285-4210  
Email: beth@gosleesurveying.com

MAP OF RECOMBINATION FOR  
**HARRY DORSEY**  
AND WIFE,  
**KATHLEEN DORSEY**  
OF LOT 2, MAP BOOK 36 AT PAGE 222  
AND LOT 5 & REMNANT, MAP BOOK 36 AT PAGE 326  
ISLAND CREEK TOWNSHIP - DUPLIN COUNTY - NORTH CAROLINA  
SCALE: 1" = 50'



FILE No. DF-17-83-A-RECOMB-ESMT REV

# 34070



North Carolina Onsite Wastewater Contractor Inspector Certification Board  
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems  
Notice of Intent (NOI) to Construct

New  Expansion  Repair  Relocation  Relocation of Repair Area

Owner or Legal Representative Information:  
Name: Harry Dorsey  
Mailing address: 1815 ROCK HILL RD City: CASTLE HAYNE State: NC Zip: 28429  
Phone: 910-343-9600 Email: hdorsey@ec.rr.com

Authorized Onsite Wastewater Evaluator Information:  
Name: Craig Turner Certification #: 10053E  
Mailing address: 380 Wrightsville Ave. Ste 15 City: Wilmington State: NC Zip: 28403  
Phone: 910-620-1137 Email: craig.turner@davey.com

Site Location Information:  
Site address: HC POWERS R1, NC 28466  
Tax parcel identification number or subdivision lot, block number of property: R12|0-1211  
33781 Tax Lot: 12 County: Duplin

System Information:  
Wastewater System Type: IIG  
Daily Design Flow: 360  
Saprolite System: Yes  No  Subsurface Operator Required: Yes  No   
Water Supply Type:  Private Well  Public Water Supply  Spring  Other:

Facility Type:  
 Residential 3 # Bedrooms 6 Maximum # of Occupants  
 Business Type of Business and Basis for Flow:  
 Public Assembly Type of Public Assembly and Basis for Flow:

Required  Plat or  Site Attachments:  Plan  
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 25 day of Sept, 2025 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. This NOI shall expire on 25 day of Sept, 2026.  
Signature of Authorized Onsite Wastewater Evaluator: Craig Turner  
Signature of Owner or Legal Representative: Harry Dorsey

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:  
Signature of Local Health Department Representative: Adam Kennedy Date: 1-14-26



AGENT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I/we, the undersigned, hereby authorize Davey Resource Group to act as our agent in the for the septic system permit application for the subject property, HC Powers Road, Duplin County, NC. Any questions regarding the septic permit application or proposed septic plan should be directed to Davey Resource Group (Craig Turner NCLSS 1091)

Property Address and Parcel ID Number: HC Powers Road, Wallace ; 03960300890

Current Property Owner Name and Phone Number: Harry Dorsey; 910-343-9600

Owner Address: Harry DORSEY; 1815 ROCK HILL RD; CASTLE HAYNE, NC 28429

I hereby acknowledge that:

"The AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-336.2"

Harry Dorsey

Print Owner's Name:

Harry Dorsey  
Harry Dorsey Sep 25, 2025 12:03:41 EDT

Owner's Signature:

Date: Sep 25, 2025

G. Craig Turner

Print Authorized Agent / LSS Name:

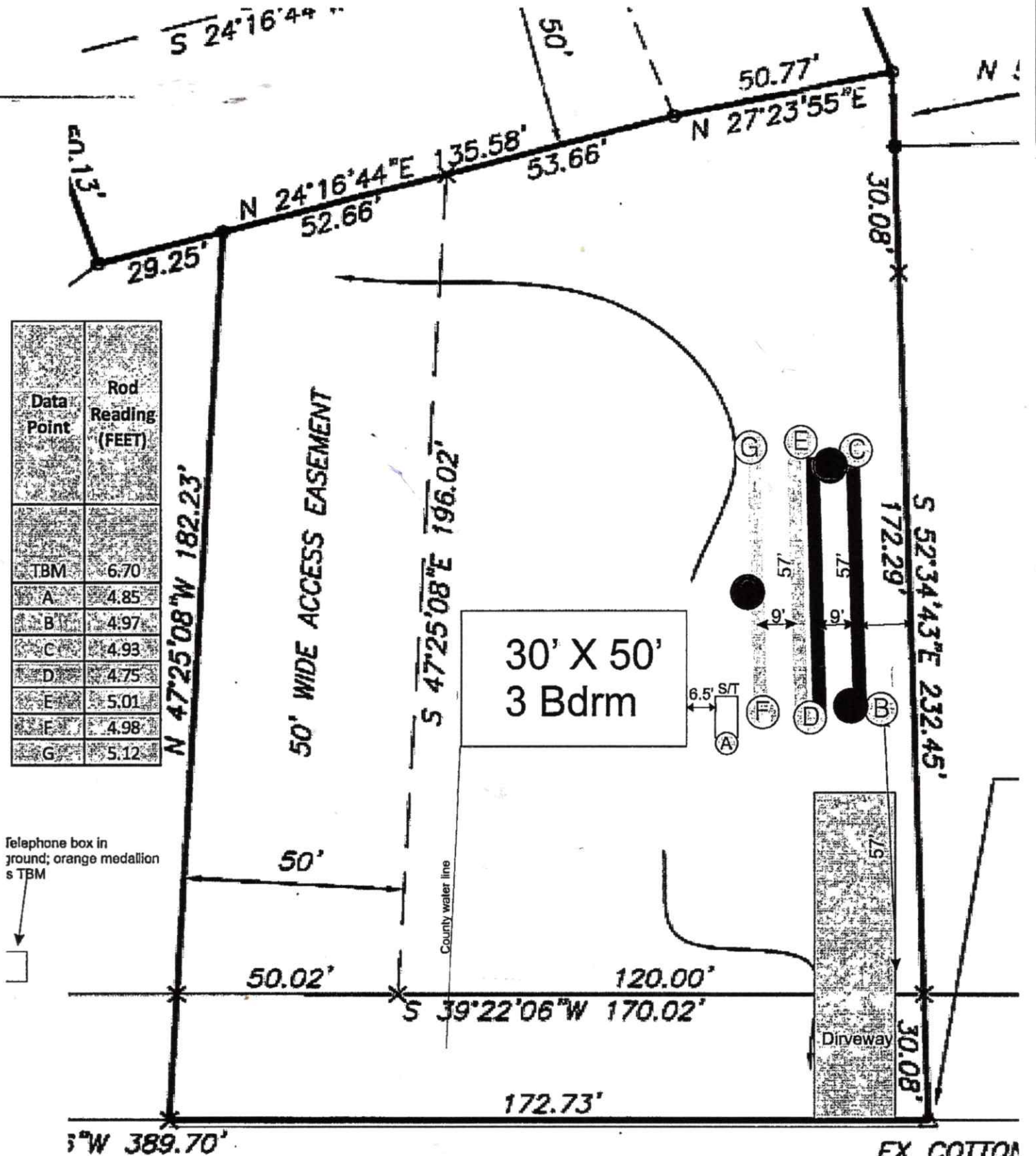
G. Craig Turner

Authorized Agent / LSS Signature:

Date: 9/25/2025

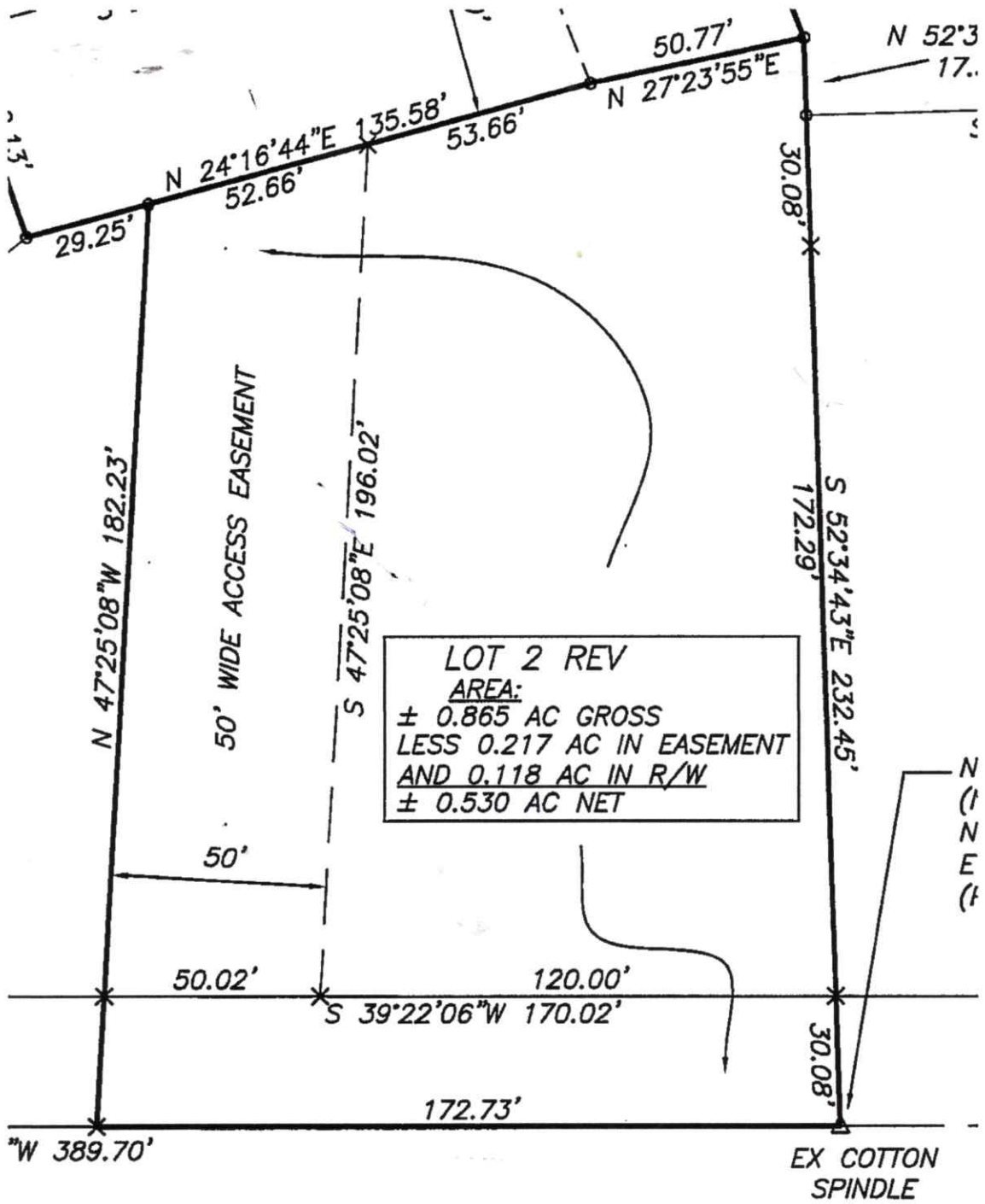
Data Point	Rod Reading (FEET)
TBM	6.70
A	4.85
B	4.97
C	4.93
D	4.75
E	5.01
F	4.98
G	5.12

Telephone box in ground; orange medallions TBM



1 inch = 28 feet

EX COTTON  
CORNELL



LOT 2 REV  
 AREA:  
 ± 0.865 AC GROSS  
 LESS 0.217 AC IN EASEMENT  
 AND 0.118 AC IN R/W  
 ± 0.530 AC NET

Test Hole # 1 Location Latitude/Longitude:

Soil Profile	Estimating Soil Saturation			Estimating Soil Permeability			Additional Comments	
	Horizon	Depth (inches)	Matrix Color	USDA Class	Soil Class	Plastic Class		Structure Type (shape)
AP	0-7	10YR 4/3		11	SI	PO	1	fr
BT	7-24	10YR 6/6		11	SI	PO	1	fr
BT	24-32	10YR 7/6	10YR 6/8	11	SI	PO	1	fr
BCG	32-118	10YR 3/1	10YR 6/8 3/2	11	SI	PO	1	fr

Comments and Other Pertinent Soil Features



S.C. Certification Number 57

Most Limiting Soil Conditions	Depth (in.) and Description	Most Limiting Soil Conditions	Depth (in.) and Description
Zone of Saturation	2.4	Residual Horizon	
Loading Rate gal/d/a/ft	D.0	Overburden/FB Material	

Low Profile Chamber

Test Hole # Location Latitude/Longitude:

Soil Profile	Estimating Soil Saturation			Estimating Soil Permeability			Additional Comments	
	Horizon	Depth (inches)	Matrix Color	USDA Class	Soil Class	Plastic Class		Structure Type (shape)
AP	0-5	10YR 4/3		11	SI	PO	1	fr
BT	5-20	10YR 4/6		11	SI	PO	1	fr
BC	20-24	10YR 6/3 6/6	10YR 6/4	11	SI	PO	1	fr
BC	34-40	10YR 6/2		11	SI	PO	1	fr
CG	40-48	10YR 6/1	10YR 6/8	11	SI	SP	0	fr

Comments and Other Pertinent Soil Features



S.C. Certification Number 57

Most Limiting Soil Conditions	Depth (in.) and Description	Most Limiting Soil Conditions	Depth (in.) and Description
Zone of Saturation	2.6	Residual Horizon	
Loading Rate gal/d/a/ft	0.8	Overburden/FB Material	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/01/2025

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).

<b>PRODUCER</b> MARSH USA LLC 200 Public Square, Suite 3760 Cleveland, OH 44114-1824	<b>CONTACT NAME:</b> Marsh   U.S. Operations & Technology <b>PHONE (A/C, No, Ext):</b> (866) 966-4664 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Cleveland.CertRequest@marsh.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
104370 RESOU KLUCZ	<b>INSURER A:</b> Old Republic Insurance Company <b>NAIC #</b> 24147 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> CLE-006313011-41	<b>REVISION NUMBER:</b> 33
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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.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MWZY 314042 25	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPROP AGG \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MWTB 314041 25	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MWC 314040 25 (AOS)	09/01/2025	09/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	Excess Workers Compensation		MWXS 314043 25 (NC, OH, PA, WA)	09/01/2025	09/01/2026	Workers Compensation Statutory
A	SIF: \$5,000,000		MWXS 316391 25 (CA)	09/01/2025	09/01/2026	Employer's Liability 1,000,000

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

Evidence of Insurance

<b>CERTIFICATE HOLDER</b>  *Davey Resource Group, Inc. 295 S. Water Street, Suite 300 Kent, OH 44240	<b>CANCELLATION</b>  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  <i>Marsh USA LLC</i>
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AGENCY CUSTOMER ID: CN101565730

LOC #: Cleveland



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED Davey Resource Group, Inc. 295 S. Water Street, Suite 300 Kent, OH 44240	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation does not apply in MN. Coverage is obtained from Workers Compensation reinsurance association (W.C.R.A.) as required by the state. Minnesota  
Employers Liability is covered by policy number MWC 314040 25.