	F F 700	
County	Harnett	
country.		

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

- II	Lot 83						
ssued To: Balle	ntine Associa	tes					
roperty Location	Olive Branch	Rd. Fuqua	ay Varina, NC	27526			
OWE/PE Plans/E	valuations Provided	: Yes 🛭 No 🗆	If yes, name and lie	ense number of	AOWE/PE: Jeff \	/aughan, 10003	3E
	R (4-bedroom						
] New	☐ Expansion	□ R epair	System Relocation	n 🗆			
asement?	□Yes	☑ No	Basement Fixt	cures? 🗆 Yes	☑ No		
pe of Wastewa	ter System** ACC	epted		(Initial)	PPBPS (T&	J Panel System	1) (Repair)
esign Daily Flow	480	GPD V	Vastewater Strength	n: 🛮 domestic	☐ high strength	n ☐ industrial pro	cess
ession Law 2014	-120 Section 53, Eng	gineering Design	Utilizing Low-flow F	Fixtures and Low	-flow Technologies	? □ Yes ☑ No	
stallation Requi	irements/Condition	<u>s</u>					
eptic Tank Size:	1200 gallons	Total Trench/	Bed Length: 300	feet Trench	n/Bed Spacing: 9	feet on center	
rainfield square	footage: 900	Trer	nch/Bed Width: 36	inches l	TAR: 0.4	gpd/ft²	
oil Cover:	inches Slope Ac	djusted Maximu	m Trench/Bed Dept	h: <u>22</u>	_inches		
	inches ab						
ımp Tank Size (i	f applicable):	gallons	Requires mor	e than 1 pump?	☐ Yes ☐ No		
ump Requireme	nts: ft. TDH	vs GPM	Grease Trap S	ize (if applicable): gallo	ons	
istribution Meth	nod: □ Serial 🛛 🛭	D-Box or Parallel	□ Pressure Mar	nifold(s) 🗆 LPF	Other:		
rtificial Drainage	Required: Yes 🗆	No ☑ If yes, p	lease specify details	:			
gal Agreement	- //f +h = ====== i= "\"						
A COMMENT	s (i) the answer is r	'es" to any type	of legal agreements	, please attach a	copy of the agreer	ment.)	
	ement Required [.19			, please attach a	copy of the agreer	ment.)	
Multi-party Agree		37(h)]: Yes □	No 🛮			nent.)	
Multi-party Agree	ement Required [.19	37(h)]: Yes □ ment Agreemer	No ☑ nt Required [.1938(j			nent.)	
Multi-party Agree asement, Right-o eclaration of Re	ement Required [.19 of-Way, or Encroach	37(h)]: Yes □ ment Agreemer	No ☑ nt Required [.1938(j			nent.)	
Multi-party Agree asement, Right-o eclaration of Res	ement Required [.19 of-Way, or Encroach	37(h)]: Yes ☐ ment Agreemer ☐ Yes ☑ No	No ☑ nt Required [.1938(j)]: □ Yes ☑ No)		
Multi-party Agree asement, Right-o eclaration of Res *If applicable: understand the sys	ement Required [.19 of-Way, or Encroach strictive Covenants:	37(h)]: Yes ment Agreemer Yes No	No ☑ nt Required [.1938(j)]: □ Yes ☑ No)		
Multi-party Agree asement, Right-o eclaration of Re- elf applicable: understand the sys- wner/Legal Repres	ement Required [.19 of-Way, or Encroach strictive Covenants:	37(h)]: Yes ment Agreemer Yes No	No ☑ nt Required [.1938(j)]: □ Yes ☑ No	ept the specifications		
Multi-party Agree asement, Right-o eclaration of Res *If applicable: understand the system twner/Legal Repres	ement Required [.19 of-Way, or Encroach strictive Covenants: stem type specified is a sentative Print Name: sentative Signature:	37(h)]: Yes ☐ ment Agreemer ☐ Yes ☑ No different from the	No 🗹 nt Required [.1938(j)]: □ Yes ☑ No)		
fulti-party Agree asement, Right-o eclaration of Res elfapplicable: understand the sys wner/Legal Repres wner/Legal Repres	ement Required [.19 of-Way, or Encroach strictive Covenants: stem type specified is sentative Print Name: sentative Signature: Conference Require	37(h)]: Yes ment Agreemer Yes No different from the	No 🗹 nt Required [.1938(j) e type specified on the)]: □ Yes ☑ No	ept the specifications Date:		
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Aulti-party Agree asement, Right-o peclaration of Res *If applicable: understand the system wher/Legal Repres wher/Legal Repres vere-Construction conditions: the construction ato this permit a	ement Required [.19 of-Way, or Encroach strictive Covenants: stem type specified is sentative Print Name: sentative Signature: Conference Require and installation required and shall be met. Systame: Jeff Vaug	archi): Yes ☐ ment Agreemer ☐ Yes ☐ No different from the ed: Yes ☐ No uirements of Ru stems shall be in han	No 🗹 nt Required [.1938(j) e type specified on the	application. I acc	pept the specifications Date: Date: Date: 07/10/2	.1959 are incorporated	Certification Number
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Permit Number: 5502508-0066
5. 130A-335(a6) states the following: 'If a local health department fails to act on an application for a construction authorization omitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health partment shall issue the construction authorization.'
accordance with G.S. 130A-335(a5) the construction authorization application is:
Incomplete (If box is checked, information in this section is required.)
e following items are missing:
pies of this were sent to the AOWE/PE and the Owner on
ate Authorized Agent: Date:
Denied (See attached report.) pies of this were sent to the AOWE/PE and the Owner on
ate Authorized Agent: Date:
Date of Issuance: Standard Agent: Date of Issuance: Date of Issuanc
onstruction Authorization Expiration Date:
See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: 8 35 25

County: __

County: Harnett SFD 2508-0066

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: Lot 83
Issued To: Ballentine Associates
Property Location: Olive Branch Rd. Fuquay Varina, NC 27526
Subdivision: Birchwood Trails Lot #: 83 Block: Section:
LSS Report Provided: Yes ☑ No □
If yes, name and license number of LSS: Jeff Vaughan (1227)
New ☑ Repair □ Expansion □ System Relocation □
Proposed Structure: SFR (4-bedroom)
Proposed Wastewater System Type: Accepted (Initial) PPBPS (T&J Panel System) (Repair)
Fill System: 🗆 Yes 🔻 No If yes, specify: 🗀 New 🗀 Existing (when adding more than 6 inches of fill to system area please provide a fill plan)
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.4 Proposed LTAR (Repair): 0.4
Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process
Number of bedrooms: 4 Number of Occupants: 8 Other:
Pump Required: ☐ Yes ☐ No ☑ May be required based upon final location and elevations of facilities
Artificial Drainage Required: Yes No If yes, please specify details:
Type of Water Supply: ☐ Private well ☐ Public well ☑ Municipal Supply ☐ Spring ☐ Other:
Drainfield location meets requirements of Rule .1945: Yes ☑ No □
Drainfield location meets requirements of Rule .1950: Yes ☑ No □
Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)]
Permit conditions:
Licensed Soil Scientist Print Name: Jeff Vaughan
Licensed Soil Scientist Signature: Date: 07/10/2023
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: 8 35 35 by 07 Date Initials
Permit Number: SF3258-0066
G.S. 130A-335(a4) states the following: 'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'
In accordance with G.S. 130A-335(a3) the improvement permit application is:
☐ 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 Owner on
State Authorized Agent: Date:
☐ Denied (See attached report.)
Copies of this were sent to the LSS and the Owner on
State Authorized Agent: Date:
Complete State Authorized Agent: Date of Issuance: 82725
This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department 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 site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.
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).

See attached site sketch

Improvement Permit Expiration Date: 8 27 130

County: Harnett

