

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

PIN/Lot Identifier: Lot 88Issued To: Ballentine AssociatesProperty Location: Olive Branch Rd. Fuquay Varina, NC 27526Subdivision: Birchwood TrailsLot #: 88

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)

Accepted

(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 GPDProposed LTAR (Initial): 0.4Proposed LTAR (Repair): 0.4Design Wastewater Strength: ☒ domestic☐ high strength☐ industrial processNumber of bedrooms: 4 Number of Occupants: 8 Other: _____Pump Required: ☐ Yes ☐ No ☒ May be required based upon final location and elevations of facilitiesArtificial 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)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]Permit conditions:

_____Licensed Soil Scientist Print Name: Jeff VaughanLicensed Soil Scientist Signature: Date: 05/22/2023

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 OnlyInitial submittal received: 10/10/25 by OT
Date InitialsPermit Number: 5802510-0019

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 _____
Date

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)Copies of this were sent to the LSS and the Owner on _____
Date

State Authorized Agent: _____ Date: _____

☒ CompleteState Authorized Agent: RGHS Date of Issuance: 10/16/25

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).

Improvement Permit Expiration Date: 10/16/30

See attached site sketch

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

PIN/Lot Identifier: Lot 88Issued To: Ballentine AssociatesProperty Location: Olive Branch Rd. Fuquay Varina, NC 27526AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Jeff Vaughan, 10003EFacility Type: SFR (4-bedroom)☒ New ☐ Expansion ☐ Repair ☐ System RelocationBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ NoType of Wastewater System** Accepted (Initial) Accepted (Repair)Design Daily Flow: 480 GPD Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial processSession Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☒ No**Installation Requirements/Conditions**Septic Tank Size: 1200 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on centerDrainfield square footage: 900 Trench/Bed Width: 36 inches LTAR: 0.4 gpd/ft²Soil Cover: _____ inches Slope Adjusted Maximum Trench/Bed Depth: 22 inches

Aggregate Depth: _____ inches above pipe _____ inches below pipe _____ inches total

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 [.1937(h)]: Yes ☐ No ☒Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☒ NoDeclaration of Restrictive Covenants: ☐ Yes ☒ No****If applicable:***I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.*

Owner/Legal Representative Print Name: _____

Owner/Legal Representative Signature: _____ Date: _____

Pre-Construction Conference Required: Yes ☐ No ☒

Conditions: _____

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Jeff VaughanAOWE/PE Signature: Jeff Vaughan Date: 05/22/2023

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch



County: _____

This Section for Local Health Department Use Only

Initial submittal received: 10/10/25 by OT
Date Initials

Permit Number: STD 2510-0018

G.S. 130A-335(a6) states the following: 'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'

In accordance with G.S. 130A-335(a5) the construction authorization 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 AOWE/PE and the Owner on _____
Date

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____
Date

State Authorized Agent: _____ Date: _____

☒ Complete

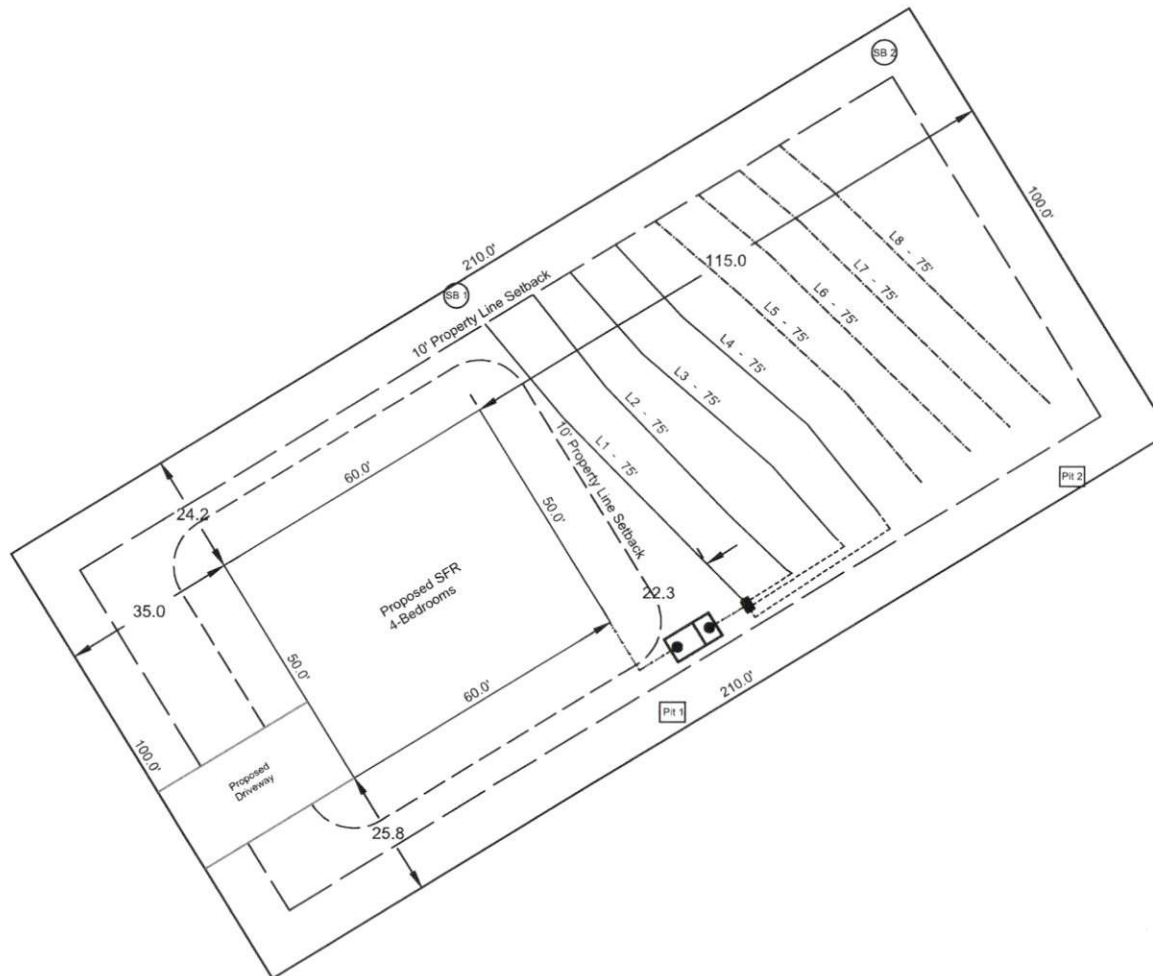
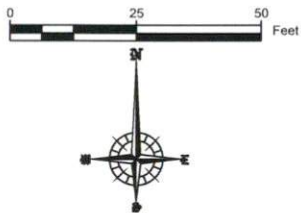
State Authorized Agent: RGHS Date of Issuance: 10/10/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) 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, or if information submitted in the application was falsified, inaccurate or misleading. 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 location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

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: 10/10/30

See attached site sketch



PROPERTY LAYOUT

SOURCE: AWT, Inc. (Boundary survey performed by Bennett Surveys)

AWT
 Engineers and Soil Scientists
 Agri-Waste Technology, Inc.
 501 N. Salem Street, Suite 203
 Apex, North Carolina 27502
 919-659-0669
 www.agriwaste.com

Ballentine Associates, PA
 Birchwood Trails - Lot 88

Project Location:
 Olive Branch Rd
 Fuquay Varina, NC 27526
 Harnett County
 PIN: —

Project Owner:
 Ballentine Associates, PA
 221 Providence Rd
 Chapel Hill, NC 27514
 919-929-0481
 dtkenn@ballentineassociates.com

PROFESSIONAL ENGINEER
 EVALUATOR SEAL



FINAL DESIGN
 NOT FOR CONSTRUCTION

REV. ISSUED DATE DESCRIPTION

SHEET TITLE

Property Layout

DRAWN BY: H. Clapp	CREATED ON: 05/22/2023
REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER
WW-2