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| -IIP | /Perm | IT 7 | Ŧ: | BRES2401-0024 |

Harnett County Environmental Health

| EXISTING SYSTEM APPROVAL | | | | | | | |
|--|--|--|---|--|--|--|--|
| Issued by: | Local Health Departmen | t 🗌 AOWE | Certified Inspector | | | | |
| ■ Reconnection when the Construction Authorization/N | oposed facility is not in the same footp | me footprint as existin | | | | | |
| Applicant: Edward Womack Mailing Address: 2785 Raven Rock City: Lillington | | Mailing Address: City: | | | | | |
| State: NC Zip Phone #: 919-777-4379 Email: | | Phone #: | Zip: | | | | |
| PIN/Lot Identifier: 0622-60-4199 Property Location/Address: 935 Mo Facility Type: House/Modular | | | Other: | | | | |
| Operation Permit/ATO #: Number of Bedrooms: 2 Wastewater Strength: Domes Water Supply: Private well | Max # Occupants: 4 | Other: Industrial Proce | ss Wastewater | | | | |
| *For Site Modifications or Footprin | d for approval: Ition Permit or the wastewater Ited malfunction of the system Ith for the proposed facility do In Section .0600 of 15A NCAC 1 Irrated and maintained in accor It Expansions: The setbacks in Section .0600 of | as described in 15A N not exceed that of the 18E dance with Section .13 | or to July 1, 1977 CAC 18E .1303(a)(2) | | | | |
| Approval Conditions. | | | | | | | |
| Inspector's Printed Name: Mark Ost Inspector's Signature: | porne REHS | | tor Certification #: 2613 03-11-24 | | | | |