ile/Permit #:	BRES2401-0088
·ile/Permit #:	BRE52401-0000

Harnett County Environmental Health

EXISTING SYSTEM APPROVAL					
Issued by:	Local Health Department	☐ AOWE	Certified Inspector		
■ Reconnection when the Construction Authorization/N	oposed facility is not in the same footp	me footprint as existir rint as existing/previous fac ctions outside of footprint p	9607		
Applicant: Dena Wilkins Mailing Address: 3208 US 64 W City: Apex State: NC Zip Phone #: 919-302-2617 Email: Denawilkinsemail@gmail.com	: 27523	Mailing Address: City: State: Phone #:	Zip:		
PIN/Lot Identifier: 9567-92-5378 Property Location/Address: 645 Mill Facility Type: House/Modular		7	Other:		
Operation Permit/ATO #: Number of Bedrooms: 2 Wastewater Strength: Domes Water Supply: Private well Proposed Property Improvement:	Max # Occupants: 4 tic High Strength Public well Shared wel	Other: Industrial Proce	ss Wastewater Oly Spring Other:		
*For Site Modifications or Footprin Proposed structure meets t	tion Permit or the wastewater ted malfunction of the system th for the proposed facility do in Section .0600 of 15A NCAC 1 rated and maintained in accord Expansions: The setbacks in Section .0600 of	as described in 15A N not exceed that of the 8E dance with Section .13	CAC 18E .1303(a)(2) e existing system 800 of 15A NCAC 18E and permit conditions.		
Approval Conditions:					
Inspector's Printed Name: Mark Ost Inspector's Signature:	orne REHS LEGS		tor Certification #: 2613 02-22-24		

See attached site sketch

HTE# 10-5-2386

Harnes County Department of Public health 20869

PERMIT # 25924

Operation Permit

	New Installation 🖂 Septic Tank 🗆 Repair 🖂 Nitrification Lin	ie 🗀 Expansion
	PROPERTY LOCATION: MILTON WELCH RO	" 10
Name: (owner) MELVIN JOHNSON	SUBDIVISION KNOLL BEOOK L Registration #	OT # 12_
System Installer: TERRY MAPLES		
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well	Distance from well 100 feet	
System Type:	Types V and VI Systems expire in 5 years.	.1
(III accordance with Table 4 a)	Owner must contact Health Department 6 months prior to expiration for permit renewa	И.
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction	Authorization.
OCTANABLE OFFCH	T > TREES	AUGUSTIZATION.
II. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes If yes, see attached sheet for additional operator. V. Other: Following are the specifications for the sewage disposal system on the Type of system: Conventional Other Type Canada Other Conventional Other Type Canada Other Conventional Other Canada	above captioned property. Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length of each differench Drain Required:	width of depth of depth of tch 70 feet ditches 3 feet ditches 24-	30 inches
Authorized State Agent	PENS Date 4/22/10	
	7	