| File/Permit #: | BRES2402-0007 |
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Harnett County Environmental Health

| EXISTING SYSTEM APPROVAL | | |
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| Issued by: Local Health Departm | ment AOWE Certified Inspector | |
| Reconnection when the proposed facility is in the Construction Authorization/Notice of Intent to Construct [issued for reconnection when the proposed facility is not in the same j | | |
| Applicant: Judy Carias Mailing Address: 909 E McIntosh St City: Sanford State: NC Zip: 27330 | Owner: Mailing Address: City: State: Zip: | |
| Phone #: 661-309-0634 Email: | Phone #: | |
| PIN/Lot Identifier: 0506-40-4198 Property Location/Address: 141 Butternut Dr (SR 1117) Facility Type: House/Modular Mobile/Manufactured R | Home Business Other: | |
| Operation Permit/ATO #: Design Number of Bedrooms: 2 Max # Occupants: 4 Wastewater Strength: | Other: Other: Industrial Process Wastewater d well Municipal Supply Spring Other: | |
| All of the following must be checked for approval: *For Reconnections: Site complies with its Operation Permit or the wasteward No current or past uncorrected malfunction of the system DDF and wastewater strength for the proposed facility Facility meets the setbacks in Section .0600 of 15A NCA Existing system is being operated and maintained in act *For Site Modifications or Footprint Expansions: Proposed structure meets the setbacks in Section .060 | tem as described in 15A NCAC 18E .1303(a)(2) y do not exceed that of the existing system AC 18E ccordance with Section .1300 of 15A NCAC 18E and permit conditions. | |
| Approval Conditions: | | |
| Inspector's Printed Name: Mark Osborne REHS Inspector's Signature: | # Inspector Certification #: 2613 # Date: 04-03-24 | |