

Harnett County Environmental Health

EXISTING SYSTEM APPROVAL

Issued by: Local Health Department AOWE Certified Inspector

Existing System Approval

Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase

Reconnection when the proposed facility is in the same footprint as existing/previous facility

Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Pamela Geddie

Mailing Address: 1609 Gilmore St

City: Fayetteville

State: NC Zip: 28301

Phone #: 910-709-9801

Email: _____

Owner: Same

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email: _____

PIN/Lot Identifier: 0545-95-6840

Property Location/Address: 2784 Walker Rd (SR 2039)

Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: 360 GPD

Number of Bedrooms: 3 Max # Occupants: 6 Other: _____

Wastewater Strength: Domestic High Strength Industrial Process Wastewater

Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Proposed Property Improvement: _____

All of the following must be checked for approval:

***For Reconnections:**

- Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**

- Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: _____

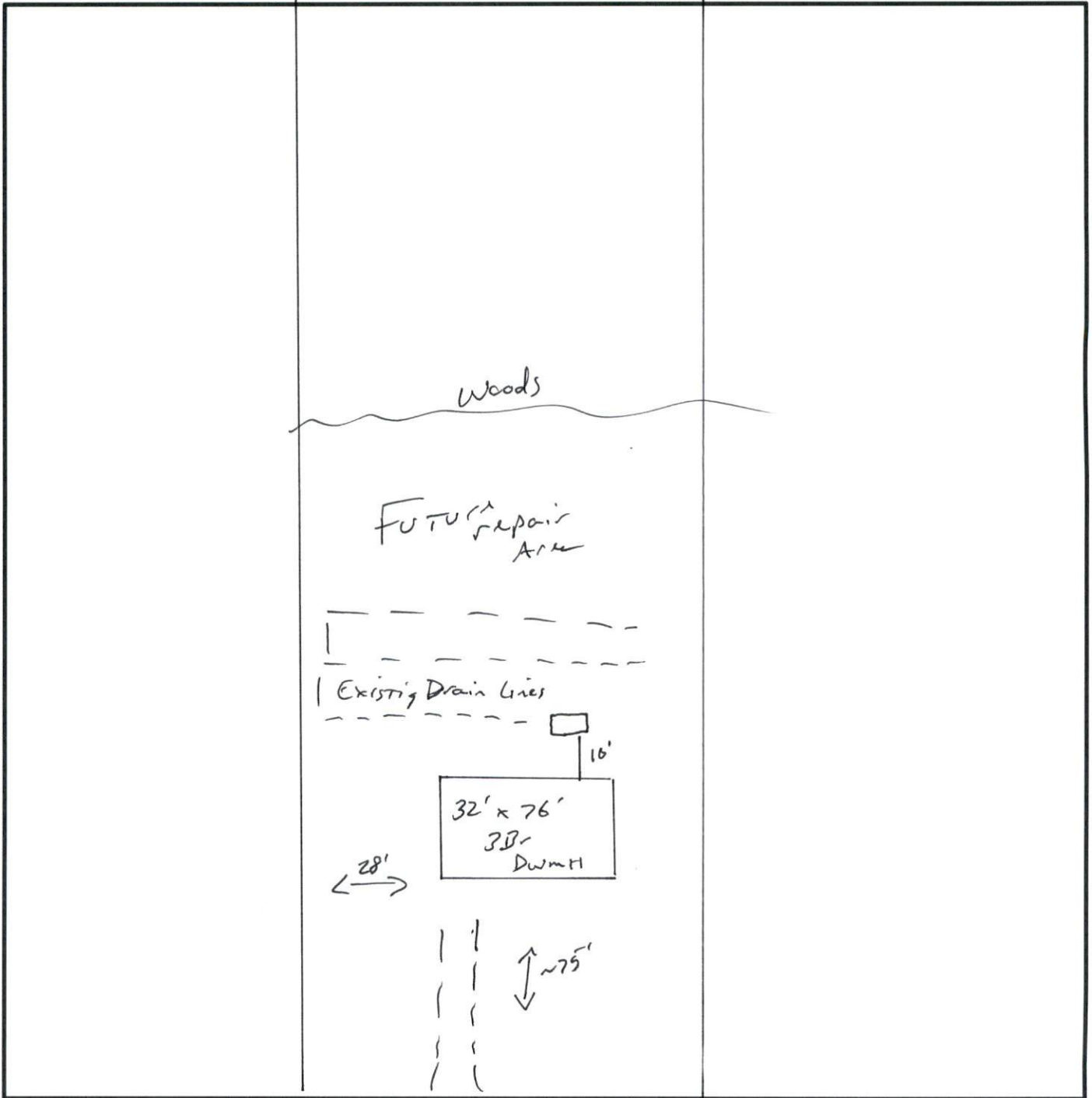
Inspector's Printed Name: Mark Osborne DCHS Inspector Certification #: 2613

Inspector's Signature: Mark Osborne DCHS Date: 7-15-24

See attached site sketch

**EXISTING SYSTEM APPROVAL
SITE SKETCH**

Operation Permit/ATO #: _____ PIN/Lot Identifier: 0545-95-6840
Owner: 0545-95-6840 Property Location/Address: 0545-95-6840



Walkway Rd
*Include the existing and proposed structures and applicable setbacks.