

APPENDIX H

**AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM
PUSUANT TO N.C.G.S. §160D-1110(h1)**

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF HARNETT
HARNETT COUNTY Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
320 GREEN SPRING DR. SANFORD
9580-90-9981

I, Teresa Chance-Mcneill
(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

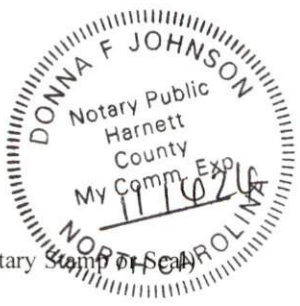
Teresa Chance-Mcneill 5-21-24
(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 21 day of May, 2024

Donna F Johnson
Signature of Notary Public

Donna F Johnson
Printed Name of Notary Public

My Commission Expires: 11-14-24 (Notary Seal)



OPERATIONS PERMIT

Name: (owner) Ted Brown New Installation Septic Tank
 Property Location: SR# _____ Repairs Nitrification Line
 Subdivision Sunset Ridge Lot # 112
 TAX ID# _____ Quadrant # _____
 Contractor: T. Brown Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50m ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain: _____ Linear feet

Date: 12-4-97

PERMIT NO. 11858

Inspected by: Joe W. [Signature]
Environmental Health Specialist

