ile/Permit #:	BRES2406-0040	

Harnett County Environmental Health

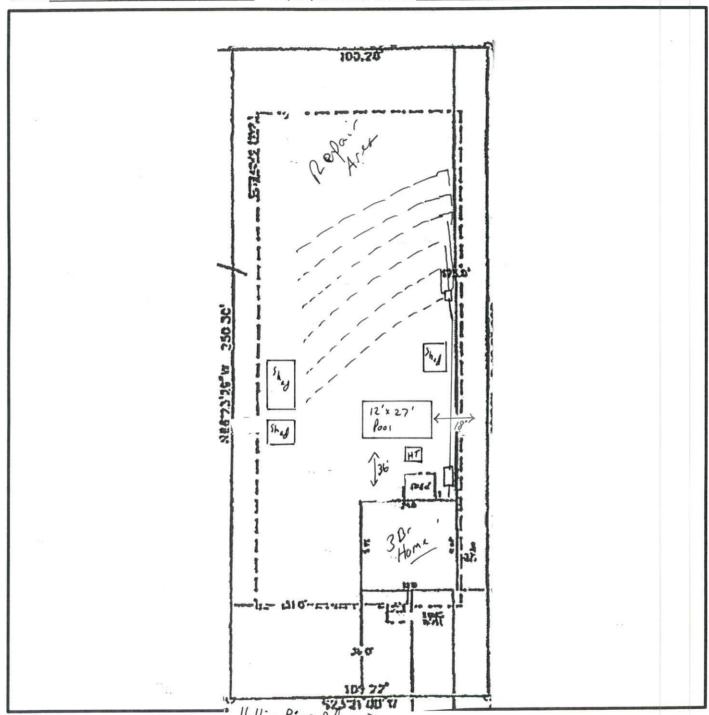
EXISTING SYSTEM APPROVAL		
Issued by: Local Health Departmen	t AOWE Certified Inspector	
	The state of the s	
Applicant: Parrot Bay Pools Mailing Address: 194 Federal Rd City: Benson State: NC Zip: 27504 Phone #: 919-888-0327 Email: Tonya@parrotbaypoolsnc.com	Owner: Rosa Webb Mailing Address: 942 Hollies Pine Rd City: Broadway State: NC Zip: 27505 Phone #: 732-277-9758 Email: MRWEBBV@Gmail.com	
PIN/Lot Identifier: 9691-79-0896 Property Location/Address: 942 Hollies Pine Rd (SR 1270) Facility Type: House/Modular Mobile/Manufactured Hor	ne Business Other:	
Operation Permit/ATO #: Design Day Number of Bedrooms: 3	Other:	
Proposed Property Improvement: 12'x27' inground pool with 6'x6' ho	ot tub	
All of the following must be checked for approval: *For Reconnections: Site complies with its Operation Permit or the wastewater No current or past uncorrected malfunction of the system DDF and wastewater strength for the proposed facility do Facility meets the setbacks in Section .0600 of 15A NCAC: Existing system is being operated and maintained in accor *For Site Modifications or Footprint Expansions: Proposed structure meets the setbacks in Section .0600 of Approval Conditions:	n as described in 15A NCAC 18E .1303(a)(2) not exceed that of the existing system 18E rdance with Section .1300 of 15A NCAC 18E and permit conditions. f 15A NCAC 18E	
Inspector's Printed Name: Mark Osborne REHS	Inspector Certification #: 2613	
Inspector's Signature:	Date: 7-5-24	

EXISTING SYSTEM APPROVAL SITE SKETCH

Operation Permit/ATO #: Rosa Webb
Owner: Rosa Webb

PIN/Lot Identifier: 9691-79-0896

Property Location/Address: 942 Hollies Pine Rd (SR 1270)



*Include the existing and proposed structures and applicable setbacks.