File/Permit #:	BRES2407-0074

Harnett County Environmental Health

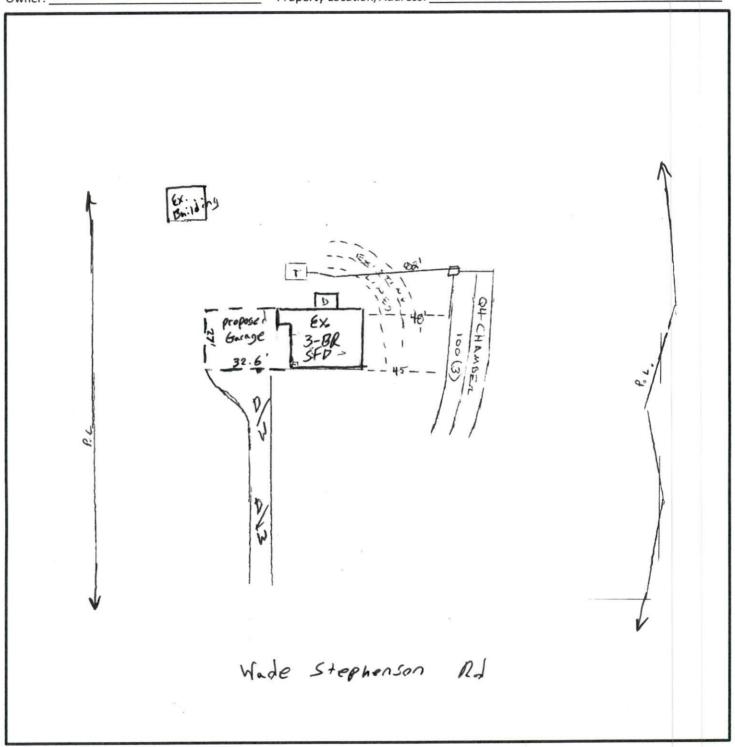
EXISTING SYSTEM APPROVAL		
Issued by: Local Health Departme	nt AOWE Certified Inspector	
Applicant: Blackman's Construction Mailing Address: 1221 Seary Dr City: Willow Springs State: NC Zip: 27592 Phone #: 919-422-3067 Email: Chrisdblackman@yahoo.com	Owner: Glenda Burleson Mailing Address: 224 Wade Stephenson City: Holly Springs State: NC Zip: 27540 Phone #: 1-720-484-0231 Email: brianburleson@msn.com	
PIN/Lot Identifier: 0635-14-6556.000 #1R Property Location/Address: 224 WADE STEPHENSON RD HOLLY Facility Type: House/Modular Mobile/Manufactured Ho		
Operation Permit/ATO #: EH1908-0008 Design II Number of Bedrooms: 3 Max # Occupants: 6 Wastewater Strength: Domestic High Strength Water Supply: Private well Public well Shared w Proposed Property Improvement: 27' x 32' Garage	Other: Industrial Process Wastewater	
All of the following must be checked for approval: *For Reconnections: Site complies with its Operation Permit or the wastewate. No current or past uncorrected malfunction of the system. DDF and wastewater strength for the proposed facility de. Facility meets the setbacks in Section .0600 of 15A NCAC. Existing system is being operated and maintained in acco. *For Site Modifications or Footprint Expansions: Proposed structure meets the setbacks in Section .0600 of	m as described in 15A NCAC 18E .1303(a)(2) o not exceed that of the existing system 18E ordance with Section .1300 of 15A NCAC 18E and permit conditions.	
Approval Conditions:		
Inspector's Printed Name: Ren Levocz Inspector's Signature:	Inspector Certification #: 3345 Date: 8-14-24	

EXISTING SYSTEM APPROVAL SITE SKETCH

Operation Permit/ATO #: EH1908-0008

PIN/Lot Identifier: <u>0635-14-6556.000</u> #1R

Owner: Glenda Burleson Property Location/Address: 224 WADE STEPHENSON RD HOLLY SPRINGS, NC 27540



*Include the existing and proposed structures and applicable setbacks.