File/Permit #:	BRES2409-0035	
rile/Permit #.	DIVEOT OCCO	

## 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 add	dition with no DDF or	wastewater strength increase		
Reconnection when	the proposed facility is in the sai	me footprint as existir	ng/previous facility		
☐ Construction Authorization	/Notice of Intent to Construct				
		rint as existing/previous fac	cility pursuant to Session Law 2023-77, Section 5.(c)]		
[certified inspect	ors are not authorized to approve reconne	ections outside of footprint	pursuant to Session Law 2023-77, Section 5.(c)]		
Applicant: Gidget Chalmers		0			
Mailing Address: 12 Goheels Dr					
Mailing Address: 12 Conecis Di		Mailing Address:	-		
City: Broadway		City:			
State: NC	Zip: 27505	State:	Zip:		
Phone #: 984-368-8039					
Email:					
0517-09-7361					
PIN/Lot Identifier: 0517-09-7361 Property Location/Address: 65 O	ak Top Cir (SR 1354)				
Facility Type: House/Modular	Mobile/Manufactured Hom	ne Business	Other:		
Wastewater Strength: Dom	Max # Occupants: 6 nestic ☐ High Strength ☐ Public well ☐ Shared we	Industrial Proce	ess Wastewater		
Proposed Property Improvement	:				
All of the following must be check	ked for approval:				
*For Reconnections:					
Site complies with its Ope	eration Permit or the wastewater	system was in use pri	ior to July 1, 1977		
No current or past uncor	rected malfunction of the system	as described in 15A N	ICAC 18E .1303(a)(2)		
DDF and wastewater stre	ngth for the proposed facility do	not exceed that of the	e existing system		
Facility meets the setback	ks in Section .0600 of 15A NCAC 1	8E			
Existing system is being o	perated and maintained in accord	dance with Section .13	300 of 15A NCAC 18E and permit conditions.		
*For Site Modifications or Footp	rint Expansions:				
Proposed structure meet	s the setbacks in Section .0600 of	15A NCAC 18E			
Approval Conditions:		AND DESCRIPTION OF THE PARTY OF			
Approval conditions.					
Inspector's Printed Name: Mark	Osborpe REHS //	Inspec	ctor Certification #: 2613		
Inspector's Signature:	Man de RE		11-8-24		
mapector a signature.	(**				
	*See attached	d site sketch*			

## **EXISTING SYSTEM APPROVAL** SITE SKETCH

Operation Permit/ATO #:	BRES2409-0035	PIN/Lot Identifier:	0517-09-7361

Property Location/Address: 65 Oak Top Cir (SR 1354) Owner: Gidget Chalmers FUTUCA repair Existing septic 28' x68' 3Br DWMH

\*Include the existing and proposed structures and applicable setbacks.

Call TOP Circle