ile/Permit #:	SFD2401-0122

## Harnett County Environmental Health

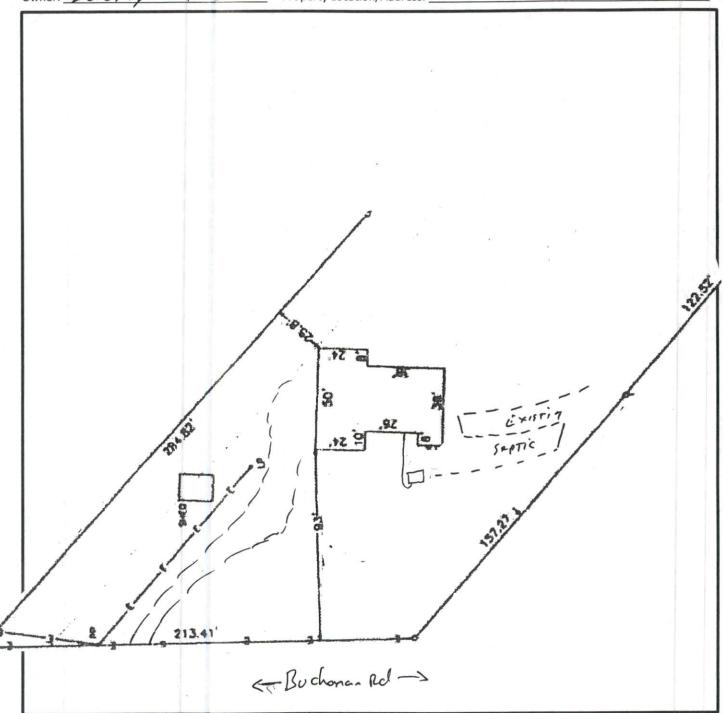
EXISTING SYSTEM APPROVAL					
Issued by:	Local Health	Department	AOWE	Certified Inspector	
☐ Reconnection wh ☐ Construction Authorization [issued for reconnection when to	en the proposed facilion/Notice of Intent to the proposed facility is not in	ty is in the same footpri Construct In the same footprint as existin	nt as exist	r wastewater strength increase ling/previous facility facility pursuant to Session Law 2023-77, Section 5.(c)] t pursuant to Session Law 2023-77, Section 5.(c)]	
Applicant: Dorothy Whitted  Mailing Address: 382 Buchana	an RD (SR 1242)	Owner:			
City: Lillington State: NC Phone #: Email:		State: Phone #	:	Zip:	
PIN/Lot Identifier: 0507-69-748- Property Location/Address: 38: Facility Type: House/Modul  Operation Permit/ATO #: SFI Number of Bedrooms: 3	2 Buchanan RD (SR 124 ar Mobile/Manu D2401-0122	factured Home Bu Design Daily Flow: 3	60		
Wastewater Strength: Do				pply Spring Other:	
Proposed Property Improveme	nt:				
All of the following must be che  *For Reconnections:  Site complies with its O  No current or past unco  DDF and wastewater st  Facility meets the setba  Existing system is being  *For Site Modifications or Foot	peration Permit or the prrected malfunction of rength for the propose acks in Section .0600 of goperated and mainta	of the system as describe ed facility do not exceed f 15A NCAC 18E	ed in 15A I I that of th	NCAC 18E .1303(a)(2)	
Proposed structure me		ction .0600 of 15A NCAC	18E		
Approval Conditions:					
Inspector's Printed Name: Mar	1////	CEHS		ector Certification #: 2613	

\*See attached site sketch\*

## **EXISTING SYSTEM APPROVAL** SITE SKETCH

Operation Permit/ATO #: SFD2401-0122
Owner: Dorothy Whited PIN/Lot Identifier: 0507-69-7484

Property Location/Address: 382 Buchanan RD (SR 1242)



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