File/Permit #:	SFD2407-0103	

## **Harnett County Environmental Health**

EXISTING SYSTEM APPROVAL		
Issued by: Local Health Departmen	nt AOWE Certified Inspector	
Applicant: Drew Livingood  Mailing Address: 4439 US 421 N  City: Lillington State: NC Zip: 27546 Phone #: 910-303-3784 Email: drew@ravenrockmfg.com	Owner: SAME  Mailing Address:  City: State: Zip: Phone #: Email:	
PIN/Lot Identifier: _0630-26-4898 Property Location/Address: _4469 US 421 N Facility Type: House/Modular Mobile/Manufactured Ho	A	
Operation Permit/ATO #: Design D  Number of Bedrooms: 3	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 do  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	n as described in 15A NCAC 18E .1303(a)(2) o not exceed that of the existing system 18E rdance with Section .1300 of 15A NCAC 18E and permit conditions.	
Approval Conditions:		
Inspector's Printed Name: Mark Osborne REHS Inspector's Signature: PEHS *See attach	Inspector Certification #: 2613  Date: 8-23-24	

## EXISTING SYSTEM APPROVAL SITE SKETCH

Operation Permit/ATO #: SFD 2407-0103 PIN/Lot Identifier: 0630-26-4898

