



Franklin County Health Department  
Louisburg, NC 27549

File/Permit #: 415484-35

## Existing System Approval

Issued by:

☒ Local Health Department

☐ AOWE

☐ Certified Inspector

☒ Existing System Approval

☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase

☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]  
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Mayra Colin

Mailing Address: 760 Glebe Rd

City: Henderson

State: NC

Zip: 27537

Phone #:

Email:

Owner: Ernest Richards

Mailing Address: 1246 Bethlehem Church Rd

City: Youngsville

State: NC

Zip: 27596

Phone #:

Email:

PIN/Lot Identifier: L

Property Location/Address: 1328 Bethlehem Church Rd, Youngsville, NC 27596

Facility Type ☒ SINGLE FAMILY

☐ Other:

Operation Permit/ATO#:

Number of Bedrooms: 3

Max # Occupants: 6

Design Daily Flow: GPD

Wastewater Strength:

☒ Domestic

☐ High Strength

Other:

☐ Industrial Process Wastewater

Water Supply: ☒ EXISTING WELL

☐ Other:

Proposed Property Improvement:

All of the following must be checked for approval:

\*For Reconnections:

- ☐ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☐ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☐ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☐ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E

\*For Site Modifications or Footprint Expansions:

- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions:

Inspector's Printed Name: Joel Bende

Inspector Certification #: 2739

Inspector's Signature: \_\_\_\_\_

Date: 07/10/2024

DHHS/DPH/EHS/OSWWP

January 2024  
Form ESA-24.1