



# Wilkes County Health Department & Wilkes Community Health Center

Promoting health and preventing disease in our community

## 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 (Single wide mobile home switch)

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)1*

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property Location/Address: \_\_\_\_\_  
 Facility Type:  House/Modular  Mobile/Manufactured Home  Business  Other: \_\_\_\_\_

Operation Permit/ATO #: \_\_\_\_\_ Design Daily Flow: \_\_\_\_\_ GPD  
 Number of Bedrooms: \_\_\_\_\_ Max # Occupants: \_\_\_\_\_ Other: \_\_\_\_\_  
 Wastewater Strength: System designed for DSE unless otherwise noted  
 Water Supply:  Private well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

Proposed Property Improvement: \_\_\_\_\_  
 \_\_\_\_\_

All of the following must be checked for approval:

**\*For Reconections:**

- 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 and permit conditions.

**\*For Site Modifications or Footprint Expansions:**

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

Approval Conditions: \_\_\_\_\_  
 \_\_\_\_\_

Inspector's Printed Name: \_\_\_\_\_ Inspector Certification #: \_\_\_\_\_  
 Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Wilkes County Health Department & Wilkes Community Health Center

Promoting health and preventing disease in our community

*\*See attached site sketch\**

## EXISTING SYSTEM APPROVAL SITE SKETCH

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