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HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH 307 CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME: Chis PEAGOD	PHONE # 910-890-3744
ADDRESS 1128 OID STAGE ID 5 FRWIN	N.C. 28339
NAME OF MOBILE HOME PARK OR S/D	
NAME OF OWNER (IF DIFFERENT)	
ADDRESS OF OWNER (IF DIFFERENT)	
PROPERTY LOCATION: STATE ROAD NAME AND	# FR 1769 OID STAGE 70
PURPOSE OF INSPECTION 6×20 + 8×27 BONI	15 Room + Moster Bed Expression STR
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THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

BUILDING MUST BE 5 FROM ANY PART OF SEPTIC SYSTEM DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

Signature of Environmental Health Specialist	Date
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AUTHORIZATION OF EXISTING SYSTEM	an esta a como de ele-