

HTE #: BRES1905-0051

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

EXISTING SEPTIC SYSTEM INSPECTION

Name: Castle Operations

Phone #: 919-245-5450

Address: 42 Kenan St, Lillington

Name of Mobile Home Park or S/D: Lillington Village

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 42 Kenan St, Lillington (NC 401 S)

Purpose of Inspection: Connecting 14' x 68' SWMH to septic system

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

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 change, and/or
4. after six months

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

AUTHORIZATION OF EXISTING SYSTEM



Signature of Environmental Health Specialist

4-8-21

Date

Application # Bres 1905-0057

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

Application for Existing Septic Tank in a Mobile Home Park

Applicant Name: Claudia Elliott Date: 3/3/2021
Address: 42 Kenan St Lillington NC 27546
Telephone: (910) 984-7863

Property Owner: Castle Operations Phone: 919-245-5450
Lot Address: 42 Kenan St Lillington NC 27546
Name of Park: Lillington Village Lot Number: _____
Parcel: _____ PIN: _____
 SW DW TW (Size _____ x _____) # Bedrooms 3 Year _____
Power Company: Progress Energy (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:
401 Park on left

There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application.

You signature below certifies that all above information is correct.

Signature of owner or authorized agent: Claudia Elliott

DO NOT SIGN BELOW - FOR OFFICE USE ONLY

Authorization of Existing System

[Signature] REH
Signature of Environmental Health Specialist

_____ Date