Signature of Inspector

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

## EXISTING SEPTIC SYSTEM INSPECTION

EXISTING SEPTIC SYSTEM INSPECTION		
NAME _	Emory A Bracks	PHONE # 919-796-6774
ADDRESS	5 P.O BOX 103 FIELDVIE	w CT Anger N.C. 27501
NAME OF MOBILE HOME PARK OR S/D BANCLAYS Lot 6  NAME OF OWNER (IF DIFFERENT)		
PROPERT	TY LOCATION: STATE ROAD NAM	E AND # SIL 1532 LANGOON RIS
Environn	nental Health Section. At the time of	by the Harnett County Health Department inspection, there appeared to be a septic malfunction, the owner is responsible for y repairs.
<ul><li>(1) the inte</li><li>(2) the syst</li></ul>	PECTION IS VOID IF: ended use of the septic system should cleem should fail or malfunction, and/or ner or tenant of the property changes, a k months	
e en en en en en en en en B	BUILDING MUST BE 5' FROM AN DO NOT DRIVE OR PARK	
THE R. P. LEWIS B. W. L. S. WILLIAMS	THE PROPERTY OF THE PROPERTY O	

**AUTHORIZATION OF EXISTING SYSTEM** 

3-23-21

Date