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

NAME Save PHONE # 9/5 4/7 6/59 ADDRESS 1978 Care will ad NAME OF MOBILE HOME PARK OR S/D NAME OF OWNER (IF DIFFERENT) ADDRESS OF OWNER (IF DIFFERENT) PROPERTY LOCATION: STATE ROAD NAME AND # 3000 Care will ad PURPOSE OF INSPECTION: 68.5 x 30 Pole (Bared) 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 this 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 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	EXISTING SEPTIC SYSTEM INSPECTION
NAME OF MOBILE HOME PARK OR S/D NAME OF OWNER (IF DIFFERENT) ADDRESS OF OWNER (IF DIFFERENT) PROPERTY LOCATION: STATE ROAD NAME AND # Sold Care (ILL) RED PURPOSE OF INSPECTION: (8.5 x 38 Pole (Barre) 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 this 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 changes, and/or (4) after six months BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM	NAME Kenneth + Ashler Savage PHONE # 919 417 6199
NAME OF OWNER (IF DIFFERENT) PROPERTY LOCATION: STATE ROAD NAME AND # DOLE CAME AND RED PURPOSE OF INSPECTION: (8.5 × 36) Pole (3apr.) 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 this 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 changes, and/or (4) after six months BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM	ADDRESS 1978 Care Mill 20
ADDRESS OF OWNER (IF DIFFERENT) PROPERTY LOCATION: STATE ROAD NAME AND # SOLD CAVE MAN PART OF SEPTIC SYSTEM PURPOSE OF INSPECTION: 68.5 x 30 Pole Barrol PURPOSE OF INSPECTION: 68.5 x 30 Pole Barrol 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 this 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 changes, and/or (4) after six months	NAME OF MOBILE HOME PARK OR S/D
PROPERTY LOCATION: STATE ROAD NAME AND #	NAME OF OWNER (IF DIFFERENT)
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AUTHORIZATION OF EXISTING SYSTEM	
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Comes C Manhand	5-4-23
Signature of Environmental Health Specialist	Date
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