

HTE #: 10-5-23888

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

EXISTING SEPTIC SYSTEM INSPECTION

Name: Russell Bell Phone #: _____

Address: 5170 Marvin Dr Spring Lake, NC 28390

Name of Mobile Home Park or S/D: _____

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 2110 Marvin dr

Purpose of Inspection: Bedroom Addition

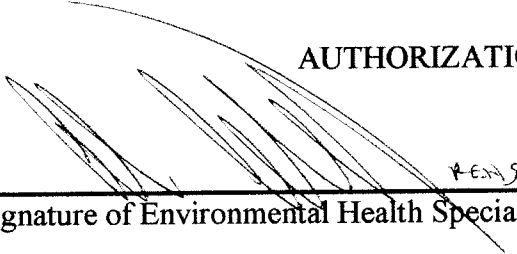
The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

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

3/31/18

Date

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Kenneth Suggs New Installation Septic Tank
Property Location: SR# 1120 Archibald Rd Repairs Nitrification Line
Subdivision Archibald Crk Sub III Lot # 9
TAX ID# _____ Quadrant # _____
Contractor: Fay Moore Registration # _____
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 09241

Date: 2-22-75

Inspected by: J. W. R. S.
Environmental Health Specialist

