

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

EXISTING SEPTIC SYSTEM INSPECTION

PHONE # 919 SULANCE NAME ' **ADDRESS** NAME OF MOBILE HOME PARK OR S/D NAME OF OWNER (IF DIFFERENT) AN Ø 6 ADDRESS OF OWNER (IF DIFFERENT) PROPERTY LOCATION: STATE ROAD NAME AND # 3 18X24 Finer **PURPOSE OF INSPECTION:** The atorementioned site has been evaluated by the Harnett County Health Department Environmental Health Stection /A the time of inspection there appeared to be a septic system serving this site if this system should malfunction, the owner is responsible for

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

G MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM OT DRIVE OR PARK ON SEPTIC SYSTEM AUTHORIZATION OF EXISTING SYSTEM W. IZGHS Signature of Environmental Health Specialist Date

any necessary repairs