

HTE# _____

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

EXISTING SEPTIC SYSTEM INSPECTION

NAME: Tanya McLeod STANLEY PHONE # 910-851-5557

ADDRESS 107 4th Street Rm 203 N.C. 28335

NAME OF MOBILE HOME PARK OR S/D _____

NAME OF OWNER (IF DIFFERENT) _____

ADDRESS OF OWNER (IF DIFFERENT) _____

PROPERTY LOCATION: STATE ROAD NAME AND # St 1475 West Ave

PURPOSE OF INSPECTION: Home remodel. Report included
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**

AUTHORIZATION OF EXISTING SYSTEM

James E. Morley, Jr.
Signature of Environmental Health Specialist

4-8-19
Date