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

EXISTING SEPTIC SYSTEM INSPECTION

NAME DANIEL STANLES	PHONE # <u>919-902-0694</u>
ADDRESS / Snow Goose CERCLE DUNA	D N.C. 28334
NAME OF MOBILE HOME PARK OR S/D Bena	vett Place lot 22
NAME OF OWNER (IF DIFFERENT)	
ADDRESS OF OWNER (IF DIFFERENT)	
PROPERTY LOCATION: STATE ROAD NAME AN POR EXISTENCE 5 PURPOSE OF INSPECTION: 10X74	TORAGE BLAINC
The aforementioned site has been evaluated by the Environmental Health Section. At the time of inspaystem serving this site. If this system should make any necessary re-	ne Harnett County Health Department tection, there appeared to be a septic function, 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

BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

	AUTHOR	IZATION O	F EXISTING	SYSTEM	
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Dag /	Manha ironmental Health	L A	1000		4-12-12