

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

Certified Mail (Return Receipt)

First Class Mail

Hand Deliver

Owner: Cameron Family Dentistry

Mailing Address: 1054 NC24/87
Cameron, NC 28326

Occupant

Location

Residence Business Other

Dear Ms. Eckard:

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

Violation

Law or Rule Cite

No effluent monitoring reports have been submitted to the Harnett County Health Department as required on your Improvement/Operations Permit.

You are hereby ordered to bring your wastewater system into compliance by completing the following:

- Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repair your system.
Eliminate wastewater discharge and connect to an approved wastewater system.
Other: Submit all monitoring reports for the first 6 months of operation. Based on those results a future monitoring schedule will be determined.
Perform Maintenance (Specify)

If the wastewater violation is not brought into compliance by January 6, 2011, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 307 Cornelius Harnett Blvd. Lillington NC 27546, (910-893-7547, phone; 910-893-9371, fax).

Notice Issued 12/6/10 Signed [Signature] DENR/DEH Agent
Compliance Date Signed DENR/DEH Agent

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OT

Cameron Family Dentistry
1054 NC 24/27
Cameron, NC 28326

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betrande Azandicher* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/8/10

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7010 0780 0001 7224 3019