

9/14/12

Complaint # 1728

### SANITATION COMPLAINT

\*\*\*\*\*

Date 09/06 Phone# (910) (919) \_\_\_\_\_

Name of Complainant Ricky Holland [ ] ANONYMOUS

[  ] Sewer [ ] Solid Waste [ ] Other \_\_\_\_\_

Nature of Complaint sewer backing up at Tank

Directions to site of Complaint Old Hg 421 to Spring Hill ch Rd. @ 1 mile on Rt. 1st house on Rt.

Owner of property site \_\_\_\_\_

Address and/or phone # \_\_\_\_\_

\*\*\*\*\*

#### Inspection Information

DATE 09/07/12 TIME 2:15 PERFORMED BY HLB

PROBLEM(S) FOUND Tests negative and base pallets over tank not have been recently pumped - NO sewer

#### Correction of Problem

DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

09/17/12 Sewer Backing up over Tank  
send letter.

10/15/12 9/14/12  
DPZ

Gred Cummings - 7<sup>th</sup> Hill Residential  
1/24 Ida Brown Rd.

1728

COMMENTS:

- 12/7/12 12/07/12 No chn 1 week ✓
- 12/14/12 12/13/12 House vacant no sewer observed in tank area 2 weeks ✓
- 12/24/12 12/31/12 No chn 2 weeks ✓
- 1/14/13 01/16/13 House vacant. Tank ✓
- 2/18/13 03/06/13 House vacant. Hold until another conflict. ✓





10/3/12  
to follow up on  
letter rec'd  
no app. rec'd

September 20, 2012

Fred & Martha Cummings  
2520 Hwy 27 West  
Lillington, NC 27546

RE: Failing system located at: 24 Ida Brown Road - Robin Hill Residential 1.15 acs.  
PIN# 0620-01-0093.000 - Complaint #1728

Signed for on  
9/22/12

To Whom It May Concern,

An on-site inspection was made on your property on September 17, 2012 by an Environmental Health Specialist and observed a failing septic system.

You are hereby notified that you are violating the Rules and Regulations adopted by the North Carolina Commission for Health Services in accordance with requirements of Article 11 Chapter 130A-335 (a) of General Statutes of North Carolina. Any person owning or controlling a residence, place of business, or place of public assembly containing water using fixtures connected to a water supply source shall discharge all wastewater directly to an approved wastewater system permitted for that specific use. A wastewater system may include components for collection, treatment and disposal of wastewater.

We request that you contact the Health Department within 7 days in order to obtain an improvement permit. **You are required to correct this problem within 30 days from this date.** You will be required to bring a **recorded survey map, deed,** and fill out a repair application in order to obtain an improvement permit. Please be advised that any action you may take without an improvement permit does not absolve you of the responsibility for correcting this public health problem, according to health department standards. The continuation of this violation may constitute a health hazard, and **if you do not comply within the allotted time frame we will be forced to obtain legal action.**

I can be contacted at 893-7547 Monday-Friday, from 8:00-9:00 a.m.

Sincerely,

*Graham H. Byrd R.E.H.S.*

Graham H. Byrd, R.E.H.S.  
Environmental Health Supervisor  
Harnett County Department of Public Health  
Environmental Health Section

GB/sgs

Enclosure(s)

10/11/12 still open sewage  
over tank app  
10/23/12 - House vacant, sewer  
gone down to lid (2 weeks) 11-6-12  
11/07/12 House vacant. 1 month 12/1/12

**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: **#1728**  
**Fred & Martha Cummings**  
**2520 Hwy 27 West**  
**Lillingston, NC 27546**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Martha Cummings*  Agent  Addressee

B. Received by (Printed Name) *Martha Cummings* C. Date of Delivery *9-27*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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 1060 0000 3915 2263**

7010 1060 0000 3915 2263

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
**#1728**

Sent To **Cummings, Fred & Martha**  
 Street, Apt. No.; or PO Box No.  
 City, State, ZIP+4



9/14/12

Complaint # 1728

### SANITATION COMPLAINT

\*\*\*\*\*

Date 09/06 Phone# (910) (919) \_\_\_\_\_

Name of Complainant Ricky Holland [ ] ANONYMOUS

[  ] Sewer [ ] Solid Waste [ ] Other \_\_\_\_\_

Nature of Complaint sewer backs up at Tank

Directions to site of Complaint Old Hg 421 to Spring Hill ch Rd. @ 1 mile on Rt. 1st house on Rt.

Owner of property site \_\_\_\_\_

Address and/or phone # \_\_\_\_\_

\*\*\*\*\*

Inspection Information

DATE 09/07/12 TIME 2:15 PERFORMED BY [Signature]  
PROBLEM(S) FOUND Toilet inoperable and floor puddles over toilet must have been recently pumped - NO sewer in

Correction of Problem

DATE \_\_\_\_\_ COMMENTS 09/17/12 Sewer Backed up over Tank  
Send letter.  
[Signature]

**Inspection of  
Residential Care Facility**  
(For facilities, as defined, with  
not more than 12 residents)

Demerit Score: 16  
Date of Insp/Chg: 08 / 25 / 11  
Status Code: A

Health Department 3  
Current Facility ID 5043430079  
Old Facility ID \_\_\_\_\_

Water  Community  Non-Transient Non-Community  Transient Non-Community  Non-Public Water Supply  
Wastewater System:  Community  On-Site System  
Water sample taken today?  Inspection  Name Change  Re-inspection  Verification of Closure  Visit  Status Change  
 Yes  No

Name of Establishment: ROBIN HILL RESIDENTIAL Permittee: TALA HABILITATIVE SERVICES

Location Address: 24 JDA BROWN RD Number of Residents: \_\_\_\_\_

City: LILLINGTON State: NC Zip: 27546 Mailing Addr. 163 HORSESHOE RD  
City: FAYETTEVILLE State: NC Zip: 28303

Approved (20 or less demerits, and no 6-point demerits)  Disapproved (More than 40 demerits or failure to improve provisional classification)  
 Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

Demerits	Comments
1. WATER SUPPLY: Public supply; private supply approved 6 (.1611) .....	** SEE COMMENT SHEET ATTACHED **
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613) .....	
3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619) Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620) .....	<i>Per request</i>
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618) .....	4
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621) .....	
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612) .....	
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611) .....	
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610) .....	2
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617) .....	2
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616) .....	
11. FLOORS: In good repair 1; kept clean 2 (.1607) .....	1
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608) .....	3
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609) .....	
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615) .....	4
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614) .....	

Comment Sheet Attached  
 Yes  No

Rept Received [Signature] TOTAL DEMERIT SCORE 16

Inspection by: [Signature] EHS I.D.# 2102 - PIERCE, CINDY



<p>N.C. Department of Environment and Natural Resources Division of Environmental Health</p> <p><b>COMMENT ADDENDUM</b></p>	Name: <u>ROBIN HILL RESIDENTIAL</u>	Time In: <u>1 0</u> : <u>3 1</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	ID: <u>5043430079</u>	Time Out: <u>1 0</u> : <u>4 3</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Street: <u>24 IDA BROWN RD</u>	Total Time: <u>12 minutes</u>
	City: <u>LILLINGTON</u>	

- 4 General cleaning needed of some utensils, dust and grime residue present. Cabinets and drawers in need of cleaning. ✓  
Spell
  
- 8 Fixtures in bath corroded. Toilet not operating properly in one bathroom. ✗
  
- 9 Living room furniture including couch, loveseat and chair have peeling vinyl covering, in bad repair. ✗
  
- 11 Floor tiles in multiple areas loose, damaged or not sealed to wall at baseboards. ✗
  
- 12 Damaged areas on some walls, holes present where door knob has contacted wall. Walls have dust accumulation along baseboards. Areas of damaged siding on exterior. Cracks and damage present on walls in kitchen. ✗
  
- 14 Rodent droppings present in kitchen cabinets. ✗

Selected Parcel Feature	
PIN	0620-01-0093.000
PID	130610 0188
REID	0025424
OWNER INFORMATION	
AccountNumber	1003644000
Name1	CUMMINGS FRED D & WIFE
Name2	CUMMINGS MARTHA W &
Address1	
Address2	2520 HWY 27 WEST
Address3	
City	LILLINGTON
State	NC
ZipCode	27546-0000
ASSESSMENT INFORMATION	
ParcelBuildingValue	101420
ParcelObxfValue	200
ParcelLandValue	20000
TotalAssessedValue	121620
PARCEL INFORMATION	
HouseNumber	
UnitNumber	
StreetDirection	
StreetName	SPRING HILL CHURCH
StreetType	RD
StreetSuffix	
ParCity	
LegalDescription	1.15 ACS IDA BROWN & RES MAP#2002-1399
LegalLandUnits	1
LegalLandType	AC
PlatBook	2002
PlatPage	1399
STRUCTURE INFORMATION	
ActualYearBuilt	1936
ActualAreaHeated	2076
SALES INFORMATION	
DeedBook	01444
DeedPage	0694
DeedDate	2000-10-10 20:00:00
SalePrice	
PARCEL LINKS	
PRC	<a href="#">Click here for 130610 0188</a>
ZONING OVERLAY	<a href="#">Click here for 130610 0188</a>
SOILS OVERLAY	<a href="#">Click here for 130610 0188</a>

Standard Sewer  
Certified well.

Group Home

24 Ida Brown Ln

~~off~~ off Spring Hill Church  
Rd.



0 - Beddi LP Gas Tank  
under patios.

1728



Fred Cummings  
2520 NC Hwy 27 West  
Lillington, NC 27546

September 24, 2012

Jamie Taylor  
Tala Habilitative Services  
1218 N. Main Street  
Lillington, NC 27546

*noted in  
comp. log  
JFC*

Dear Mr. Taylor,

The purpose of this letter is to officially inform you in writing of our phone conversation on Saturday, September 22, 2012. In that conversation I informed you that you are to vacate the premises of 24 Ida Brown Lane, Lillington, NC, no later than October 22, 2012. This notice is being given according to Section Ten, Paragraph One, Page 10, of your lease dated August 27, 2003.

Also, you owe \$70 August rent. You paid only \$700 (\$50 short) and failed to pay a \$20 late fee. This must be paid immediately. October prorated rent will be \$522.25 ( $\$750 \div 31 = \$24.19 \times 22 = \$522.25$ ). This must be paid on October 1.

Please feel free to contact me should you have any questions.

Sincerely,

  
Fred Cummings

COMMENTS:

On 11-17-10 Received call from Tala Habilitative Services that the Hour on by Ida Brown Lane, Lillington had placed washing machine line back into septic system as required. I went by and observed that lines had been ~~had~~ placed into the septic tank as required and the straight pipe to the ditch had been capped so that it could not be used.