

* She was advised to call
Back man. Am't speak w/ an
pector. She was none to
nippy.

Date May 15, 1998

TYPE OF COMPLAINT

Sewer Solid waste Vector _____ Water & Air _____
Food _____ Lodging _____ Other _____

COMPLAINANT INFORMATION

Name of Complainant Rhudy + Margaret Brown
Telephone Number (daytime) 639-4305

COMPLAINT INFORMATION

Directions to Site Homestead ~~St~~ lane - Oak Grove Church Rd
lot 7 - (Dad's brown house) 2nd house on the left, 210 Angier
Rd on 55 - (4 miles outside of Angier)

Nature of Complaint raw sewage on ground

Owner of Site (if different from above) ?

Address & Phone (if known) ?

ON-SITE INSPECTION INFORMATION

Date 5-20-98 Time 3:00 Performed by TJB

Results System failing notified Tenants got owner info send violation letter

CORRECTION OF PROBLEMS (if any)

Date Secured _____

Comments _____

A 7630
m 6760
F 8460
J 5500
D 5310
N 8530

Walter Johnson
35 Congress Rd
Pine Hills NJ 08021

Thelma Chance
Rt 2 221 W
Angier

~~##~~
609-784-5648
W 215-227-8631
O 215-227-4409



HARNETT COUNTY

DEPARTMENT OF PUBLIC HEALTH

TELEPHONE: 910-893-7550
FAX: 910-893-9429

May 22, 1998

Mr. Walter Johnson
35 Congress Rd.
Pine Hills, NJ 08021

Re: Sewage Violation

Dear Mr. Johnson:

After receiving a complaint, I made an on-site inspection of your property an ground.

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. A person owning or controlling a residence, place of business or a place of public assembly shall provide an approved wastewater system. A wastewater system may include components for collection, treatment and disposal of wastewater. You are required to correct this problem within 30 days from this date. All waste water must be put into the septic tank.

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.

We request that you contact the Health Department within 7 days in order to obtain an improvement permit. You will be required to bring a recorded survey map, deed, and fill out a repair application in order to obtain an improvement permit.

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

Sincerely,

Thomas Boyce, RS
Soil Scientist
Harnett County Health Department

TB/dg

Z 129 179 533



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Walter Johnson	
Street and No.	
35 Congress Rd.	
P.O. State and ZIP Code	
Pine Hills NJ 08021	
Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 1.67
Postmark or Date	

PS Form 3800, March 1993