

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:

Carl Steed
 3172 Kipling Rd
 Fuquay-Varina, NC
 27526

2. Article Number

(Transfer from service label)

7099 3220 0006 4495 7209

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carl Steed
 Jennifer Loud *Carl Steed*

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-29-3

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

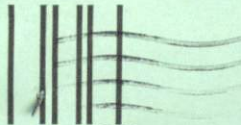
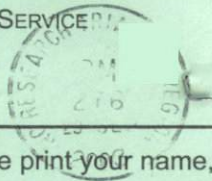
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE

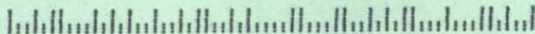


First-Class Mail
Postage & Fees
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

SEP 30 2003





September 23, 2003

Carl Steed
3172 Kipling Rd
Fuquay-Varina, NC 27526

RE: Failing septic system at 7575 Overhills Rd

Dear Mr. Steed,

An on-site inspection was made on your property September 22, 2003 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.S.
Environmental Health Supervisor
Harnett County Department of Public Health

GB/sgw

enclosure

SANITATION COMPLAINT

Date 9-22-03

Sewer Solid Waste Other _____

Name of Complainant Elaine Zeasey Phone # 552-1379

Nature of Complaint Raw sewage on top of ground - Caller Stacia
Wady who rents has complained to landlord over a year -
She caller stated 2 of her chickens have died - Her
chickens + ducks go in it a lot, + they have small children.

Directions to site of complaint 3704 River Rd - Hwy 401, turn left on Christina
Light Rd - turn left on Cokesbury Rd - Turn left on
River Rd. past Captain's Landing where pavement ends -
2nd SW trailer on left.

Owner of property site Sam Steed 552-5970

Address and/or phone # 3172 Kipling Rd.
3 Varina

Inspection Information

Date 09/22/03 Time 11:20 Performed By JTG

Problem(s) found sewer on ground back of MH.

Correction of Problem

Date _____

Comments _____

