

CERTIFIED MAIL™



**Harnett
COUNTY**

NORTH CAROLINA

Harnett County Government Complex
307 Cornelius Harnett Boulevard Lillington, NC 27546

Environmental Health



7006 3450 0002 6625 7373

Vida Harrington
216 Foxwood Drive
Sanford, NC 27332



NOV 13 2008
1st NOTICE _____
2nd NOTICE _____
RETURNED _____
Name: _____
1st Notice 10-23-08
2nd Notice 10-30-08
11-7-08

NIXIE 274 CE 1 08 11/12/08

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 27546 *0680-02095-23-38



NOV 13 2008

27332+1114

strong roots • new growth

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Vida Harrington
216 Foxwood Dr.
Sanford, NC
27332

2. Article Number

(Transfer from service label)

7006 3450 0002 6625 7373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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:

Vida Harrington
 225 Oakwater Dr
 Cameron, NC 28324
 Oakwater is one word

2. Article Number

(Transfer from service label)

7006 3450 0002 6625 7359

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Vida Harrington* Agent Addressee

B. Received by (Printed Name)

Vida Harrington

C. Date of Delivery

*10-24-08*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE

COASTAL CAROLINA AREA

NC 283

24 OCT 2008 PM

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

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

OCT 27 2008

#0989

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

Harnett County Government Complex
307 Cornelius Harnett Boulevard
Lillington, NC 27546

ph: 910-893-7547
fax: 910-893-9371

October 23, 2008

Vida Harrington
216 Foxwood Drive
Sanford, NC 27332

RE: Complaint #986

Dear Ms. Harrington,

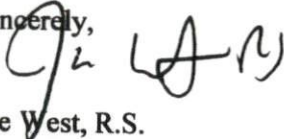
An on-site inspection was made on Lot #13, Bridlewood Subdivision on October 16, 2008, by an Environmental Health Specialist and observed a failing septic system.

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. 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. 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. 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,



Joe West, R.S.
Environmental Health Specialist
Harnett County Department of Public Health
Environmental Health

JW/sgw

Enclosure

Vida Harrington
225 Oak Water Drive
Cameron, NC 28326

986

COMMENTS: ^{10/30/08} Mrs. Harrington called, toilet

had been running + tank had not been
pumped in 10 yrs. Thinks this will solve problem,

spoke w/ JW he advised me to tell her to still
complete Repair app. + he'll check on - Left

her a msg. A. Stewart 919-499-2677

11/13/08

Repair app. completed + assigned to JW

SANITATION COMPLAINT

Date 10/15/08

Sewer [] Solid Waste [] Other _____

Name of Complainant Anonymous Phone # (910) (919) _____

Nature of Complaint Neighbors have wet spot in yard when mowing lawn - strikes - on some hill slope, you can see stagnant puddles.

Directions to site of complaint Hwy 27 - (L) #1 on Hwy 24
Turn into (L) Budlewood S/P - 1st (L)
onto Oakwater - Home on (L) single-story
home - House # on home.

Owner of property site ?

Address and/or phone # 225 Oakwater Dr. Cameron

Inspection Information

Date 10-16-08 Time _____ Performed by JW
Problem(s) found No one home - saw nothing
Will go back

Correction of Problem

Date _____

Comments _____

Hamington

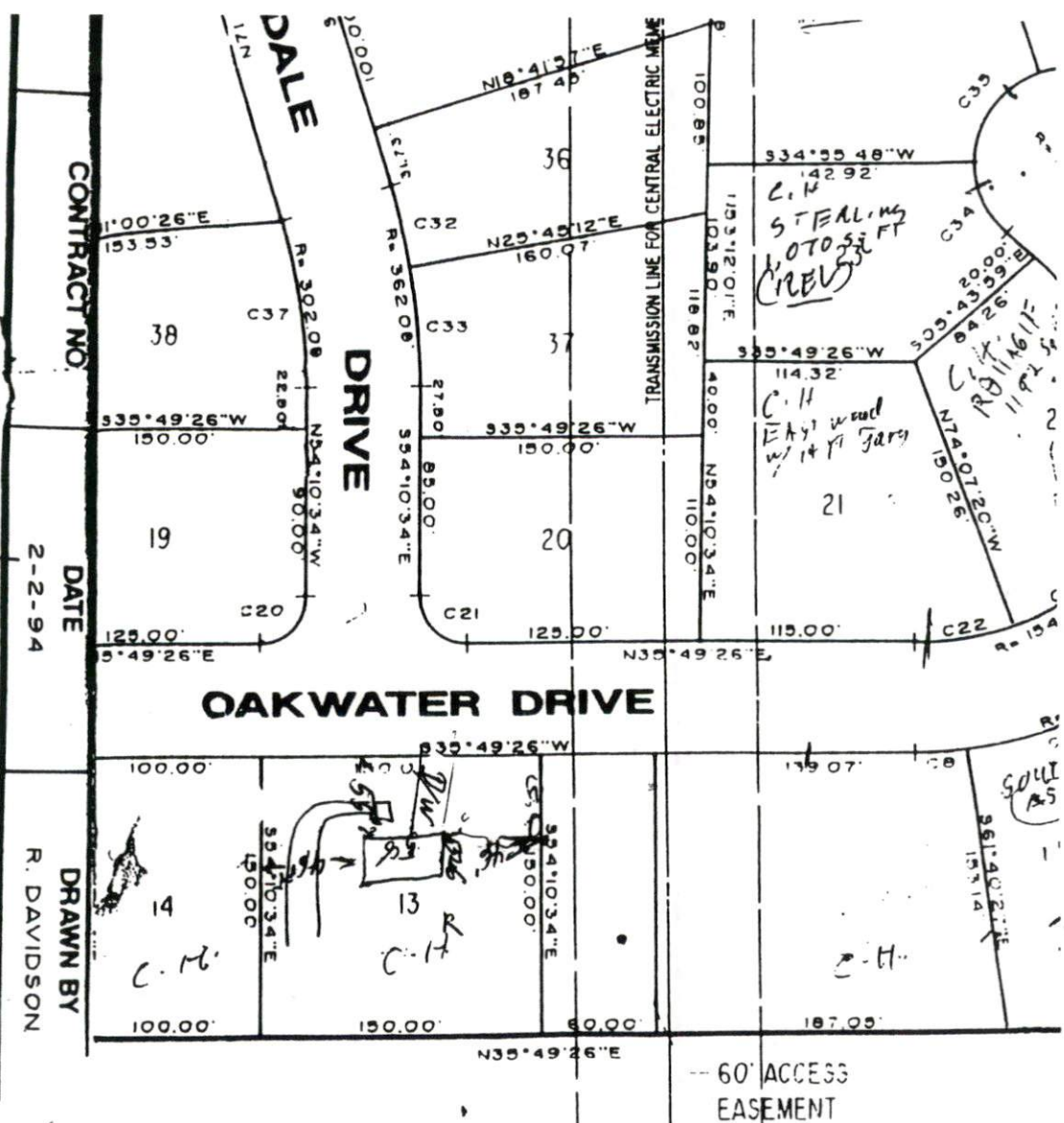
225 am

meter

Indicate

a leak

0-30 LS
 30-48 SL
 0-10 LS
 10-24 SC
 24-48 SCL
 0-8 LS
 8-15 SCL
 15-48 SL
 6-5



CONTRACT NO. _____
 DATE 2-2-94
 DRAWN BY R. DAVIDSON

VID SAWYER

A PRIVATE
 THAT FINAL
 APPROPRIATE
 SPECIFIC USE
 CE AT THE
 REPRESENT

DEPARTMENT OF LAND AND NATURAL RESOURCES
 DIVISION OF LAND SURVEYING

APPROVED *J.D. Nancey*

DATE 2/28/1994

IMPROVEMENT PERMIT

maintained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall construct or cause to be constructed any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

Owner) Danny Morris New Installation Septic Tank
 Location: SR# NC 24 Repairs Nitrification Line

Bridlewood Lot # 13
 Quadrant # _____

Bedrooms Proposed: 3 Lot Size: 1/2 AC

with Plumbing: Garage:
 Supply: Well Public Community
 from Well: _____ ft.

This is the minimum specifications for sewage disposal system on above captioned property.
 Subject to final approval.

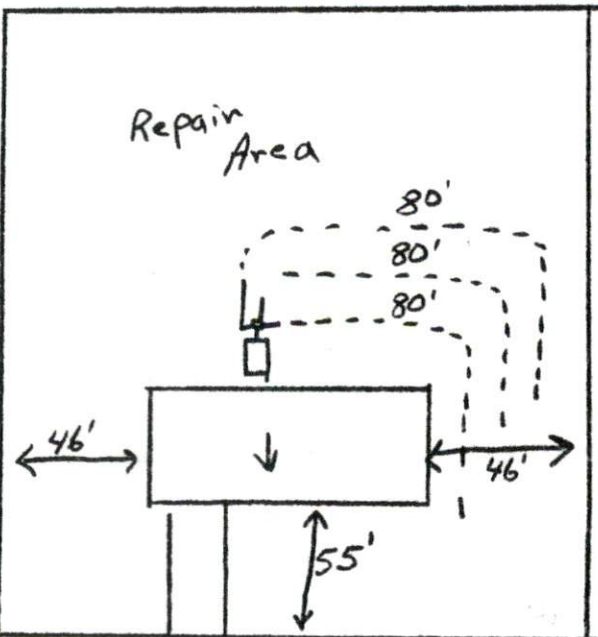
System: Conventional Other _____
 Capacity: Septic Tank: 900 gallons Pump Tank: _____ gallons
 No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 36 in.
 Linear feet required: _____

This permit is subject to revocation if site intended use change.

Date: Nov. 12 1995
 Signed: Jeff Eudy
 Environmental Health Specialist

VALID FOR 5 YEARS

NO
House
site
A
Pump
P/L



Call
10/26/95 CAB -
will call when
ready

NON/OPERATIONAL PERMIT

Name: (owner) Danny Morris New Installation Septic Tank
Property Location: SR# HUT24 Repairs Nitrification Line
Subdivision Bridlewood Lot # 13
TAX ID# _____ Quadrant # _____
Contractor: T. Brown Registration # _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50' min ft.

Following are the specifications for the sewage disposal system on above captioned property.

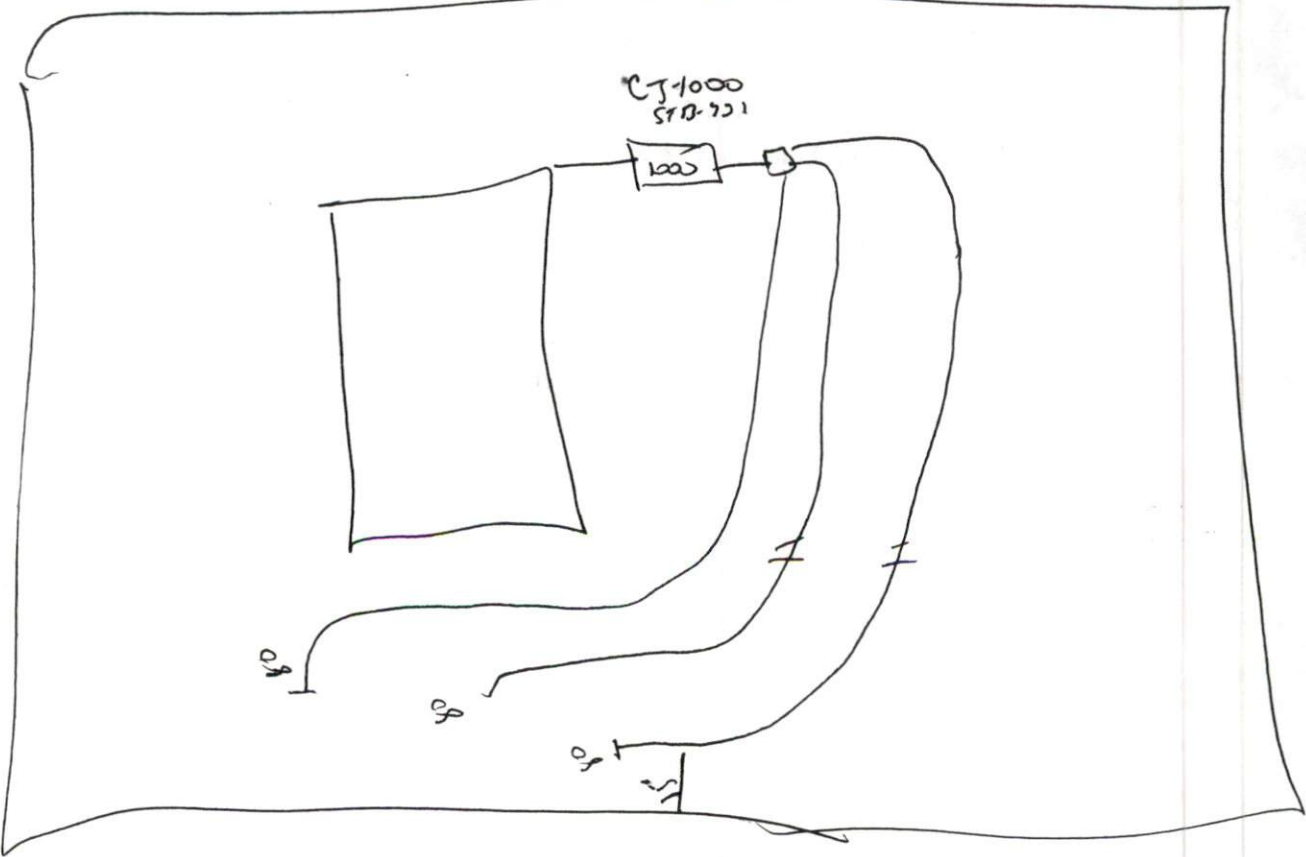
Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-24 in.
French Drain: _____ Linear feet

PERMIT NO. 09429


Date: 3-11-96

Inspected by: Jon Weber

Environmental Health Specialist



HARNETT COUNTY



Map Search

All Selections Clear

Selection

Owner Information

NAME HARRINGTON VIDA M

ADDR1

ADDR2

ADDR3 216 FOXWOOD DRIVE

CITY SANFORD

STATE NC

ZIP 273320000

Parcel Information

PIN 9565-98-1927.000


PARCEL ID 099575 0183 30

REID 039744

SITUS ADDRESS OAKWATER DR 004300 X

LEGAL 1 LT#13 BRIDLEWOOD S/D SC#1

FreeSpace Information



●	PID	ID	PIN	LEGAL 1	LEGAL 2	PROP ADDRESS	ASSESS	ACRES	BOOK	PAGE	SALE	ASSESS
	099575		9565-98-1927.000	LT#13 BRIDLEWOOD S/D SC#1	PC#F/269-A	OAKWATER DR 004300 X	1		02313	0649	0	84270

Zoom To Result Set
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