

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:

Armando A. Aguirre
84 Rack Ct
Willow Springs, NC
27529

2. Article Number
(Transfer from)

PS Form 3811

COMPLETE THIS SECTION ON DELIVERY

Signature

X. Ariel Adauto

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-14-05

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
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

MAY 1 / 2005

01





Harnett
COUNTY
NORTH CAROLINA

Department of Public Health

January 26, 2007

Armando Aguirre
84 Rack Court
Willow Springs, NC 27592

FINAL NOTICE RE: failure to comply with time frame for repair completion

Dear Mr. Aguirre:

On December 21, 2006 an Improvement Permit # 23505 was written so that repairs to your septic system could be made. It is your responsibility to see that all problems with the septic system are corrected. Until the system is repaired and an Operations Permit is issued, you continue to be in violation.

Again, 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.

You are required to correct this problem within 2 weeks days from the receipt of this letter. Be advised that if you do not comply within the allotted time frame legal action must be taken.

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

Sincerely,

Bryan McSwain, R.S.
Environmental Health Specialist
Harnett County Department of Public Health

BM/sgw

copy of IP & site sketch enclosed sgw

strong roots • new growth

7004 0750 0004 4000 2500 7735

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

1/26/07
Postmark
Here

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



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

ph: 910-893-7550
fax: 910-893-9429

cell # (919) 524-5597

May 12, 2005

Armando A. Aguirre
84 Rack Court
Willow Springs, NC 27529

RE: Failing system at above location; complaint #228

Dear Mr. Aguirre,

An on-site inspection was made on your property May 11, 2005 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,

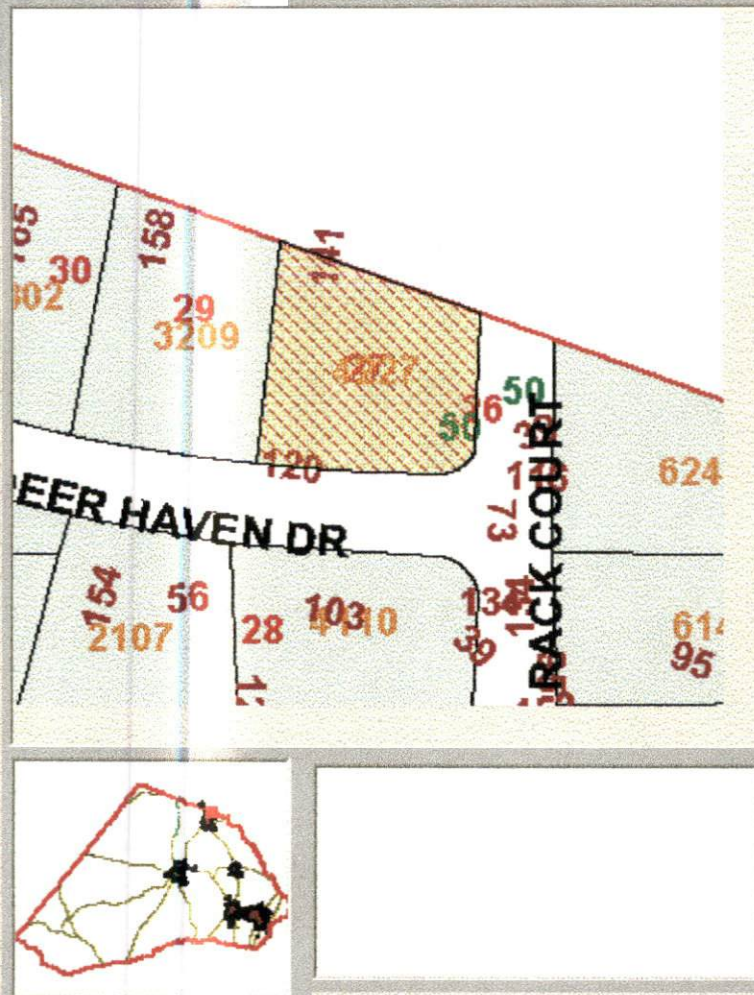
Graham H. Byrd, R.S.
Environmental Health Supervisor
Harnett County Department of Public Health

GB/sgw

Enclosure(s)



- Map Layers**
- ☒ County Boundary
 - ☒ City Limits
 - ☐ Rivers
 - ☒ Major Roads
 - ☐ Water Pipes
 - ☐ E911 Streets
 - ☐ Subdivisions
 - ☒ Parcels
 - ☐ Fire Zones
 - ☐ Rescue Zones
 - ☐ Schools
 - ☐ Census
 - ☐ Mobile Homes
 - ☐ Zoning
 - ☐ Voting
 - ☐ Commissioners Dist
 - ☐ Townships
- Lot Dimensions
Lot Numbers
() Calculated Dimensions
Acres
PIN
Row Dimensions
Street Names



Parcel Information

Owner Info:
AGUIRRE ARMANDO A & WIF
AGUIRRE IRIS &

84 RACK COURT

City WILLOW SPRINGS
State NC Zip 27592
PIN 0684-06-4227.000
Tax ID 040674 0064 27
Deed Book 0138 - 30443
- Page
Legal Descriptions
LT#26 DEER HAVEN SUB PH
PC#F/690-A
Parcel Address
RACK CT
Building \$70,490.00
other \$1,500.00
Land \$15,000.00
Assessed \$86,990.00
Square Ft 1158
Year Built 1997
of Cards 1

Find Parcels
Clear Selection

Standard Sewer
[Signature]