



Harnett
COUNTY
NORTH CAROLINA

Division of Environmental Health

www.harnett.org

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

ph: 910-893-7547

fax: 910-893-9371

February 26, 2016

Marcelle & Jennifer Kennedy
1114 Schaub Drive, Apt. 1
Driftwood Apartments
Raleigh, NC 27606

RE: Failing system located at: 735 W. Church Street – 0.52 acres
PIN # 0673 30 6058 000

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <i>Marcelle Kennedy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2/29/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to: <i>BM/sgs</i></p> <p><i>Marcelle & Jennifer Kennedy</i> <i>1114 Schaub Dr., Apt. 1</i> <i>Driftwood Apartments</i> <i>Raleigh, NC 27606</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 0510 0001 8694 3454</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt

by an Environmental Health

adopted by the North Carolina
11 Chapter 130A-335 (a) of
dence, place of business, or
upply source shall discharge
specific use. A wastewater
water.

to obtain an improvement
ate. You will be required to
to obtain an improvement
nt permit does not absolve
ling to health department
and **if you do not comply**

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

Sincerely,

Bryan McSwain R.E.H.S.

Bryan McSwain, R.E.H.S.
Environmental Health Program Specialist
Harnett County Department of Public Health
Environmental Health Section

BM/sgs

Enclosure(s)

7014 0510 0001 8694 3454

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	\$	Postmark Here <i>Re: 735 W. Church St.</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To	<i>Marcelle + Jennita Kennedy</i>
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	<i>Raleigh, NC -</i>

PS Form 3800, August 2006 See Reverse for Instructions