

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:

Kevin + Kelly
Anderson
109 Glen View Court
Coats, NC 27521

2. Article Number

(Transfer from service label)

7004 0750 0004 0052 8954

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kelly Anderson

 Agent Addressee

B. Received by (Printed Name)

Kelly Anderson

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

JAN 24 2005

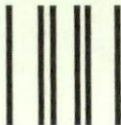
3. Service Type

 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

R001



HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 CORNELIUS HARNETT BLVD.
LILLINGTON, N.C. 27546
910-893-7547 phone
910-893-9371 fax

APPLICATION FOR REPAIR

NAME Kevin Anderson PHONE # (home) 910-897-2011 PHONE # (work)
ADDRESS 109 Glenview Ct. - Coats, NC 27521 MAILING ADDRESS IF DIFFERS

IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

SUBDIVISION NAME The Glen #7 LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT

Type of dwelling Modular Mobile Home Stick Built Other _____

Number of bedrooms 1 2 3 4 or more - Basement with plumbing Yes No

Garage Yes No - Dishwasher Yes No - Garbage Disposal Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site:

In order for Environment Health to help you with your repair you will need to comply by doing the following:

1. A surveyed and recorded map and deed to your property must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
2. The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered, property lines are marked and orange sign has been placed, you will need to call us at 893-7547 or 893-7548 to let us know that it is ready.
3. The system must be repaired within 30 days or the set time within receipt of a violation letter.

This certifies that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership change.

Signature [Signature] Date 1-23-06

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible and answer all questions to the best of your ability. Thank you.

Have you received a letter for a failing septic system from our office? [] YES [] NO YES

Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO YES

Installer of system _____
Septic Tank Pumper _____
Designer of System _____

- Number of people who live in house? 2 # adults 5 # children 7 # total
- What is your average estimated daily water usage? _____ gallons/month or day _____ county water
If HCPU please give the name that the water bill is listed in? _____
- If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly NO
- When was the septic tank last pumped? N/A. How often do you have it pumped? _____
- If you have a dishwasher, how often do you use it? daily [] every other day [] weekly
- If you have a washing machine, how often do you use it? daily [] every other day [] weekly [] monthly
- Do you have a water softener or treatment system? [] YES [] NO NO Where does it drain? _____
- Do you use an "in tank" toilet bowl sanitizer? [] YES NO
- Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy?
[] YES NO If yes, please list _____
- Do you put household cleaning chemicals down the drain? YES [] NO If so, what kind? Clorox/Tide
- Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES NO
If yes, what kind? _____
- Have you installed any water fixtures since your system has been installed? [] YES NO If yes, please list
any additions including any spas, whirlpools, sinks, lavatories, bath/showers, toilets. _____
- Do you have an underground lawn watering system? [] YES NO
- Has any work been done to your structure since your initial move, such a roof, gutter drains, basement
foundation drains, landscaping, etc? [] YES [] NO If yes, please list _____
- Are there any underground utilities on your lot? [] YES [] NO YES.
Please check all that apply Power Phone [] Cable [] Gas Water
- Describe what is happening when you have problems with your septic system and when was it first
noticed. Smell LEAKING WATER ON GROUND
- Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
household guests)? [] YES [] NO If yes, please list WASH & HEAVY RAIN

January 20, 2006

Kevin and Kelly Anderson
109 Glen View Court
Coats, NC 27521

RE: Failing system located at: Lot 7 - The Glen
Pin#0680-89-9924.000

Dear Mr. Mrs. Anderson,

An on-site inspection was made on your property on January 19, 2006, 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,



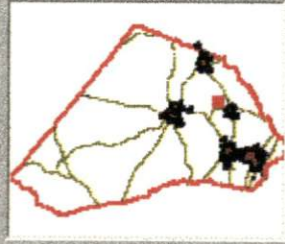
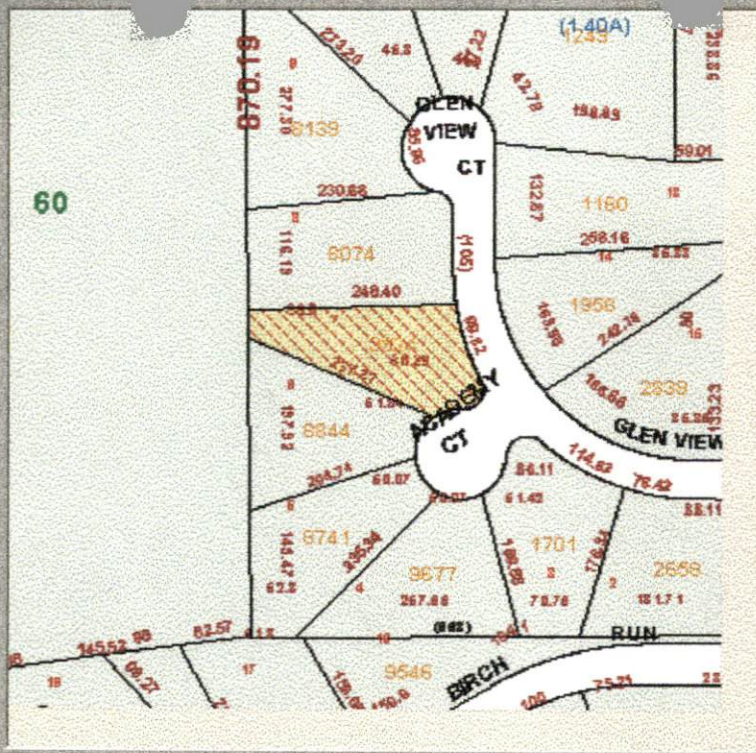
Bryan McSwain, R.S.
Environmental Health Specialist
Harnett County Department of Public Health

BM/sgs

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



Select a Parcel from the list above

Parcel Information

Owner Info:
 ANDERSON KEVIN CLARKE &
 ANDERSON KELLY BURT &

109 GLEN VIEW COURT

City COATS
 State NC Zip 27521

PIN 0680-89-9924.000

Tax ID 070680 0132 07

Deed Book 0146 - 60770
 - Page
 Legal Descriptions
 LT#7 THE GLEN MAP 98/94
 100X243

Parcel Address
 GLEN VIEW (& ACADEMY) C

Building \$80,180.00
 other \$000.00
 Land \$25,000.00
 Assessed \$105,180.00
 Square Ft 1304
 Year Built 2000
 # of Cards 1

Find Parcels
 Clear Selection

sewer 7 Brn

OPERATIONS PERMIT

Name: (owner) Master Developer New Installation Septic Tank
 Property Location: SR# 1563 Bill Ave Repairs Nitrification Line
 Subdivision The Glen Lot # 7
 TAX ID# _____ Quadrant # _____
 Contractor: Kenneth Weeks Registration # _____

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

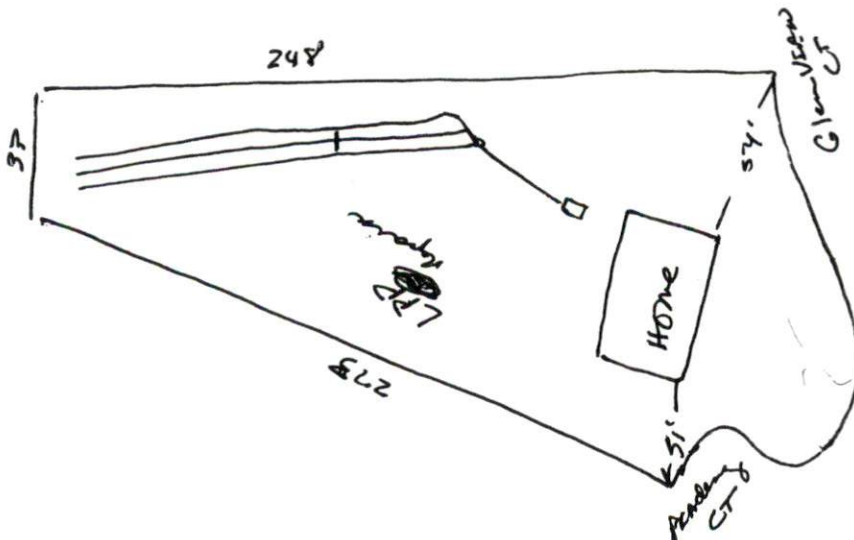
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 18-24 in.
 French Drain: — Linear feet

Date: 5-18-00

PERMIT NO. 13787

Inspected by: James E. Manhart
Environmental Health Specialist



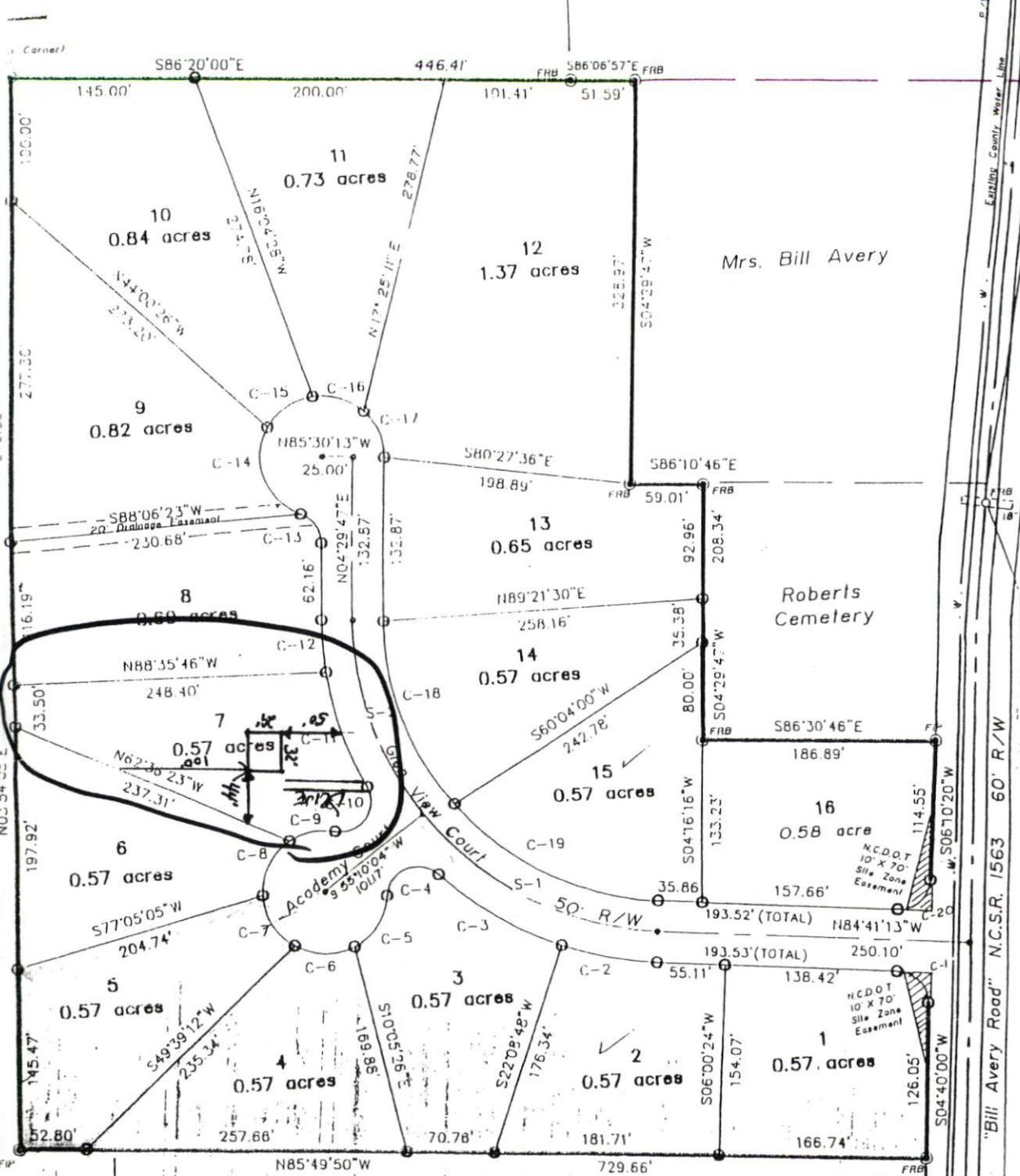
State of North Carolina
 County of Harnett
 I, Laura L. Unti, Review Officer of Harnett
 County, certify that the map or plat to which this certification is affixed
 meets all statutory requirements for recording.

Laura L. Unti
 Review Officer

3-10-98
 Date

A. C. Rowland Division

Julian Danenburg



Required Property Line Setbacks

Front	Side	Corner	Rear	Nearest Building
50	10	10	5	5
Actual	44	100		

McKnight
 Zoning Administrator
 Date: 2/16/2008
 #BEDROOMS: 3
 DISTRICT: PLA
 USE: SFD
 APPROVAL: PLA

"Bill Avery Road" N.C.S.R. 1563 60' R/W