

**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:

CHRIS BARNETTE  
ACMHP  
PO Box 310  
Spring Lake, NC  
28390

## 2. Article Number

(Transfer from service label)

7001 2510 0004 2845 8753

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature



- ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

CHRIS R. BARNETTE

## C. Date of Delivery

5-10-04

- 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 11 2004





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

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

May 3, 2004

Chris Barnette  
Anderson Creek MHP  
P O Box 310  
Spring Lake, NC 28390

RE: Lot 42 & 43A Anderson Creek MHP

Dear Mr. Barnette:

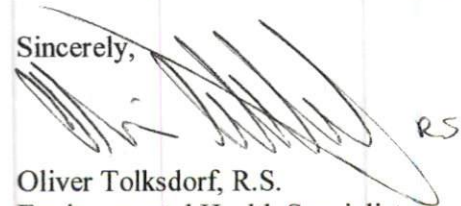
On April 2, 2004an Improvement Permit # 20739 (enclosed copy) was written so that repairs to your septic system could be made. It is your responsibility to see that all problems with the septic system are corrected. Until the system is repaired and an Operations Permit is issued, you continue to be in 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 30 days from the date on the Improvement Permit. It is requested that you contact the Health Department within 7 days in order to verify 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,



Oliver Tolksdorf, R.S.  
Environmental Health Specialist  
Harnett County Department of Public Health

OT/sgw

enclosure