

Evaluation
 Re-evaluation _____
(number)

North Carolina Department of Environment and Natural Resources
Division of Environmental Health
**PREOCCUPANCY EVALUATION REPORT
OF DRINKING WATER SUPPLY AND
WASTEWATER FACILITIES FOR MIGRANT HOUSING**

On 1-22-19 (date), as required in G.S. 95-225(c) and (d), an evaluation was conducted of the drinking water supply and wastewater system serving a migrant housing site composed of # of 1 Mobile home units, # of _____ House (s) and

Other type of housing/describe: _____ located at 3253 Red Hill Church RD (address or directions; use reverse if needed)
DUNN N.C. 28334 and operated by Sandy Langdon (name of person[s]/company)
of 1363 Turlington RD DUNN N.C. 28334 (mailing address)

PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM

This report describes well/spring — and sewage system 1. (Use reverse for a drawing, if needed.)
(number) (number)

The findings of this evaluation are as follows:

WATER SUPPLY

YES Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section, (yes/no) Division of Environmental Health
NO Private Water or Non-Community System (yes/no)

At the time of inspection, there WAS NOT visual evidence of non-compliance with the "Protection of Water Supplies" (was/was not)

15A NCAC 18A .1700 (attach copy of bacteriological sample). List deficiencies which were identified:

(Use reverse if necessary)

WASTEWATER FACILITIES

System subject to approval under 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Explain, if not subject to approval _____

On-Site Septic Tank System Chemical Portable Toilets Others _____ Privy(ies) _____

At the time of inspection, there WAS NOT visual evidence of non-compliance with 15A NCAC 18A .1900 (including (was/was not) .1962) "Laws and Rules for Sewage Treatment and Disposal System." List deficiencies which were identified:

(Use reverse if necessary)

The wastewater system, to the best of my knowledge and belief, is sized to serve 12 people. (maximum number)

James E. Markon
Environmental Health Specialist

Harnett County Environmental Health
Health Department

1-23-19
Date

307 W. Cornelius Harnett Blvd.
Address

Forward copies to: Migrant Housing Operator
Department of Labor
Agriculture Safety & Health Bureau

Lillington, NC 27546

910-893-7547

Office Phone Number

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(yes/no) Division of Environmental Health
NO Private Water or Non-Community System
(yes/no)

At the time of inspection, there WAS NOT visual evidence of non-compliance with the "Protection of Water Supplies"
(was/was not)
15A NCAC 18A .1700 (attach copy of bacteriological sample). List deficiencies which were identified:

(Use reverse if necessary)

WASTEWATER FACILITIES

System subject to approval under 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal
(subject/not subject)
Systems." Explain, if not subject to approval _____

On-Site Septic Tank System Chemical Portable Toilets Others _____ Privy(ies) _____

At the time of inspection, there WAS NOT visual evidence of non-compliance with 15A NCAC 18A .1900 (including
(was/was not)
.1962) "Laws and Rules for Sewage Treatment and Disposal System." List deficiencies which were identified:

(Use reverse if necessary)

The wastewater system, to the best of my knowledge and belief, is sized to serve 6 people.
(maximum number)

James E. Markham
Environmental Health Specialist

**Harnett County Environmental Health
Health Department**

1-23-19
Date

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