

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR MIGRANT HOUSING

DATE 1/10/19

NAME Jimmy A Autry 910-514-8098
MAILING ADDRESS 5811 NC 2105 BUNNLEVEL NC 28323
P O BOX OR STREET CITY/TOWN ZIP CODE

911 CAMP ADDRESS 5845, 5849 NC 210 SOUTH BUNNLEVEL NC 28323

NUMBER OF WELLS 1 NUMBER OF SEPTIC SYSTEMS 3
104' DEL TORO LA, LILLINGTON NC

NUMBER OF MIGRANTS 32 NUMBER OF HOUSING UNITS 3

5845 (8) 5849 (14) 104 (8)
DIRECTIONS FROM LILLINGTON TO THE MIGRANT CAMP 210 TOWARDS

SPRING LAKE OF LEFT.

② 210 TO JOEL JOHNSON, LEFT ON DEL TORO

IS THERE ELECTRICITY? YES [] NO OUTSIDE SPIGOT? YES [] NO

LOCATION OF OUTSIDE SPIGOT _____

COMMENTS _____

The top of the existing septic tank must be completely uncovered. The lid must be loosened so a visual inspection can be made. If a well is to be tested and has been unused for a while, please chlorinate before you call our office to confirm.

This certifies that all the above information is correct to the best of my knowledge and any false information will result in the denial of approval. The certification is subject to re-evaluation if the intended use or number of migrants changes.

Signature Jimmy A Autry

----- OFFICE USE ONLY -----

PRIVY -	<input type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED
SEPTIC TANK	<input type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED
WATER SUPPLY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED

ENVIRONMENTAL HEALTH SPECIALIST