

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 11-18-19, as required in G.S. 95-225(c) and (d), an evaluation was conducted of the drinking water supply and
(date)

wastewater system serving a migrant housing site composed of # of _____ Mobile home units, # of _____ House (s) and

Other type of housing/describe: HOUSING UNITS located at 235 Gardner Camp Path
(address or directions; use reverse if needed)
Angier N.C. 27501 and operated by DAVID GARDNER
(name of person(s)/company)
of 997 Matthews Mill Pond RD Angier N.C. 27501
(mailing address)

PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM

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

The findings of this evaluation are as follows:

WATER SUPPLY

NO Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,
(yes/no) Division of Environmental Health
YES 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 24 people.
(maximum number)

James E. Markant
Environmental Health Specialist

Harnett County Environmental Health
Health Department

12-3-19
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

Evaluation
 Re-evaluation _____
(number)

North Carolina Department of Environment and Natural Resources
Division of Environmental Health
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WASTEWATER FACILITIES FOR MIGRANT HOUSING**

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Other type of housing/describe: HOUSING UNITS located at 255 Gardner Camp Path
Angier N.C. 27501 and operated by DAVID GARDNER
997 Matthews Mill Pond RD Angier N.C. 27501
(address or directions; use reverse if needed)
(name of person(s)/company)
(mailing address)

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(Use reverse if necessary)

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(subject/not subject)
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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 16 people.
(maximum number)

James E. Markant
Environmental Health Specialist

Harnett County Environmental Health
Health Department

12-3-19
Date

307 W. Cornelius Harnett Blvd.
Address

Forward copies to: Migrant Housing Operator
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(date)

wastewater system serving a migrant housing site composed of # of _____ Mobile home units, # of _____ House (s) and

Other type of housing/describe: HOUSING UNITS located at 275 Gardner Camp Path
(address or directions; use reverse if needed)
Angier N.C. 27501 and operated by DAVID GARDNER
(name of person(s)/company)
of 997 Matthews Mill Pond RD Angier N.C. 27501
(mailing address)

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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 32 people.
(maximum number)

James E. Markant
Environmental Health Specialist

Harnett County Environmental Health
Health Department

12-3-19
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

ES 191119-0048
Taken 11-18-19

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: HARNETT Name: DAVID GARDNER Sample ID Number: _____
Location: 235, 255, 275 Gardner Camp Path Reviewer K Plemmons

Initial Sample Confirmation Sample _____

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR
PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

_____ Total coliform bacteria were detected in your water sample. Total Coliform are a group of related bacteria that are (with few exceptions) not harmful to humans. A variety of bacteria, parasites, and viruses, known as pathogens, can potentially cause health problems if humans ingest them. EPA considers total coliforms a useful indicator of other pathogens for drinking water. Total coliforms are used to determine the adequacy of water treatment and the integrity of the distribution system

_____ It is recommended that your well water be re-tested to verify that the result is accurate.

_____ Fecal coliform bacteria were detected in the sample. **Do not use the water for drinking, cooking, washing dishes, bathing or showering.**

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: James E Manhart III

Name of System:

HARNETT CO ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD
 Lillington, NC 27546

David Gardner
 235, 255, 275 Gardner Camp Path
 Angier, NC 27501

EIN: 566000306EH

Delivery: NC Courier

Harnett County

StarLIMS ID: **ES191119-0048**

Date Collected: 11/18/2019

Time Collected: 11:00

By: James E Manhart III

Date Received: 11/19/2019

Time Received: 08:37

By: Tyler Best

Sample Source: Well water

Sampling Point: Outside spigot

Sample Type:

GPS No.

Treatment:

Well Permit No.

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			11/19/2019
E. coli	Absent			11/19/2019

Report Date: 11/20/2019

Reported By: **KPLEMMONS**

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive Feb 5th 2020

Date 11/4/19

NAME David Gardner

MAILING ADDRESS 997 Matthews Mill Pond Rd
P.O. BOX OR STREET

AREA CODE & PHONE NUMBER
Angier N.C. 27501
CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 3

OUTSIDE SPIGOT? YES NO

LOCATION OF OUTSIDE SPIGOT(S) South end of Middle Bldg

COMMENTS

LIST BELOW EACH 911 CAMP ADDRESS AND THE NUMBER OF MIGRANTS PER HOUSING UNIT

<u>235 Gardner Camp Path, Angier N.C. 27501</u>	NUMBER OF MIGRANTS <u>24</u>
<u>255 Gardner Camp Path, Angier N.C. 27501</u>	NUMBER OF MIGRANTS <u>16</u>
<u>275 Gardner Camp Path, Angier N.C. 27501</u>	NUMBER OF MIGRANTS <u>32</u>
	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP Take 210 N, turn Rt on Matthews Mill Pond Rd, go to Gardner Rd turn left & go to Gardner Camp Path & Camps at end

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. Once your well/septic is ready please let us know so we may process. Water samples can be taken Monday - Wednesday
*Holidays subject to alter these days.

Signature David M Gardner

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.

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

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

James E. Manhart REHS
Environmental Health Specialist, R.E.H.S.

12-3-19
Date