

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 12-20-19, 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 0 Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 6266 Christian Light Rd.
(address or directions; use reverse if needed)
Foggy-Vegetation, NC 27526 and operated by J. Kent Revels
(name of person[s]/company)
of 230 Revels Rd. Foggy-Vegetation, NC 27526
(mailing address)

***** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM *****

This report describes well/spring 0 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
(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 12 people.
(maximum number)

[Signature]
Environmental Health Specialist

Harnett County Environmental Health
Health Department

12/20/2019
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 _____
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Division of Environmental Health
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(date)

wastewater system serving a migrant housing site composed of # of 0 Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 4937 Christina Light Rd.
(address or directions; use reverse if needed)

Fogay-Veolia, NC 27526 and operated by J. Kent Revels
(name of person[s]/company)

of 230 Revels Rd. Fogay-Veolia, NC 27526
(mailing address)

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(yes/no) Division of Environmental Health

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(yes/no)

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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 8 people.
(maximum number)

[Signature] **Harnett County Environmental Health**
Environmental Health Specialist Health Department

12/20/2019
Date

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