

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 12/13/19, 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 78 Tim Patterson Ln, Broadway (address or directions; use reverse if needed)
and operated by Timothy Patterson (name of person[s]/company)
of 78 Tim Patterson Ln, Broadway NC 27505 (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 2 people. (maximum number)

Brittany Adams REHS Environmental Health Specialist Harnett County Environmental Health Health Department
12/16/19 Date 307 W. Cornelius Harnett Blvd. Address

Forward copies to: Migrant Housing Operator Lillington, NC 27546
Department of Labor 910-893-7547
Agriculture Safety & Health Bureau Office Phone Number

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/13/20

Date 12/9/19

NAME Timothy C Patterson 919 499-3128
MAILING ADDRESS 78 Tim Patterson Ln Broadway 27505
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER Coming as soon as I hook it up!
OUTSIDE SPIGOT? [YES] [] NO

NUMBER OF SEPTIC SYSTEMS 1

LOCATION OF OUTSIDE SPIGOT(S) at Well behind trailers
COMMENTS Septic tank on right of trailer uncovered

- LIST BELOW EACH 911 CAMP ADDRESS AND THE NUMBER OF MIGRANTS PER HOUSING UNIT
- 78 Tim Patterson Ln Broadway NE 27505 NUMBER OF MIGRANTS 2
 - _____ NUMBER OF MIGRANTS _____
 - _____ NUMBER OF MIGRANTS _____
 - _____ NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP Go north 10 miles on 421 to Seminole crossroads. Take a right like going into Broadway on Old 421 (or Seminole Rd). Go 300 yards to white fence on right Tim Patterson Ln trailer on right!

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 Timothy C Patterson

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

BA
Environmental Health Specialist, R.E.H.S. 12/13/19
Date