X] 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 17 17 , 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			
102 2 100 100 11 00 1			
Other type of housing/describe: located at 103 BUVC IV IV S C (address or directions; use reverse if needed)			
and operated by (name of person[s]/company)			
of 8136 05 4015, Bum (Welling address)			
*** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM ***			
This report describes well/spring and sewage system (Use reverse for a drawing, if needed.)  The findings of this evaluation are as follows:			
WATER SUPPLY			
Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,			
(yes/no) Division of Environmental Health			
(yes/no) Private Water or Non-Community System			
At the time of inspection, there Was with visual evidence of non-compliance with the "Protection of Water Supplies"			
At the time of inspection, there <u>vovo ( t)</u> 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			
- Larrier -			
System System 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			
I			
On-Site Septic Tank System [ ] Chemical Portable Toilets [ ] Others [ ] Privy(ies)			
At the time of inspection, there WOS NOT visual evidence of non-compliance with 15A NCAC 18A .1900 (including			
At the time of inspection, there Was/was not) visual evidence of non-compliance with 15A NCAC 18A .1900 (including			
At the time of inspection, there WCS 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:			
At the time of inspection, there Was/was not)  (was/was not)  1962) "Laws and Rules for Sewage Treatment and Disposal System." List deficiencies which were identified:  (Use reverse if necessary)			
At the time of inspection, there Was/was not)  (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			
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At the time of inspection, there Was/was not)  (was/was not)  (was/was not)  (Use reverse if necessary)  The wastewater system, to the best of my knowledge and belief, is sized to serve			
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At the time of inspection, there WCS NOT (was/was not)  (was/was not)  (less reverse if necessary)  The wastewater system, to the best of my knowledge and belief, is sized to serve people.  (maximum number)  Harnett County Environmental Health  Environmental Health Specialist  (Date People in the best of my knowledge and belief)  (Date People in the best of my knowledge			
At the time of inspection, there Was/was not)  (was/was not)  (less reverse if necessary)  The wastewater system, to the best of my knowledge and belief, is sized to serve			

DENR 3765 (Revised 2/2011) On-Site Wastewater Section (Review 12/2010)

## HARNETT COUNTY HEALTH DEPARTMENT CH 1912-0015 ENVIRONMENTAL HEALTH SECTION

## APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3-4-2020		
NAME BYRD Fanily Falms LLCO MAILING ADDRESS 8/36 US 401500	Date <u>12 13 19</u> ( <u>%) 89 6836</u> AREA CODE & PHONE NUMBER	
P.O. BOX OR STREET  NUMBER OF WELLS	CHECK HERE IF COUNTY WATER	
LOCATION OF OUTSIDE SPIGOT(S)	OUTSIDE SPIGOT? [ ] YES [ ] NO	
COMMENTS		
LIST BELOW EACH 911 CAMP ADDRESS AND THE NUMBER  103 BYRDS Mill Pd. BUNNEVE	NUMBER OF MIGRANTS  NUMBER OF MIGRANTS  NUMBER OF MIGRANTS  NUMBER OF MIGRANTS  NUMBER OF MIGRANTS	
DIRECTIONS FROM LILLINGTON TO THE CAMP  401 South tuln Left on By		
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  Chis 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		
SEPTIC TANK AI	PPROVED [] UNAPPROVED PPROVED [] UNAPPROVED PPROVED [] UNAPPROVED	
	1	