| [ ] 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 1 22 20, 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 Mobile home units, # of House (s) and   |
| Other type of housing/describe: located at 106 STANCIL CURRY LN   |
| LILLINGTON NC 275H6 and operated by ROBERS CURRIN   |
| of 883 LENGIES CH. Rp. LILLINGTON NC 27546  |
| (mailing and days)  |
| *** 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 visual evidence of non-compliance with the "Protection of Water Supplies"  |
| (was/was not)  154 NICAC 184 1700 (ettach assert for the first state of horizontpliance with the "Protection of Water Supplies"                                   |
| 15A NCAC 18A .1700 (attach copy of bacteriological sample). List deficiencies which were identified:  |
| (Use reverse if necessary)  |
| WASTEWATER FACILITIES   |
| System SubSECT to approval under 154 NCAC 104 1000 III  |
| System Subject/not subject) to approval under 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal 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 vastewater system, to the best of my knowledge and belief, is sized to serve  |
| (maximum number)  Harnett County Environmental Health   |
| Environmental Health Specialist Health Department   |
| Date  307 W. Cornelius Harnett Blvd.  Address   |
| Forward copies to: Migrant Housing Operator  Department of Labor  Lillington, NC 27546  |

910-893-7547

Office Phone Number

DENR 3765 (Revised 2/2011)

On-Site Wastewater Section (Review 12/2010)

Agriculture Safety & Health Bureau

| Evaluation          |          |
|---------------------|----------|
| [ ] Re-evaluation _ |          |
|                     | (number) |

North Carolina Department of Environment and Natural Resources Division of Environmental Health

## PREOCCUPANCY EVALUATION REPORT OF DRINKING WATER SUPPLY AND

| WASTEWA  | TER FACILITIES FOR MIGRANT HOUSING  |
|--|---|
|  |   |
| (date), as required in G.S. 95-225   | 5(c) and (d), an evaluation was conducted of the drinking water supply and  |
| wastewater system serving a migrant housing site com   | posed of # of _ \ Mobile home units, # of _ O House (s) and                 |
| Other type of housing/describe:  | 04 6-   |
| LILLINGTON NC 27546 and  | d operated by Rosers (address or directions; use reverse if needed)         |
| of 883 LEAFLET CH. RD  | LILLINGTON NC 27546   |
|  | (mailing address)   |
| *** PLEASE SUBMIT ON   | E REPORT FOR EACH SEPTIC SYSTEM ***   |
|  |   |
| (number ) The findings of this evaluation are as follows:  | ge system (Use reverse for a drawing, if needed.)                           |
| 5 - Standard are as follows.   |   |
| WATER SUPPLY   |   |
| (yes/no) Community or non-transient-non-commun  Division of Environmental Health   | ity water system under routine surveillance of Public Water Supply Section, |
| Private Water or Non-Community System  | 2   |
| (yes/no)   |   |
| At the time of inspection, there was NOT visual  | evidence of non-compliance with the "Protection of Water Supplies"          |
| (was/was not)  | evidence of hori-compliance with the "Protection of Water Supplies"         |
| 15A NCAC 18A .1700 (attach copy of bacteriological sam   | nple). List deficiencies which were identified:                             |
|  | (Use reverse if necessary)  |
| System 506565 to approval under 15A N  | NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal           |
| Systems." Explain, if not subject to approval  |   |
|  |   |
| [Xon-Site Septic Tank System [ ] Chemical Portable To  | ilets [ ] Others [ ] Privy(ies)   |
|  |   |
| (was/was not)  | ral evidence of non-compliance with 15A NCAC 18A .1900 (including           |
| .1962) "Laws and Rules for Sewage Treatment and Dispos   | sal System." List deficiencies which were identified:                       |
|  |   |
|  | Use reverse if necessary)   |
| The wastewater system, to the best of my knowledge and b   |   |
| 26125  | (maximum number)  Harnett County Environmental Health                       |
| Environmental Health Specialist  | Health Department   |
| 1 33 20  | 307 W. Cornelius Harnett Blvd.  |
| Date   |   |
|  | Address   |
| Forward copies to: Migrant Housing Operator  |   |
| Department of Labor  | Lillington, NC 27546  |
| Forward copies to: Migrant Housing Operator Department of Labor Agriculture Safety & Health Bureau  DENR 3765 (Revised 2/2011) | o secretaria <del>a</del>   |