HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

| Date Workers Arrive 3 - 12-20 | ī | Date 1-13-20 |
|--|--|---|
| NAME MAILING ADDRESS 2044 P.O. BOX OR STR NUMBER OF WELLS NUMBER OF SEPTIC SYSTEMS LOCATION OF OUTSIDE SPIGOT(S) | CHECK HERE IF COUN | AREA CODE & PHONE NUMBER CITY/TOWN ZIP CODE TY WATER YES [] NO |
| COMMENTS | 10 m 30 m 10 m 10 m 10 m 10 m 10 m 10 m | |
| 1333 Bunnlevel Erwin Ro 3119 Ashe Averue, Dunn | ad, Bunnlevel | NUMBER OF MIGRANTS S |
| DIRECTIONS FROM LILLINGTON TO THE CAMP | | |
| The top of the existing septic tank must be completely | uneavered. The lid must be less | accord so a viewal increation can be |
| made. If a well is to be tested and has been unused for a | | |
| Once your well/septic is ready please let us know so we *Holidays subject to alter these days. Signature | may process. Water samples of | an be taken Monday - Wednesday |
| This certifies that all the above information is correct to the best of The certification is subject to re-evaluation if the intended use or n | | ation will result in the denial of approval. |
| OFFI | CE USE ONLY | |
| PRIVY SEPTIC TANK WATER SUPPLY | [] APPROVED [] UNAPPROVI [] APPROVED [] UNAPPROVI [] APPROVED [] UNAPPROVI | ED |
| Environmental Health Specialist, R.E.H.S. | Date | |