

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 12/16/2020, 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 0 Mobile home units, # of 1 House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 4937 CHRISTIAN LIGHT RD  
(address or directions; use reverse if needed)  
FUQUAY-VARINA, NC 27526 and operated by J. KENT REVELS  
(name of person[s]/company)  
of 230 REVELS ROAD FUQUAY-VARINA, 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 8 people.  
(maximum number)

[Signature]  
Environmental Health Specialist

Harnett County Environmental Health  
Health Department

12/16/2020  
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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Other type of housing/describe: \_\_\_\_\_ located at 6206 UPLISTAN LIGHT RD.  
(address or directions; use reverse if needed)  
FUQUAY-VARINA, NC 27526 and operated by J. KENT REVELS  
(name of person[s]/company)

of 230 REVELS RD. FUQUAY-VARINA, 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:

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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  
12/16/2020 307 W. Cornelius Harnett Blvd.  
Date Address

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