

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 1-8-2021, 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 1 Mobile home units, # of \_\_\_\_\_ House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 78 Tim Patterson Ln  
(address or directions; use reverse if needed)

Broadway, NC 27505 and operated by Tim Patterson  
(name of person(s)/company)

of 80 Tim Patterson Ln, Broadway NC 27505  
(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** County Water

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 2 people.  
(maximum number)

Mahesh RETHI  
Environmental Health Specialist

Harnett County Environmental Health  
Health Department

1-12-21  
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

EH2012-0017

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/15/21

Date 12/18/20

NAME Tim Patterson

(919) 499-3128

MAILING ADDRESS 80 Tim Patterson Ln Broadway  
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS ~~2~~

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 1

OUTSIDE SPIGOT? [] YES [ ] NO

LOCATION OF OUTSIDE SPIGOT(S) Behind Trailer

COMMENTS

LIST BELOW EACH CAMP ADDRESS AND THE NUMBER OF MIGRANTS PER HOUSING UNIT

|  |                             |
|--|-----------------------------|
| <u>78</u> <del>80</del> <u>Tim Patterson Ln Broadway</u> | NUMBER OF MIGRANTS <u>2</u> |
| <u>NC 27505</u>  | NUMBER OF MIGRANTS          |
|  | NUMBER OF MIGRANTS          |
|  | NUMBER OF MIGRANTS          |

DIRECTIONS FROM LILLINGTON TO THE CAMP North 421 10 mile to Seminole  
cross roads make right on Old 421 to Broadways  
300 yds white fence on right Tim Patterson Ln  
down drive 200 ft make right to trailer

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 other these days.

Signature [Handwritten Signature]

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

[Handwritten Signature]  
Environmental Health Specialist, R.E.H.S.

1-8-21  
Date