

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 01/04/2021, 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 7639 CHRISTIAN LIGHT  
(address or directions; use reverse if needed)  
RD FUGLY-VARINA, NC 27526 and operated by RICK SEARS  
(name of person[s]/company)  
of 2467 GARLIDGE RIVER RD FUGLY-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 15 people.  
(maximum number)

[Signature] Harnett County Environmental Health  
Environmental Health Specialist Health Department

01/04/2021  
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

**HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION**

**APPLICATION FOR MIGRANT HOUSING**

Date Workers Arrive FEB. 2021

Date 12-21-20

NAME Ricky SEARS

(919) 427-7333

MAILING ADDRESS 2467 OAKRIDGE RIVER RD  
P.O. BOX OR STREET

AREA CODE & PHONE NUMBER  
F.V. 27526  
CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER  1 house

NUMBER OF SEPTIC SYSTEMS TWO

OUTSIDE SPIGOT?  YES  NO

Pump house  
LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

LIST BELOW EACH 911 CAMP ADDRESS AND THE NUMBER OF MIGRANTS PER HOUSING UNIT

<u>1 Mobile Home 2467 OAKRIDGE RIVER RD</u>	NUMBER OF MIGRANTS <u>5</u>
<u>Fog way VARINA 27526</u>	NUMBER OF MIGRANTS _____
<u>7639 CHRISTIAN LIGHT RD F.V. N.E. 27526</u>	NUMBER OF MIGRANTS <u>15</u>
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 401 N TURN ON CHRISTIAN LIGHT RD.  
MAKE AN LEFT 7639 RIGHT BESIDE RD. BLACK HOUSE  
MOBILE HOME 2467 OAKRIDGE RIVER RD.

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 Ruby [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  
SEPTIC TANK  
WATER SUPPLY

APPROVED  UNAPPROVED  
 APPROVED  UNAPPROVED  
 APPROVED  UNAPPROVED

[Signature]

Environmental Health Specialist, R.E.H.S.

01/07/2021

Date