

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 01-25-21, 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 _____ Mobile home units, # of 1 House (s) and

Other type of housing/describe: Brick Dormitory located at 5849 NC 2105
(address or directions; use reverse if needed)

Bunnlevel NC 28323 and operated by Jimmy A. Autry
(name of person[s]/company)
of 5811 NC 2105, Bunnlevel NC 28323
(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 16 people.
(maximum number)

Made Oh REHS
Environmental Health Specialist

Harnett County Environmental Health
Health Department

01-25-21
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

**HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

APPLICATION FOR MIGRANT HOUSING *EH2101-0002*

Date Workers Arrive 3-1-2021

Date 1-4-21

NAME Jimmy A Avery (910) 514-8098
AREA CODE & PHONE NUMBER
 MAILING ADDRESS 5811 NC 210 S BONNLEVEL 28323
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER ✓

NUMBER OF SEPTIC SYSTEMS 3

OUTSIDE SPIGOT? YES NO

LOCATION OF OUTSIDE SPIGOT(S) FRONT AND SIDE

COMMENTS

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

- 5845 NC 210 S BONNLEVEL NUMBER OF MIGRANTS 8
- * 5849 NC 210 S BONNLEVEL NUMBER OF MIGRANTS 16 *1-25-21*
- 194 DEL TORO LN LILLINGTON NUMBER OF MIGRANTS 8
- NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 194 DELTORO LN, 210S TO JOEL JOHNSON
LFT, 3 MILES DOWN ON LEFT.
5845, 5849 S. 4 MILES DOWN 210S ON LEFT

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 Jimmy A Avery

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

Mark A. REHS
 Environmental Health Specialist, R.E.H.S.

01-25-21
 Date