

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 01/06/2021, 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 0 Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 244 SAMMY GRIFFIN LN
(address or directions; use reverse if needed)

HOLT SPRINGS NC 27540 and operated by NONNIE BETTS (BETTS FARM)
(name of person[s]/company)

of 30 BETTS RD HOLT SPRINGS NC 27546
(mailing address)

***** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM *****

This report describes well/spring 1 and sewage system 1. (Use reverse for a drawing, if needed.)
(number) (number)

The findings of this evaluation are as follows:

WATER SUPPLY

NO Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,
(yes/no) Division of Environmental Health

YES 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 10 people.
(maximum number)

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

01/11/2021 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

EH 2101-0007
EH 2101-0008
EH 2101-0009

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3-10-2021

Date 1-5-2021

NAME Ronnie Betts (Betts Farms)
MAILING ADDRESS 30 Betts Rd Holly Springs
P.O. BOX OR STREET CITY/TOWN ZIP CODE
919 552 5466
(919) 427 3260
AREA CODE & PHONE NUMBER
NC 27540

NUMBER OF WELLS 1 CHECK HERE IF COUNTY WATER 1 Camp
NUMBER OF SEPTIC SYSTEMS 3 OUTSIDE SPIGOT? YES NO

LOCATION OF OUTSIDE SPIGOT(S) at Pump house on Sammy Griffin Lane
COMMENTS call when inspected so I can winterize

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

<u>30 Betts Rd Holly Springs</u>	NUMBER OF MIGRANTS <u>10</u>
<u>Sammy Griffin Lane</u>	NUMBER OF MIGRANTS <u>10</u>
<u>Sammy Griffin Lane</u>	NUMBER OF MIGRANTS <u>10</u>
	NUMBER OF MIGRANTS

DIRECTIONS FROM LILLINGTON TO THE CAMP HWY 401 North Left on Christian Light
left on Betts Rd (Behind Traffic) Iste HWY 42 + Betts R
2 camps on Sammy Griffin Lane

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 Ronnie Betts

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 APPROVED UNAPPROVED
SEPTIC TANK APPROVED UNAPPROVED
WATER SUPPLY APPROVED UNAPPROVED

[Signature] Date 01/11/2021
Environmental Health Specialist, R.P.H.S.