

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 1-20-21, 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 _____ Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 103 Byrd's Mill Rd
(address or directions; use reverse if needed)
Bunnlevel, NC 28323 and operated by Byrd Family Farms LLC
(name of person[s]/company)
of 8136 U.S. 401 South, 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

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 17 people.
(maximum number)

Mack Ah REHS Environmental Health Specialist Harnett County Environmental Health Health Department

1-20-21 Date 307 W. Cornelius Harnett Blvd. Address

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

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

EH 2101-0014

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/7/21

Date 1/7/21

NAME Byrd Family Farms LLC

910 891-6836

MAILING ADDRESS 8136 US 401 South Bunnlevel
P.O. BOX OR STREET

AREA CODE & PHONE NUMBER
CITY/TOWN N.C. ZIP CODE 28323

NUMBER OF WELLS 0

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 1

OUTSIDE SPIGOT? [] YES [] NO

LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

103 Byrd's Mill Rd. NUMBER OF MIGRANTS 17

NUMBER OF MIGRANTS

NUMBER OF MIGRANTS

NUMBER OF MIGRANTS

DIRECTIONS FROM LILLINGTON TO THE CAMP 401 South Left on Byrd's Mill Rd.
2nd House 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 R.H. Byrd

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 [x] APPROVED [] UNAPPROVED
WATER SUPPLY [] APPROVED [] UNAPPROVED

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

1-20-21
Date