

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 02/15/2021, 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 54 CAMELLIA ROAD  
(address or directions; use reverse if needed)

ANGIER, NC 27501 and operated by JONATHAN KIEH/LEE OWEN  
(name of person[s]/company)

of 4599 PINEY GROVE RD ANGIER, NC 27501  
(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 6 people.  
(maximum number)

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

02/19/2021 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