

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 01-26-2021, 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 1 Mobile home units, # of _____ House (s) and

Other type of housing/describe: _____ located at 106 Stancil Curran Ln
Lillington NC 27546 (address or directions; use reverse if needed)
and operated by Robert Curran
of 883 Leaflet Church Rd, Lillington NC 27546
(name of person[s]/company)
(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 County Water Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section, Division of Environmental Health
No Private Water or Non-Community System
(yes/no) (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 Systems." Explain, if not subject to approval _____
(subject/not subject)

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 .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 5 people.
(maximum number)

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

01-26-2021 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

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

EH 2101-0028

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 4-18-21

Date 1-20-21

NAME Robert Currin

910 891-8200

MAILING ADDRESS 883 Leaflet Ch. Rd.
P.O. BOX OR STREET

Lillington NC.
CITY/TOWN ZIP CODE

NUMBER OF WELLS _____

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 2

OUTSIDE SPIGOT? YES NO

LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

84 AND 106 STANCIL AND CURRIN LN. NUMBER OF MIGRANTS 5
NUMBER OF MIGRANTS 5

NUMBER OF MIGRANTS _____
NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP Take Hwy 27 N go 9 miles turn Right
on Leaflet Ch. Rd. go 1 mile turn Right on Stancil & Currin
LN

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 Robert Currin

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

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

Date