

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive _____

Date 5/3/21

NAME David E. Throck _____ () _____
AREA CODE & PHONE NUMBER

MAILING ADDRESS _____
P.O. BOX OR STREET 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

2771 _____ NUMBER OF MIGRANTS 4
2773 _____ NUMBER OF MIGRANTS 6

NUMBER OF MIGRANTS _____

NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 421 N to Mt. Pisgah ch. rd.
2 miles, camps are on the 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 David B. Ghy _____

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 type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED
WATER SUPPLY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED

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