

**HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION**

**APPLICATION FOR MIGRANT HOUSING**

Date Workers Arrive 4-20-22

Date 1-7-22

NAME Robert Currin (910) 891-8200

MAILING ADDRESS 883 Leaflet Ch. Rd, Lillington 27546  
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

None  
LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

<u>84 STANCIL &amp; Currin LN</u>	NUMBER OF MIGRANTS <u>6</u>
<u>106 STANCIL &amp; Currin LN</u>	NUMBER OF MIGRANTS <u>6</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP Hwy 27 West go 9.5 turn Right on Leaflet Ch. Rd go 3/4 mile turn Right on STANCIL & Currin LN go 800 FT on Right

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	<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 _____			