| [L] 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, 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 / Mobile home units. # of Y House (s) and  |  |
| Other type of housing/describe:    Stoadway NC 27505 and operated by David Ethnology (name of person[s]/company)   Other type of housing/describe:   Stoadway NC 27505 and operated by David Ethnology (name of person[s]/company)   Other type of housing/describe:   Stoadway NC 27505     Other type of housing/describe:   Other type of housing/describe:   Ocated at 2771 Mt Pisgah Church Research Church Research Researc |  |
| Broadway NC 27505 and operated by David Ethnolas   |  |
| of 4732 Me Arthur Rd, Broadway NC 27505 (name of person[s]/company)  |  |
| (rifailing address)  |  |
| *** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM ***  |  |
| This report describes well/spring and sewage system (Use reverse for a drawing, if needed.)  |  |
| The findings of this evaluation are as follows:  |  |
| WATER SUPPLY COUNTY WATER  |  |
| Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section, (yes/no) Division of Environmental Health   |  |
| Private Water or Non-Community System  |  |
| (yes/no)   |  |
| At the time of inspection, there Wt voT 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  |  |
|  |  |
| Systemto approval under 15A NCAC 18A 1900, "Laws and Rules for Sewage Treatment and Disposal (subject/not subject)   |  |
| Systems." Explain, if not subject to approval  |  |
|  |  |
| COn-Site Septic Tank System [ ] Chemical Portable Toilets [ ] Others [ ] Privy(ies)  |  |
|  |  |
| At the time of inspection, there Wt 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)   |  |
| 6  |  |
| The wastewater system, to the best of my knowledge and belief, is sized to servepeople.  (maximum number)  |  |
| Meh A REHS Harnett County Environmental Health   |  |
| Environmental Health Specialist Health Department  |  |
| フーパー Z Z 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  |  |

DENR 3765 (Revised 2/2011)
On-Site Wastewater Section (Review 12/2010)