| ] | ] Evaluation      |          |
|---|-------------------|----------|
| [ | ] Re-evaluation _ |          |
|   |                   | (number) |

North Carolina Department of Environment and Natural Resources

Division of Environmental Health

## PREOCCUPANCY EVALUATION REPORT

| WASTEWATER FACILITIES FOR MIGRANT HOUSING  |  |  |
|--|--|--|
|  |  |  |
| On <u>C4 1 3/2522</u> , 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 House (s) and  |  |  |
| Other type of housing/describe: located at 10 ONKLIDE LIVER TO (address or directions; use reverse if needed)  |  |  |
| FOURT-VALINA, NC 27526 and operated by POWELLS NORSERY LLC   |  |  |
| of 1036 rosse NO. How strikes, NC 27540 (name of person[s]/company)  |  |  |
| (mailing address)  |  |  |
| *** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM ***  |  |  |
|  |  |  |
| This report describes well/spring and sewage system (Use reverse for a drawing, if needed.)  (number) (number)  The findings of this evaluation are as follows:  |  |  |
| WATER SUPPLY   |  |  |
| Y v S 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 wisual 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: |  |  |
| 13A NCAC 16A : 1700 (attach copy of bacteriological sample). List deficiences which were identified.   |  |  |
| (Use reverse if necessary)   |  |  |
| WASTEWATER FACILITIES  |  |  |
| System 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  |  |  |
| Cybicino. Explain, il not obsject to approve.  |  |  |
| [ ] On-Site Septic Tank System [ ] Chemical Portable Toilets [ ] Others [ ] Privy(ies)   |  |  |
| At the time of inspection, therewAs 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 servepeople.  |  |  |
| (maximum number)  Harnett County Environmental Health  |  |  |
| Environmental Health Specialist Health Department  |  |  |
| 04/18/2022 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)   |  |  |
| DEING 3703 (Nevided 2/2011)  |  |  |

On-Site Wastewater Section (Review 12/2010)