

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 4-15-22

Date 3-25-22

NAME POWELLS NURSERY, LLC Ricky Temple (919) 285-5498

MAILING ADDRESS 7036 ROUSE Rd Holly Springs 27540
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS _____
NUMBER OF SEPTIC SYSTEMS 1

CHECK HERE IF COUNTY WATER
OUTSIDE SPIGOT? [] YES [] NO

REAR CORNER
LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

- 710 OAKRIDGE RIVER Rd NUMBER OF MIGRANTS 5
- _____ NUMBER OF MIGRANTS _____
- _____ NUMBER OF MIGRANTS _____
- _____ NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 401 N, L CHRISTIAN LIGHT Rd,
L COKESBURY, R OAKRIDGE RIVER, 1 mile ON RIGHT -
FOLLOW BRUCE Rd FOR 1/4 MILE TANK AT END OF HOUSE

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 [Signature]

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 _____