

[X] 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 10-10-22, 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 1 Mobile home units, # of _____ House (s) and

Other type of housing/describe: _____ located at 4880 McArthur Rd
(address, or directions; use reverse if needed)
Broadway, NC 27505 and operated by David Etheridge
(name of person[s]/company)
of 4732 McArthur Rd, Broadway NC 27505
(mailing address)

***** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM *****

This report describes well/spring 1 and sewage system 1. (Use reverse for a drawing, if needed.)
(number) (number)

The findings of this evaluation are as follows:

WATER SUPPLY

_____ Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,
(yes/no) Division of Environmental Health
yes Private Water or Non-Community System
(yes/no)

At the time of inspection, there WAS NOT 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

System SUBJECT 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 _____

On-Site Septic Tank System [] Chemical Portable Toilets [] Others _____ [] Privy(ies) _____

At the time of inspection, there WAS 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 serve 16 people.
(maximum number)

Mph [Signature] REH Harnett County Environmental Health
Environmental Health Specialist Health Department
10-17-22 307 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



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918
 http://slph.ncpublichealth.com
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: Mark Osborne

Name of System:

HARNETT CO ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD
 Lillington, NC 27546

David Etheridge
 4880 McArthur Rd
 Broadway, NC 27505

EIN: 566000306EH

Delivery: NC Courier

Harnett County

StarLiMS ID: ES221011-0051

Date Collected: 10/10/2022

Time Collected: 14:40

By: Mark Osborne

Date Received: 10/11/2022

Time Received: 08:28

By: Angela Heybroek

Sample Source: Well water

Sampling Point: Well tap

Sample Type:

GPS No.

Treatment:

Well Permit No.

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			10/11/2022
E. coli	Absent			10/11/2022

Report Date: 10/13/2022

Reported By: KPLEMMONS

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.