

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 12-13-22, 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 \_\_\_\_\_ Mobile home units, # of 1 House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 4937 Christina Light RD  
(address or directions; use reverse if needed)

F.V. N.C. 27526 and operated by J Kent Revels  
(name of person(s)/company)

of 230 Revels RD F.V. N.C. 27526  
(mailing address)

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

This report describes well/spring 0 and sewage system 1. (Use reverse for a drawing, if needed.)  
(number) (number)

The findings of this evaluation are as follows:

**WATER SUPPLY**

Yes Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,  
(yes/no) Division of Environmental Health  
NO 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 7 people.  
(maximum number)

James E. Markham  
Environmental Health Specialist

Harnett County Environmental Health  
Health Department

12-15-22  
Date

307 W. Cornelius Harnett Blvd.  
Address

Forward copies to: Migrant Housing Operator  
Department of Labor  
Agriculture Safety & Health Bureau

Lillington, NC 27546

910-893-7547

Office Phone Number

DENR 3765 (Revised 2/2011)

On-Site Wastewater Section (Review 12/2010)

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 12-13-22, 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 \_\_\_\_\_ Mobile home units, # of 1 House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 6266 Christian Light RD  
(address or directions; use reverse if needed)  
F.V. N.C. 27526 and operated by J Kent Revels  
(name of person(s)/company)  
of 230 Revels RD F.V. N.C. 27526  
(mailing address)

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

This report describes well/spring 0 and sewage system 1. (Use reverse for a drawing, if needed.)  
(number) (number)

The findings of this evaluation are as follows:

**WATER SUPPLY**

Yes Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,  
(yes/no) Division of Environmental Health  
No 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 10 people.  
(maximum number)

James E. Markant  
Environmental Health Specialist

**Harnett County Environmental Health  
Health Department**

12-15-22  
Date

307 W. Cornelius Harnett Blvd.  
Address

Forward copies to: Migrant Housing Operator  
Department of Labor  
Agriculture Safety & Health Bureau

Lillington, NC 27546

910-893-7547

Office Phone Number