HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 5-75-23	Date 32923
NAME BYLD Family Falms // (MAILING ADDRESS 8/36 US 40/ Suff, P.O. BOX OR STREET	BUNNEVE / STYTOWN ZIP CODE
NUMBER OF WELLS O	CHECK HERE IF COUNTY WATER
NUMBER OF SEPTIC SYSTEMS	OUTSIDE SPIGOT? [] YES [] NO
LOCATION OF OUTSIDE SPIGOT(S)	
COMMENTS	
DIRECTIONS FROM LILLINGTON TO THE CAMP 40/ South July Jeft By	NUMBER OF MIGRANTS NUMBER OF MIGRANTS NUMBER OF MIGRANTS NUMBER OF MIGRANTS
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 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.	
OFFICÈ USE ONLY	
SEPTIC TANK []	APPROVED [] UNAPPROVED APPROVED [] UNAPPROVED APPROVED [] UNAPPROVED
Environmental Health Specialist, R.E.H.S. D	ate