

**HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION**

**APPLICATION FOR MIGRANT HOUSING**

Date Workers Arrive March 1<sup>st</sup>

Date 12/29/23

NAME Stephen Butts ( )  
 MAILING ADDRESS 6349 River Rd. Fuquay-Varina 27526  
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS 1 CHECK HERE IF COUNTY WATER    
 NUMBER OF SEPTIC SYSTEMS 1 OUTSIDE SPIGOT?  YES  NO

LOCATION OF OUTSIDE SPIGOT(S) Front and Back of house

COMMENTS

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

<u>6099 River Rd Fuquay-Varina NC 27526</u>	NUMBER OF MIGRANTS <u>5</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 401 N. Left on Christian Ct Rd. Left on Cokesbury Rd. Left on River Rd. Property is 3/4 mile on Right.

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 Stephen Butts

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"/>
SEPTIC TANK	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>
WATER SUPPLY	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>
_____	_____	_____	_____
Environmental Health Specialist, R.E.H.S.	Date		