

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/15/24

Date 2/1/24

NAME Patterson + Son's Inc

919 499-3128

MAILING ADDRESS 660 Patterson Rd Broadway NC 27505  
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS 0

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 1

OUTSIDE SPIGOT?  YES  NO

LOCATION OF OUTSIDE SPIGOT(S) Behind House

COMMENTS Septic on left side of House Please call after inspection Thanks!

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

|                                 |                             |
|---------------------------------|-----------------------------|
| <u>3309 Holly Springs Ch Rd</u> | NUMBER OF MIGRANTS <u>2</u> |
| <u>Broadway NC 27505</u>        | NUMBER OF MIGRANTS _____    |
| _____                           | NUMBER OF MIGRANTS _____    |
| _____                           | NUMBER OF MIGRANTS _____    |

DIRECTIONS FROM LILLINGTON TO THE CAMP Go north 421 9 miles turn right on Holly Springs Ch Rd Broadway before Semole crossroads Go 2 to 3 miles house on left before Cools Springs Ch

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 \_\_\_\_\_