

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 11-19-24, 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 130 JENNIFER'S NURSERY RD
(address or directions, use reverse if needed)

DUNN N.C. 28334 and operated by DR. NICOLAUS BARONA
(name of person(s)/company)

of 143 Cornell Byrd Ln DUNN N.C. 28334
(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

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

NS 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 6 people.
(maximum number)

James E. Markham
Environmental Health Specialist

FOR RENT'S
Harnett County Environmental Health
Health Department

11-25-24
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)

EM2411-005

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 02-15-2025

Date 11-05-2024

NAME Nicolas Bahena

(919) 820-2616

MAILING ADDRESS 143 Carroll Byrd Ln
P.O. BOX OR STREET

Dunn, NC 28334
AREA CODE & PHONE NUMBER
CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 1

OUTSIDE SPIGOT? YES NO

outside of the well
LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

<u>130 Jernigans Nursery RD Dunn, NC 28334</u>	NUMBER OF MIGRANTS <u>6</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 421 south to 301 north, and Stewart rd to the right, and weeks rd to the 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 Nicolas Bahena

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 checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED
WATER SUPPLY	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> UNAPPROVED

James E. Mankin
Environmental Health Specialist, R.E.H.S.

11-22-24
Date