

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 12-11-24, 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 _____ Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 381 Powell Nursery Ln

(address or directions; use reverse if needed)

F.V. NC, 27526 and operated by POWELL Nursery LLC

(name of person[s]/company)

of 7036 Rowse Rd Holly Springs NC, 27540
(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 6 people.
(maximum number)

Lawrence Lewis

Environmental Health Specialist

Harnett County Environmental Health

Health Department

12-11-24

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

**HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive FEB 1, 2025

Date 12-2-24

NAME POWELLS NURSERY, LLC (ricky Temple) (919) 352-4767
AREA CODE & PHONE NUMBER
 MAILING ADDRESS 7036 ROUSE RD HOLLY SPRINGS NC 27540
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS _____

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 2

OUTSIDE SPIGOT? [YES] NO

FRONT CORNER EACH HOUSE
 LOCATION OF OUTSIDE SPIGOT(S)

JUST HAD BOTH TANKS PUMPED/CLEAN 12-2-24
 COMMENTS

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

<u>381 POWELLS NURSERY LN FURQUAY VARINA</u>	NUMBER OF MIGRANTS <u>6</u>
<u>451 " " " " "</u>	NUMBER OF MIGRANTS <u>6</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 401 N, L CHRISTIAN LIGHT,
L COKEBURY, R OAK ROBE RIVER, R POWELLS NURSERY LN
FOLLOW TO END.

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

[Signature] 12-11-24
 Environmental Health Specialist, R.E.H.S. Date