

[X] 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 1-6-25, 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 0 Mobile home units, # of 1 House (s) and

Other type of housing/describe: _____ located at 41543 McArthur Rd
(address or directions; use reverse if needed)
Broadway NC 27505 and operated by Derek L. Cameron
(name of person[s]/company)
of 1972 McArthur Rd Broadway NC 27505
(mailing address)

*** PLEASE SUBMIT ONE REPORT FOR EACH SEPTIC SYSTEM ***

This report describes well/spring COUNTY WATER and sewage system 1. (Use reverse for a drawing, if needed.)
(number) (number)

The findings of this evaluation are as follows:

WATER SUPPLY

_____ Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,
(yes/no) Division of Environmental Health
_____ 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 10 people.
(maximum number)

Mah De REHS
Environmental Health Specialist

Harnett County Environmental Health
Health Department

1-6-25
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

Eh2412-09

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 4-11-25

Date 12-13-24

NAME Derek L. Cameron

919 498-4891

MAILING ADDRESS 1972 McArthur Rd
P.O. BOX OR STREET

AREA CODE & PHONE NUMBER
Broadway 27505
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)

COMMENTS

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

4543 McArthur Rd Broadway Nc 27505 NUMBER OF MIGRANTS 10

NUMBER OF MIGRANTS

NUMBER OF MIGRANTS

NUMBER OF MIGRANTS

DIRECTIONS FROM LILLINGTON TO THE CAMP

421 towards Sanford, take left on Dean Rd, go to end of road, take a right on Old US421, take left on Cameron Rd, go to end of road, take a right on McArthur Rd, go to second house on the right, White siding farm house, 4543 McArthur Rd.

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

Derek L. Cameron

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
SEPTIC TANK
WATER SUPPLY

[] APPROVED [] UNAPPROVED
 APPROVED [] UNAPPROVED
[] APPROVED [] UNAPPROVED

Mel REHS

1-6-25

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

Date