

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 2-28-25

Date 12-13-24

NAME JOHN GROSS (919) 499-7339

MAILING ADDRESS 1606 Pickett Rd. Sanford N.C. 27332
P.O. BOX OR STREET CITY/TOWN ZIP CODE

NUMBER OF WELLS 2 CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 2 OUTSIDE SPIGOT? YES NO

LOCATION OF OUTSIDE SPIGOT(S) Right Front corner

COMMENTS please call 919-499-7339 when sample is taken so I can winterize. Thanks

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

<u>8220 Cox Mill Rd. Sanford</u>	NUMBER OF MIGRANTS <u>18</u>
<u>7030 Broadway Rd. Sanford</u>	NUMBER OF MIGRANTS <u>6</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP 421 North take left on Broadway Rd. go 3 1/2 miles right on Cox Mill Rd. 2nd House 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 [Handwritten 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 _____