

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 1-7-25, as required in G.S. 95-225(c) and (d), an evaluation was conducted of the drinking water supply and 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 3255 Red Hill Church Rd
(address or directions; use reverse if needed)
Dunn, NC, 28334 and operated by Sandy Laegden
(name of person[s]/company)
of 1363 Turlington Rd, Dunn, 28334
(mailing address)

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

This report describes well/spring - 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 12 people.
(maximum number)

[Signature] Environmental Health Specialist Harnett County Environmental Health Health Department

1-8-25 Date 307 W. Cornelius Harnett Blvd. Address

Forward copies to: Migrant Housing Operator _____ Lillington, NC 27546
Department of Labor _____
Agriculture Safety & Health Bureau _____ 910-893-7547
Office Phone Number

Evaluation
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(number)

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Division of Environmental Health
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(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 3253 Red Hill Church Rd
(address or directions; use reverse if needed)

Dunn, NC, 28334 and operated by Sandy Langston
(name of person[s]/company)

of 1363 Turlington Rd, Dunn, 28334
(mailing address)

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

This report describes well/spring - 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)

[Signature]
Environmental Health Specialist

Harnett County Environmental Health
Health Department

1-8-25
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

1-9-25

EH2412-0015

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 2-21-25

Date 12-20-24

NAME Sandy Langdon

(919) 369-0982

MAILING ADDRESS 1363 Turlington Rd
P.O. BOX OR STREET

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

NUMBER OF WELLS _____

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 2

OUTSIDE SPIGOT? [] YES [] NO

LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

<u>3253 Red Hill Church Rd Dunn NC 28334</u>	NUMBER OF MIGRANTS <u>12</u>
<u>* 2 septic system 1 for 12</u>	NUMBER OF MIGRANTS <u>6</u>
<u>1 for 6</u>	NUMBER OF MIGRANTS _____
<u>Total 18</u>	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP From Coats NC take hwy 55 toward Erwin to Turlington Rd turn left go 1.3 mi turn in at 1474 Turlington take dirt path by green houses cross pond to Camp

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 Sandy Langdon

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

Date