

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 1-16-25, 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 3309 Holly Spring Church Rd  
(address or directions; use reverse if needed)  
Broadway NC 27505 and operated by Timothy C. Patterson  
(name of person[s]/company)  
of 3309 Holly Spring Church Rd, Broadway NC 27505  
(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**

no Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,  
(yes/no) County water 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 2 people.  
(maximum number)

Mohammed RETHS  
Environmental Health Specialist

Harnett County Environmental Health  
Health Department

1-17-25  
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

EA 2501-02

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/15/25

Date 1/2/25  
919-499-7016  
919-499-3128

NAME Timothy C Patterson  
MAILING ADDRESS 3309 Holly Springs Ch Rd Broadway  
P.O. BOX OR STREET CITY/TOWN ZIP CODE  
27505

NUMBER OF WELLS \_\_\_\_\_ 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

3309 Holly Springs Ch Rd Broadway nc 27505 NUMBER OF MIGRANTS 2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIRECTIONS FROM LILLINGTON TO THE CAMP Go north on 421 8 miles ~~then~~ Right  
at Boone Trail Fire Department on Cool Springs ~~Rd~~  
Rd go 4 miles turn left at Cool Springs Ch  
to Holly Springs Ch Rd ~~to~~ 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 Timothy C Patterson

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 || APPROVED || UNAPPROVED  
SEPTIC TANK  APPROVED || UNAPPROVED  
WATER SUPPLY || APPROVED || UNAPPROVED

[Signature] REHS  
Environmental Health Specialist, R.E.H.S.

1-16-25  
Date