

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 1-27-25, 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 331 Bella Bridge Rd
(address or directions; use reverse if needed)
Broadway NC 27505 and operated by Brian Cameron
(name of person[s]/company)
of 1316 McCormick Rd, Sanford NC 27332
(mailing address)

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

This report describes well/spring 1 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) Division of Environmental Health
Yes 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 1 people.
(maximum number)

Mohammed REHS
Environmental Health Specialist

Harnett County Environmental Health
Health Department

1-31-25

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



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918
<http://slph.ncpublichealth.com>
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: M Osborne

Name of System:

HARNETT CO ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD
 Lillington, NC 27546

Brian Camaron
 331 Bella Bridge Rd
 Broadway, NC 27505

EIN: 566000306EH

Delivery: NC Courier

Harnett County

StarLiMS ID: **ES250128-0062**

Date Collected: 01/27/2025

Time Collected: 11:15

By: M. Osborne

Date Received: 01/28/2025

Time Received: 08:11

By: Julie Schiavone

Sample Source: Well water

Sampling Point: outside tap on house

Sample Type:

GPS No.

Treatment:

Well Permit No.

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			01/28/2025
E. coli	Absent			01/28/2025

Report Date: 01/30/2025

Reported By: DNEWBORN

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: HARNETT Name: Brian Cameron Sample ID Number: ES250128.0062
Location: 331 Bella Bridge Rd, Broadway NC Reviewer M. Osborne REHS
Initial Sample Confirmation Sample 27505

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

Total coliform bacteria were detected in the sample which indicates that harmful bacteria from human or animal waste could enter the well. Do not use the water for drinking or cooking unless it has been boiled for 3 minutes. You may use your water for all other purposes including washing dishes, bathing or showering.

Your well water needs to be re-tested to verify that the result is accurate.

Fecal coliform bacteria were detected in the sample. Do not use the water for drinking, cooking, washing dishes, bathing or showering.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.

EH2501-20

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 2-21-25

Date 1-15-25

NAME Brian Cameron

(919) 770-6918

MAILING ADDRESS 1316 McCormick Rd.
P.O. BOX OR STREET

B Sanford NC 27332
AREA CODE & PHONE NUMBER
CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 1

OUTSIDE SPIGOT? [] YES [] NO

LOCATION OF OUTSIDE SPIGOT(S) from driveway it is ~~located~~ facing driveway on side of house

COMMENTS

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

<u>331 Bella Bridge Rd.</u>	NUMBER OF MIGRANTS <u>1</u>
<u>Broadway NC 27505</u>	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP take 27 from Lillington toward western Harnett HS. Bella Bridge is on right. ~~driveway~~ driveway is 1st on the left and house driveway is on the right after. Wood Home with Red Roof

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

M. H. RCHS

1-21-25

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

Date