

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 5845 NC 2105

(address or directions; use reverse if needed)

Bunlevel, NC 28323

and operated by Jimmy Autry

(name of person[s]/company)

of 5811 NC 2105, Bunlevel NC 28323

(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

County Water

NO 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 8 people.
(maximum number)

Moh RETH
Environmental Health Specialist

Harnett County Environmental Health
Health Department

1-27-25
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

EH2501-28

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/7/25

Date 1/24/25

NAME Jimmy A Autry

(910) 514-0098
AREA CODE & PHONE NUMBER

MAILING ADDRESS 5811 NC 210 S BUNNLEVEE
P.O. BOX OR STREET

NC 28323
CITY/TOWN ZIP CODE

NUMBER OF WELLS 1

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 4

OUTSIDE SPIGOT? [] YES [] NO

LOCATION OF OUTSIDE SPIGOT(S)

COMMENTS

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

5845 NC 210 S BUNNLEVEE, NC 28323 NUMBER OF MIGRANTS 8

5849 NC 210 S BUNNLEVEE, NC 28323 NUMBER OF MIGRANTS 16

194 DEL TORO LN. LILLINGTON, NC 27546 NUMBER OF MIGRANTS 8

3311 ELIOT BRIDGE Rd. BUNNLEVEE, NC 28323 NUMBER OF MIGRANTS 12

DIRECTIONS FROM LILLINGTON TO THE CAMP 5845 & 5849 210 4.3 MILES OR LEFT

194 DEL TORO 210, LEFT ON JOEL JOHNSON, LEFT ON DEL TORO

3311 Eliot Bridge, 210 - LEFT ON ELIOT BRIDGE ON LEFT

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 [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 APPROVED UNAPPROVED
SEPTIC TANK APPROVED UNAPPROVED
WATER SUPPLY (County) APPROVED UNAPPROVED

Moh [Signature] RETH

1-27-25

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

Date