

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 2-3-25, 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 \_\_\_\_\_ Mobile home units, # of 1 House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 497 Jackson Rd  
(address or directions; use reverse if needed)

F.V. NC, 27526 and operated by Adam Gardner  
(name of person[s]/company)

of 1543 James Norris Rd  
(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 10 people.  
(maximum number)

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

2-11-25 307 W. Cornelius Harnett Blvd.  
Date Address

Forward copies to: Migrant Housing Operator Lillington, NC 27546  
Department of Labor  
Agriculture Safety & Health Bureau 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:** Ren Levocz

**Name of System:**

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

**Adam Gardner**  
 497 Jackson Rd  
 Fuquay Varina, NC 27526

**EIN:** 566000306EH

**Delivery:** NC Courier

**Harnett County**

StarLiMS ID: **ES250204-0054**

Date Collected: 02/03/2025

Time Collected: 12:15

By: Ren Levocz

Date Received: 02/04/2025

Time Received: 08:11

By: Julie Schiavone

Sample Source: Well water

Sampling Point: well head

Sample Type:

GPS No.

Treatment:

Well Permit No. EH2501-0029

Comment:

**Colilert Profile**

**Method: SM 9223B**

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			02/04/2025
E. coli	Absent			02/04/2025

**Report Date:** 02/07/2025

**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: Hernett Name: Adam Gardner Sample ID Number: ES 250204-0054  
Location: 497 Jackson Rd Reviewer Julie Schiavone

Initial Sample  Confirmation Sample

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.



One 2-7-25

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

EH 2501-0029

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 4-5-25

Date 1-24-25

NAME Adam Gardner

(919) 868-5146

MAILING ADDRESS 1543 James Morris Road  
P.O. BOX OR STREET

AREA CODE & PHONE NUMBER  
Angier 27501  
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) Left side of house at pump house

COMMENTS

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

<u>497 Jackson Road Fuquay-Varina NC. 27526</u>	NUMBER OF MIGRANTS <u>10</u>
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____
_____	NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP

Take 401 towards Fuquay-Varina Turn left on Christian Light Road  
Then left on Jackson Road - house is white wood frame house across  
from brick house.

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 Adam Gardner

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  
SEPTIC TANK  
WATER SUPPLY

APPROVED  UNAPPROVED  
 APPROVED  UNAPPROVED  
 APPROVED  UNAPPROVED

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

2-11-25  
Date