

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 2-17-25, 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 1 Mobile home units, # of 0 House (s) and

Other type of housing/describe: \_\_\_\_\_ located at 1087 Mamie Upchurch Rd  
(address or directions; use reverse if needed)

Lillington NC 27546 and operated by Robert Mangum  
(name of person[s]/company)

of 983 Mamie Upchurch Rd, Lillington, NC, 27546  
(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

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 5 people.  
(maximum number)

REHS  
Environmental Health Specialist

**Harnett County Environmental Health**  
Health Department

2-18-25

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

Duc 2-17-25

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR MIGRANT HOUSING

Date Workers Arrive 3/21/25

Date 2-3-25

NAME Robert Mangum

(910) 984-0763

MAILING ADDRESS 983 Mamie Upchurch Rd  
P.O. BOX OR STREET

Lillington  
CITY/TOWN

NC 27546  
AREA CODE & PHONE NUMBER  
ZIP CODE

NUMBER OF WELLS 0

CHECK HERE IF COUNTY WATER

NUMBER OF SEPTIC SYSTEMS 3

OUTSIDE SPIGOT?  YES  NO

LOCATION OF OUTSIDE SPIGOT(S) front of Brown MH, left side of Blue MH

COMMENTS

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

42501-0001	<u>1063 Mamie Upchurch Rd</u>	NUMBER OF MIGRANTS <u>8</u>
0002	<u>1075 " "</u>	NUMBER OF MIGRANTS <u>7</u>
0003	<u>1087 " "</u>	NUMBER OF MIGRANTS <u>5</u>
		NUMBER OF MIGRANTS _____

DIRECTIONS FROM LILLINGTON TO THE CAMP take 212 North turn right on old Coats road, go 1/2 mile take left on Neil's Creek Rd go 1/2 mile take right on Mamie Upchurch go 1 mile mobile home on the 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 Robert Mangum

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

Reas REAS

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

2-17-25

Date