

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 _____, 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 _____ House (s) and

Other type of housing/describe: _____ located at _____
(address or directions; use reverse if needed)
_____ and operated by _____
(name of person[s]/company)
of _____
(mailing address)

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

This report describes well/spring _____ and sewage system _____. (Use reverse for a drawing, if needed.)
(number) (number)

The findings of this evaluation are as follows:

WATER SUPPLY

_____ Community or non-transient-non-community water system under routine surveillance of Public Water Supply Section,
(yes/no) Division of Environmental Health
_____ Private Water or Non-Community System
(yes/no)

At the time of inspection, there _____ 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 _____ 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 _____ 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 _____ people.
(maximum number)

Environmental Health Specialist Health Department

Date Address

Forward copies to: Migrant Housing Operator _____
Department of Labor _____
Agriculture Safety & Health Bureau _____
Office Phone Number