**Preoccupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing**

**[ ]** Evaluation **[ ]**  Re-evaluation

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as required in G.S. 95-225(c) and (d), an evaluation was conducted of the

 *Date*

drinking water supply and wastewater system serving a migrant housing site composed of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile home

 *Number*

units, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of houses, and other housing, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at

 *Number Describe type of housing*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*

and operated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Operator/Company Name Mailing Address*

**PLEASE SUBMIT ONE REPORT FOR EACH ON-SITE WASTEWATER TREATMENT SYSTEM**

This report describes well/spring \_\_\_\_\_\_\_\_ and on-site wastewater treatment system \_\_\_\_\_\_\_\_.

 *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

*Yes/No* Supply Section

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private water or non-community system

*Yes/No*

At the time of the inspection, there \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ visual evidence of non-compliance with 15A NCAC 18A .1700.

*Was/Was Not*

Attach copy of bacteriological sample.

Please list all deficient which were identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ON-SITE WASTEWATER TREATMENT SYSTEM**

On-site wastewater treatment system \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to approval under 15A NCAC 18E.

*Subject/Not subject*

Explain if not subject to approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**[ ]** Conventional/Accepted System **[ ]** Chemical Portable Toilets **[ ]** Privy **[ ]** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the time of inspection, there \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ visual evidence of non-compliance with 15A NCAC 18E.

*Was/Was Not*

Please list all deficient which were identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The on-site wastewater treatment system, to the best of my knowledge and belief, is sized to serve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Maximum Number*

people.

Authorized Agent’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward to: Migrant Housing Operator

 Department of Labor

 Agriculture Safety and Health Bureau