



SAMPSON COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Telephone (910) 592-4675 Fax (910) 592-2874

405 County Complex Road, Suite 120
Clinton, North Carolina 28328

Wanda Robinson
Health Director

Request For Water Supply and Sewage System Inspection for Migrant Labor Housing

Date: _____

Farm Name: _____

Mailing Address: _____

Contact Name and Telephone Number: _____

Email Address: _____

Housing Information:

Address of Housing: _____

Directions to Housing: _____

of Dwellings: _____ # of Bedrooms: _____ # of Septic Tanks: _____ # of Pit Privies (Outhouse): _____

Type of Services Requested: (check all that apply)

_____ I am requesting an evaluation of the existing sewage system located at the above address.

_____ I am requesting the Health Department to inspect the well located at the above site to determine if this well is in compliance with the "Protection of Water Supplies" 15A NCAC 18A .1700 and take a bacteriological water sample.

OR:

_____ I am requesting an exemption of current sewage system sizing requirements and well protection standards because the migrant labor camp has been previously inspected and in continual seasonal use since 1993.
(Any future expansions or modifications voids exemption.)

I certify that there will be a total number of _____ migrants at the above location.

Anticipated arrival date: _____ Anticipated departure date: _____

Applicant Name: _____

Applicant Signature: _____

***Fee must be paid before services provided.**

This section to be completed by the Sampson County Health Department

Comments: _____

REHS: _____ Date: _____