

**Environmental Health Section
WAYNE COUNTY HEALTH DEPARTMENT**

Request For Water Supply and Sewage System Services for Migrant Labor Camp

Services requested by:

Name: _____

Address: _____

Phone: Home: _____ Office: _____

Address of Camp: _____

Number of Dwellings: _____ Number of Bedrooms: _____

Public Water Supply: _____ Public Sewer: _____

Existing Septic Tank on Site: _____ Date Septic Tank Installed: _____

Existing Privy on Site: _____

Existing Well on Site: _____ (Owner will need to provide a well drillers log)

Type of Services Desired:

_____ 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" 15 A NCAC 18 A.1700

_____ Water sample collected (sample to be collected after well is determined to be in compliance with the "Protection of Water Supplies" 15 A NCAC 18A.1700).

I certify that the proposed well or existing well on this property will be, or is a minimum of 100 feet from any known potential source of contamination.

Signed: _____

Date: _____

I certify that I will have a total (number) of _____ migrants at the above location.

Anticipated arrival date: _____

Anticipated departure date: _____

Signed: _____

Date: _____

Directions to Property: _____

THIS SECTION SHOULD BE COMPLETED BY THE WAYNE COUNTY HEALTH DEPARTMENT

Action Taken: _____

Sanitarian: _____ Date: _____