



### REQUEST FOR MIGRANT LABOR CAMP INSPECTION

**Service Requested By:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Type of Services Requested:**

\_\_\_\_\_ I am requesting an evaluation of the existing sewage system located at the address below.

\_\_\_\_\_ I am requesting the Health Department to inspect the well located at the site below to determine if this well is in compliance with the "Protection of Water Supplies" 15A NCAC 18A .1700

\_\_\_\_\_ I am requesting a water sample be collected.

**Migrant Camp Info:**

Address: \_\_\_\_\_

Number of Dwellings: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Migrants: \_\_\_\_\_

Private of Public Water? \_\_\_\_\_ Private or Public Sewer? \_\_\_\_\_

Anticipated Arrival: \_\_\_\_\_ Anticipated Departure: \_\_\_\_\_

Signed: \_\_\_\_\_

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

---

FOR MACON COUNTY ENVIRONMENTAL HEALTH USE

Actions: \_\_\_\_\_

\_\_\_\_\_

REHS: \_\_\_\_\_

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