

BLADEN COUNTY ENVIRONMENTAL HEALTH

Application for a Migrant Labor Camp

450 Smith Circle – P.O. Box 189

Elizabethtown, NC 28337

Phone: (910)-862-6852 Fax: (910)-862-6932

anobles@bladenco.org

FOR OFFICE USE ONLY:

Date Received: _____

Application #: _____

Received By: _____

Application and Plan Submittal: A completed application and associated fees must be submitted to the Bladen County Environmental Health Office. This application may be submitted in person, by email at the email address given above or by U.S. Mail. Once the application is received; you will be contacted for payment processing which can be completed over the phone with a card, by mail or in person. Checks should be made payable to: Bladen County Environmental Health. The Migrant Labor Camp fee is \$50.00. If more than one septic needs inspection, the applicant will be charged \$15 for each additional site. If this application is incomplete or without payment, the application will be held and the applicant will be notified of any deficiencies.

APPLICANT INFORMATION:

Operator Name: _____ Phone: _____

Mailing Address: _____ Email: _____

PROPERTY OWNERS INFORMATION: (Complete only if different from the Applicant Information)

Owner's Name: _____ Phone: _____

Mailing Address: _____ Email: _____

SITE INFORMATION:

Address of Camp: _____

Directions to Camp: _____

Is this a new or existing Migrant Labor Camp? New Existing if existing, was the camp utilized last year? Yes No

Type of Housing Unit: Mobile Home Barracks/Dormitories Duplex
 Single Family Dwelling Multiple Family Dwelling Other (specify): _____

Number of Occupants: _____ Projected Date of Occupancy: _____ Projected Date of Departure: _____

WATER SUPPLY AND WASTEWATER DISPOSAL:

Type of Water Supply: Public Water Supply Private Well Other (specify): _____

If camp is utilizing a private well water source, is the well available for inspection and collection of a water sample by the Environmental Health Specialist? Yes No

Type of On-Site Sewage Disposal System: Septic System Municipal/Sewer Chemical Portable Toilets
 Privy Other (specify): _____

INSPECTION:

Is the camp ready for inspection? Yes No If no, what is the projected date the camp will be ready for inspection? _____

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. By affixing my signature to this application, I grant permission for a Bladen County Environmental Health Specialist to perform inspections and take water samples at the above cited Migrant Labor Camp. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that my certification may be revoked.

Owner/Operator Signature

Date

STAFF USE ONLY:

Assigned County File # _____ Approved Number of Maximum Occupants: _____

Environmental Health Specialist: _____ Inspection Date: _____

Water Sample Date: _____ Re-Sample Dates: _____