

**JOHNSTON COUNTY ENVIRONMENTAL HEALTH
MIGRANT LABOR CAMP APPLICATION**

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180

Fax: 919-989-5190



Application and Submittal

A completed application and associated fees, shall be submitted to the Johnston County Environmental Health Office. The application may be submitted in person, by U.S. Mail, or through email to envhealth@johnstonnc.com. Payments may be received in person, by mail or over the phone. Payments submitted by mail should be sent to the above listed address. Checks/certified checks should be made payable to: Johnston County. The current Migrant Labor Camp fee of \$50 is due upon application submission. If more than one water sample is needed the applicant will be charged an additional \$28.50 per sample taken. **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 Owner Name (If different from Operator): _____ Phone: _____

SITE DATA

Address of Camp: _____

Directions to Camp from Smithfield: _____

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

Type of Housing Unit:

Mobile Home Barracks/Dormitories Duplexes Single Family Dwelling Multiple Family Dwelling

Other (specify) _____

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

Type of Water Supply:

Public Water Supply

Private Well

Other: _____

Type of On-Site Sewage Disposal System:

Septic System

Chemical Portable Toilets

Privy

Municipal (Sewer)

Other: _____

If Camp is utilizing a private well water source is the well available for inspection/collection of a water sample by the Environmental Health Specialist? Yes No Is this camp ready for inspection? Yes No

If No, what is the projected date this 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 Johnston County Environmental Health Specialist to perform inspections/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

Application #: _____ Received by: _____ Date Received: _____

Amount Received: _____ Payment Type: Cash Credit Card type _____ Check # _____

Parcel ID#: _____ Assigned County File #: _____ Approved Number of Occupants: _____

Existing Septic Permit #: _____ Existing Well Permit #: _____

Environmental Specialist: _____ Inspection Date: _____

Water Sample Date: _____ Re-Sample Dates: _____

Please retain a copy for your records