

DO NOT DUPLICATE FORM

North Carolina State Laboratory of Public Health
Department of Health and Human Services
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North Carolina Private Well-Water Sample

Complete All Items – Please Write Legibly
(See Instructions on Reverse Side)

Well Identification:

Well Permit #: BRES1903-0026
Name: Daniel Buchanan
Physical Address: 260 Black Lane
Lillington, NC 27546
GPS Location: _____
Other Information: _____

Sample Collection:

Date: 08/27/19 Time: 10:15 AM/PM
Sampling point: Well Head
Authorized agent: Andrew Curran, MCHS
[Signature], MCHS

Report to:

Environmental Health Specialist: Andrew F. Curran
Health Department: Harnett County EIN #: _____
Address: 300 W. Cornelius Harnett Blvd
City: Lillington Zip: 27546

Sample Analysis (Statute mandated):

Arsenic	Silver	Iron	Nitrate/Nitrite
Barium	Selenium	Manganese	pH
Cadmium	Sodium	Magnesium	Total Coliform/ <i>E. coli</i>
Chromium	Zinc	Mercury	
Copper	Lead	Fluoride	

Follow-up Request

- Entire Panel
- Total Coliform/*E. coli*
- Nitrate/Nitrite
- Inorganic Parameters (Circle)
- Special Request (See Comments)

Laboratory Use Only:

Comments:

Date/Time: _____ AM/PM
Received by: _____
Delivered by: US Mail
NC Courier
Commercial courier
Walk-in
Temperature upon receipt (°C): Nitrate/Nitrite _____
Other Inorganics _____
Coliform _____

Sample Identification Numbers: