Harnett County Health Department Water Sample Application

Most results are received within 7 business days.
•Some results may take 3 weeks or longer to be analyzed

ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD.
LILLINGTON, N.C. 27546
910-893-7547

Frances   Spivey   _919 499 4396_
NAME   AREA CODE & PHONE NUMBER

40   Love   Grove   Church   Rd   _Sanford   NC 27332_
MAILING ADDRESS

Same
PROPERTY ADDRESS   STATE ROAD

Same
SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE   ____ Doctor Requested   ____ Loan closing _____ Date of closing
                          ✓ Personal Information   ____ Other_____

Types of Samples & Cost – Please make check payable to: Harnett County Health Department

____ $50.00 – **Bacteriological** (coliform and fecal absent or present)   ____ $100.00 – **Petroleum**   ____ $100.00 – **Inorganic**
✓ $100.00 – **Pesticides** ____ $100.00 – **Other**

Type of Well: ____ Drilled ✓ Bored ____ Driven
Is there electricity? ✓ Yes ____ No
How many outside spigots _3_ Location of spigots _at well, front of house back of house_

Please give complete directions from the Health Department to the location.
Take Hwy 421 North to Swanns Broadway Rd
Turn Left go to Love Grove Church Rd   Turn Left
go to 40 Love Grove Church Rd on the Left

In order for a sample to be taken the well should be made visible to the inspector. This may require the removal of lids over the well, or lids and/or locks of pump houses. We also inspect your well, and if it is unapproved we will not take a sample, but advise you how to protect the well. Once the well has met state requirements, re-apply and we will sample your water at that time. If further visits are necessary there will be an additional charge of $25.00. You will be notified by mail once the results have been received from the State Lab.

By signing this application I am confirming that the information given is correct.   _Frances Spivey_   _1-30-18_
                                                          Signature   Date

Office Use Only: Date of initial visit: _____   Return Visit _____ Date sample taken _____ Date re-sampled _____
Visible well construction: ____ Yes ____ No   Approved _____ Unapproved _____