

No Charge

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

NAME Linda Brown/John Eudy AREA CODE & PHONE NUMBER 910-379-8332

MAILING ADDRESS 2458 Mitchell Rd Angier, NC 27501

PROPERTY ADDRESS - same - STATE ROAD _____

SUBDIVISION NAME AND LOT NUMBER _____

PURPOSE OF SAMPLE Doctor Requested Loan closing _____ Date of closing _____
 Personal Information Other due to Hurricane Florence

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 ?
Electricity available? ? ✓ Yes ___ No

How many outside spigots? 3 Location of spigots Back porch, both sides

Please give complete directions from the Health Department to the location. ^{HC}
421 to Buxes Creek, Left on 27 @ airport, Left on Sherrif Johnson, Right on Mitchell Rd. #2458. We are the driveway across from Packhouse Ct. Long driveway = gravel

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 N. C. State Lab of Public Health, Raleigh, NC.

By signing this application I am confirming that the information given is correct. Linda C Brown 9-20-18
Office Use Only: Signature Date

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

Flood

9/24/18
N