EH 1809-0007 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

RAU METCALE & AnneMarie Metcalf	910-890-6103
RAY METCALF & AnneMarie Metcalf NAME 1054 DARROCH 1160 Fred Martan Las	AREA CODE & PHONE NUMBER
Mailing address Bunn level, NC 28323 OBS	3
PROPERTY ADDRESS	STATE ROAD
SUBDIVISION NAME AND LOT NUMBER	
PURPOSE OF SAMPLE Doctor Requested Loan closin Personal Information Other Fe	ma <u>Date of closing</u> ma sussested - Hum'rane/Hooded
Types of Samples & Cost - Please make check payable to Harnett County Hea	Ith Department
\$50.00 - Bacteriological (coliform and fecal absent or present)\$10.00 - Bacteriological (coliform and fecal absent or present or	00.00 - Petroleum\$100.00 - Inorganic 00.00 - Pesticides\$100.00 - Other
Electricity available? Yes No	
How many outside spigots? Location of spigots 1) Light beside 3) And back Please give complete directions from the Health Department to the location.	well hoose, 2) - near bara
3) An back	gard
Please give complete directions from the Health Department to the location. I TURN right onto Cornelius Hwy, at main stop light Turn right onto 2103 outh travel approx 10 ml luster Fire Lept. Turn right onto Darroch, Ll	turn right going towards 2105
Turn vight onto 210 5 with travel approx 10 ml	es to intersection of Flat Branch
batter Fire Lept. Turn right onto Darrock, fol	I mile down turn vigit and
In order for a sample to be taken the well should be made visible to the inspec	ctor. 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 un	
to protect the well. Once the well has met state requirements, re-apply and w	
are necessary there will be an additional charge of \$25.00. You will be notified	ed 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.	Ch Welay
Office Use Only: Signature	Date
Visible well constructionYesNo Approved Unapproved	Date of initial visit: Return Visit
Date sample taken Date re-sampled	
F/o	od 9/45/18
	\$