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

| Dennis | RI STO | 12 | 919. | 3499 04 | 93 |
|---|--|--------------------------|--|-----------------------------------|--------------------|
| 385 W | ellette In | ne CA | nckon 28 | AREA CODE & PHÓNE | NUMBER |
| MAILING ADDRESS | | | | | |
| SAME | | | | | |
| PROPERTY ADDRESS | | | | STATE ROAD | |
| | | | | | |
| SUBDIVISION NAME AND LO | OT NUMBER | | | | |
| PURPOSE OF SAMPLE | Doctor Request | cd Ic | an closing | Date of closing | |
| | Personal Inform | | her | | |
| Types of Samples & | Cost - Please make chec | | | | |
| Types of bumples a | COST - Ficase make the | ck payable to harnett C | unty neatth 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: Dril | lled Bored / Drive | en | | | |
| Electricity available? Yes No | | | | | |
| How many outside spigots? Location of spigots ACAR BACK Deck | | | | | |
| Please give complete din HIMAN G STAY Left | rections from the Health THRA LOVE RD. 2 HOUSE | RECHT & | ation 14 14 14 14 14 14 14 14 14 14 14 14 14 | en Loft to willet Roof will | onto te lane |
| In order for a sample to | be taken the well shoul | ld be made visible to th | e inspector. This may re | equire the removal of li | ids 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 | | | | | |
| | e the well has met state | | | | |
| 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 | | The state of the s | | |
| that the information given | is correct. | | | 3-20 | 120 |
| Office Use Only. | | Signature | | | Date |
| Visible well construction: | Yes No A | pproved Unappro | ved Date of initial v | isit Return | ı Visit |
| Date sample taken | Date re-sampled | | | | |