

# 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

Tammy Harrington

910-891-9046

NAME

71 Edna John CT Dunn NC 28334

AREA CODE & PHONE NUMBER

MAILING ADDRESS

71 Edna John CT Dunn NC 28334

PROPERTY ADDRESS

71 Edna John CT Dunn NC 28334

STATE ROAD

SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE

Doctor Requested

Loan closing 11/24/2020 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

Electricity available?  Yes  No

How many outside spigots? 2 Location of spigots Front Right of house, and on the back of house beside porch

Please give complete directions from the Health Department to the location.

421, Turn Left at stop light on to Red Hill Church Rd. Pass Brick church, take a Left on Suggs Rd.

Go down Suggs Rd, and take First right onto Edna John CT.

3rd house 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 N. C. State Lab of Public Health, Raleigh, NC.

By signing this application I am confirming that the information given is correct.

Tammy Harrington  
Signature

11/10/2020  
Date

Office Use Only:

Visible well construction:  Yes  No

Approved  Unapproved  Date of initial visit: \_\_\_\_\_ Return Visit \_\_\_\_\_

Date sample taken \_\_\_\_\_ Date re-sampled \_\_\_\_\_