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

KALEB BURRELL   (919) 353-1411
NAME 190   AREA CODE & PHONE NUMBER

~~180~~ CYPRESS CHURCH RD, CAMERON   28326
MAILING ADDRESS

180 CYPRESS CHURCH RD, CAMERON   28326
PROPERTY ADDRESS   STATE ROAD

N/A
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

Electricity available? ✓ Yes ____ No

How many outside spigots? **1** Location of spigots ___ REAR OF HOUSE ___

Please give complete directions from the Health Department to the location:
LARGE DIRT DRIVEWAY APPROX. 200 YARDS LONG

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.

Kaleb Burrell   3/5/21
Signature   Date

Office Use Only:

Visible well construction: ✓ Yes ____ No   Approved ____ Unapproved ____ Date of initial visit: _____ Return Visit _____

Date sample taken _____ Date re-sampled _____