

COUNTY OF HARNETT CHECK REQUEST FORM

Account Number:	110-5110-350-410 EH	Х	Mail to payee	
Project Number:	EH2105-0018		Check to be picked up by:	
Vendor Name:	Susan Stafford			
vendor rume.	365 Will Lucas Rd		(Requires approval of Finance	e Officer)
Remittance Address:	Linden, NC 28356		Approved: Disapproved	
Date:	1/6/2022			
	Description		Amount	
	Bacteria and Pesticides Water Sample C	Office	\$	150.00
*				
Total Amount Due			\$	150.00
	Customer did not need water sar	nples o	nce inspector made site visi	t.
			•	
This check request has b	peen examined by me and is hereby approved	for pa	yment.	
Departme	ont Head or Authorized Designee		Date	
	DEH.	Data	1-6.22	
",,,	R.E.H.S. This instrument has been	Date	1.0.77	
	preaudited in the manner requir	red		
	by the Local Government Budge	et		
	and Fiscal Control Act			
	Harnett County Finance Direct	or		

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

Date sample from

That is simul

EH 2105-0018

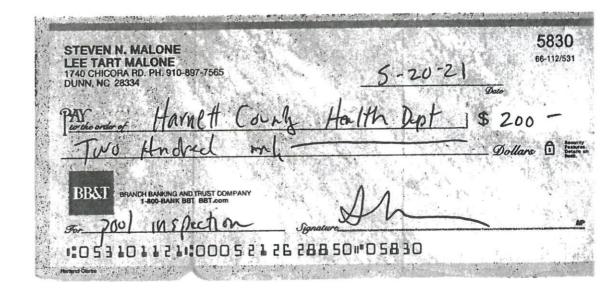
7.42. 3.5.			
SUSAN STAFFORD		910-	824-2062
NAMI		11	REA CODE & PHONE NEMBER
365 WILL LUCAS RD , L	INDEN, NC 28350	,	
MAILING ADDRESS	•		
SAME			
PROPERTY ADDRESS		SI	AII ROAD
SUBDIVISION NAME AND LOT NUMBER			
PURPOSE OF SAMPLE Doctor Requ	iested Loan	closing Da	te of closing
✓ Personal Int			
Types of Samples & Cost - Please make			
S50 00 Bacteriological (coliform and	tre at dumit in mercury	SLOO (10) - Petroleum	Stoood Inorganic
v Shorto Bacteriological (como in and		S10000 - Pesticides	\$10000 Other
		510000 - Pesticiaes	site of Other
The area areas and a second of	riven		
Hectricity available / Yes No			
How many outside spigots? ——Location of			
Please give complete directions from the He		OR.	
PLEASE CALL BEFORE VISIT	[-	
	Market State Control of the Control	,	
In order for a sample to be taken the well shor lids and/or locks of pump houses. We also to protect the well. Once the well has met stare necessary there will be an additional change. N. C. State Lab of Public Health. Raleigh. N.C.	o inspect your well, and if it i ate requirements, re-apply a arge of \$25 00. You will be n	s unapproved we will not nd we will sample your wa	take a sample, but advise you he ster at that time. If further visits
By signing this application I am confirming that the information given is correct Office Use Only	Signature		5/13/21



CASH REPORT FORM

	DATE: 5 2(0-2)	DEPARTMENT:	alth
	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
	Environmental Health	110-0000-345,18-00	Old Acct#
	Environmental Health MunisAcct#. for EH + F/L combined	110-5110-350-410	New Acct#
-11	Chicara Pool		200.00
FIL	Paul Permit		
			374
SH	Sixon Stafferd		150.W
	Sison Stafferd Water Samples	¥	
· · · · · ·	Leth Milk		2110-W
FIL	Pasi Permit		
FL	Carolina Seesas		25.W
1 6	Re inspect		
FL	Plantation @ Vineyard Green		25.00
. ,	Stephan Dabrowski - Pool Reinspection		
FIL	North ant Apartments		200.00
	Pool Permit		0000
	CASH: \$ 200. W (C. \$50 D)	TOTAL 🌓	\$ 800.00
	COINS:		
	CHECKS: 550.00		
	SUBMITTED BY: Killy Hinsh	, RECEIVED BY:	
	SIGNATURE	FINAN	CE SIGNATURE
	WHITE-EIMANCE DEPT CA	NARY -DEPARTMENT COP	Y

	5/13/21	6459 66-112/53
Health D	epartment Vico] \$ 150.00 ——Dollare 📵 🖁
	0	tafford
		Health Department y and no/100



E R S 1 T

J. BRADLEY CREED, PRESIDENT. P.O. BOX 97 BUIES CREEK, NC 27506

BB&T

CHECK NO:

0283532

Void 120 Days From Date Issued

DATE 05/19/2021

PAY

TWO-HUNDRED DOLLARS AND ZERO CENTS

\$200.00

TO THE ORDER OF

HARNETT COUNTY HEALTH DEPT. 307 W. CORNELIUS ST.

LILLINGTON NC 27546