# 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

Nancy Welborn — 910 890 2350
NAME — AREA CODE & PHONE NUMBER

1154 Darroch Rd. Lillington NC 27546
MAILING ADDRESS

Same as mailing
PROPERTY ADDRESS — STATE ROAD

SUBDIVISION NAME AND LOT NUMBER

**PURPOSE OF SAMPLE** ____Doctor Requested ____Loan closing _____Date of closing
____Personal Information X Other Selling

**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** X $100.00 - **Inorganic**
___ $100.00 – **Pesticides** ____$100.00 – **Other**

Type of Well: ___ Drilled X Bored ___ Driven
Electricity available? X Yes _____ No

How many outside spigots? 2 Location of spigots Side & Back

**Please give complete directions from the Health Department to the location:**
Take 210 South towards Spring Lake - Go Approx 8 miles turn right onto Darroch Rd. - Go about 1 mile turn right onto 1154 - Dirt Drive approx 1/4 - 1/2 mile - follow to end

**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.**

Nancy Welborn — 6/2/2021
**Signature** — **Date**

**Office Use Only:**
Visible well construction: ___ Yes ___ No Approved ____ Unapproved ____ Date of initial visit: _____ Return Visit _____
Date sample taken_____ Date re-sampled _____