## 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  |  |
| Paul Cole   | 919-841-3722                               |
| 290 Dixon Road, Coats, MC   | 2752/                                      |
| MAILING ADDRESS   |  |
| Same  |  |
| PROPERTY ADDRESS  | STATE ROAD                                 |
|   |  |
| SUBDIVISION NAME AND LOT NUMBER   |  |
| PURPOSE OF SAMPLEDoctor RequestedLoan 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                               |  |
| Type of Well. Drilled Bored Driven  |  |
| Electricity available? No   |  |
| How many outside spigots? Location of spigots on the pumphouse  |  |
| • •   |  |
| Please give complete directions from the Health Department to the location.   |  |
| 421 toward Erwin Left on 27, Go Through Coat  |  |
| crossing over RT55, Continue 2,5 mile from 55   |  |
| Left on Dixon, First house on Right   |  |
| 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 w  | vill 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.  |  |
| 14. C. Diete Law Di 1 sous Presidi, resident, 140.  |  |
| By signing this application I am confirming   | 0/11/20                                    |
| that the information given is correct.  | 3/18/22                                    |
| Office Use Only Signature   | Date                                       |
| Visible well construction: Yes No Approved Date of initial  |  |
| Date sample taken  Date re-sampled  |  |
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