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

RoB	ERT KIVEL		910 89	2 5770
NAME				PHONE NUMBER
506 BU	MPAS CREEK	ACCESS	DUNN MC	28334
MAILING APPRESS				
PROPERTY ADDRESS			STATE ROAD	
SUBDIVISION NAME AND LOT	NUMBER			
PURPOSE OF SAMPLE	Doctor Requested		Date of closin	18
	Personal Information			
Types of Samples & C	Cost - Please make check payable	to Harnett County Health D	epartment	
\$50.00 - Bacteriolo	gical (coliform and fecal absent			
		\$100.0	0 - Pesticides\$100.0	0 - Other
Type of Well. P Drille	ed X Bored Driven		2	
Electricity available?	Yes No	<i>c/</i> s	of Porch	
		LKF	1	
How many outside spigol	ls? _ 2 Location of spigots	(ROMT +	KEAR - INSIN	E GARREN
Please give complete dire	ctions from the Health Departn	nent to the location.		
	•			
			The same of the same of	al of lide ower the well
	be taken the well should be mad			
	mp houses. We also inspect you			
-	the well has met state requirem			
	be an additional charge of \$25.0	O. You will be notified by	mail once the results have t	been received from the
N. C. State Lab of Public I	icalth, Raleigh, NC.			
By signing this application I	am confirmine	20 NA 1) /	
that the information given is		Rolert	wel	5-27-22 Date
Office Use Only	Sign	nature		Date
Visible well construction	Yes No Approved	Unapproved Da	te of initial visit. 6-5-27	Return Visit
Date sample taken 6.5.2	2 Date re-sampled	_		