

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
910-895-7547

NAME: Leroy Allen AREA CODE & PHONE NUMBER: 910-891-9313
MAILING ADDRESS: 673 RED Hill CHURCH ROAD, DUNN, N.C. 28334

PROPERTY ADDRESS STATE ROAD

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? 2 Location of spigots 1 (BESIDE DRIVEWAY) 1-AT BALK DECK

Please give complete directions from the Health Department to the location.

TAKE 421 SOUTH TOWARDS ERWIN. GO PAST TRITON QUICKMART AND AT NEXT INTERSECTION TAKE LEFT - ON REDHILL CH. RD. GO 1/2 mile First yellow House on left (yellow House green SHUTTER)

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.

Office Use Only.

Visible well construction: Yes No Approved Unapproved Date of initial visit: _____ Return Visit _____
Date sample taken _____ Date re-sampled _____

Leroy Allen
Signature

10/26/22
Date

ASIF ZIA, M.D., MPH, FACP
716 10TH STREET, P.O. BOX 2138
LILLINGTON, NC 27546-2138

(910) 814-1212 TEL.
(910) 694-0101 FAX

DEA # BZ5958016

NAME Leroy Auen DOB _____
ADDRESS _____ DATE 10/26/22

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
AND REFILL INDICATOR

R

Has multiple
medical problems and
should have his
well water evaluated
for contaminants

Refill NR 1 2 3 4 5

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

5CIM5074293