

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
910-898-7547

Gloria Mitchell (919) 604-6687
NAME AREA CODE & PHONE NUMBER

1631 Main Street Lillington N.C. 27546
MAILING ADDRESS

1631 Main Street Lillington N.C. 27546
PROPERTY ADDRESS STATE ROAD

N/A
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? 1 Location of spigots Beside garage (Right Side)

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

- 1) R onto W Cornelius Harnett Blvd.
- 2) L onto N Main St @ Stoplight
- 3) R onto Old Coats Rd.
- 4) Keep straight until you come to Main St (Stop Sign)
- 5) Turn R/Home on R. Note: Main St is adjacent to Sheriff Johnson and Oak Street

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 _____

Gloria Adams Mitchell 11/09/2023
Signature Date