

# 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

NAME: REX. RHYNE AREA CODE & PHONE NUMBER: 919 749 8804  
MAILING ADDRESS: 510 KIRK Adams Rd Angier, NC 27501  
PROPERTY ADDRESS: SAME STATE ROAD: \_\_\_\_\_  
SUBDIVISION NAME AND LOT NUMBER: \_\_\_\_\_

PURPOSE OF SAMPLE:  Doctor Requested  Loan closing  Date of closing  
 Personal Information  Other certify for poultry processing

**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 Around house and hydrants at fence

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

Go to Angier on 210 turn Rt on Hwy 55 then left on Benson Rd go past intersection of Old Stage then turn Rt on Kirk Adams Rd - Gravel Drive on Rt

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

Date sample taken \_\_\_\_\_ Date re-sampled \_\_\_\_\_

[Signature]  
Signature

3/20/23  
Date

Approved  Unapproved  Date of initial visit: \_\_\_\_\_ Return Visit \_\_\_\_\_