

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 James E. Callahan AREA CODE & PHONE NUMBER 757-879-7848

MAILING ADDRESS 806 Susie Circle Cameron, NC 28326

PROPERTY ADDRESS 806 Susie Circle Cameron, NC 28326 STATE ROAD

SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE Doctor Requested Loan closing Feb. 25 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? 3 Location of spigots 1 on the well, 1 left side, 1 rear, 1 right side

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

Right on main street, Right on W. front street, left on old 421, ~~Right~~ left on McClougal Road. Left on Buie Road, Right on 27, Right on NC-24/27, Right on Dove Road. Right on Susie Circle, Drive for 3/4 mile on Susie Circle, last house

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.

James E. Callahan Signature 6 February 2024 Date

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