

# 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  
910-899-7547

Everett D Barney 9108356664  
NAME AREA CODE & PHONE NUMBER  
5036 Overhills Rd. Spring Lake, NC 28390  
MAILING ADDRESS  
5036 Overhills Rd. Spring Lake, NC 28390 Overhills Rd.  
PROPERTY ADDRESS STATE ROAD  
N/A  
SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE  Doctor Requested  Loan closing June 19 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 @well house, 1@house backside


Please give complete directions from the Health Department to the location.  
210 to Shaw Rd. make a right on Shaw ~~at~~, left onto overhills Rd,  
Quarter mile down look for green mail box on right side, passed  
Anderson creek mobile home park. Follow dirt road down. call 9106828342

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 \_\_\_\_\_

  
Signature 6/14/24  
Date