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
910-893-7547

Lisa D Brewer / for Mary Stephenson — 919-880-7049
NAME — AREA CODE & PHONE NUMBER

1235 Landmark Rd Willow Spring NC 27592
MAILING ADDRESS

3491 Abattoir Rd Angier, NC 27501 — 1552
PROPERTY ADDRESS — STATE ROAD

Private well
SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE ____Doctor Requested ____Loan closing _____Date of closing
____Personal Information ____Other prep for selling house

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 one on pump house one behind house by deck steps

Please give complete directions from the Health Department to the location.
Hwy 421 toward Campbell College left on to Hwy 27 toward Coats
left off 27 onto Abattoir / N Orange 3 miles down Abattoir mobile home
on left well in front yard.

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.
Signature — Date 8/27/2024

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