



**Harnett**  
**C O U N T Y**  
NORTH CAROLINA

## COUNTY OF HARNETT CHECK REQUEST FORM

Account Number: 1105180-350410

☒

Mail to payee

Project Number: \_\_\_\_\_

☐

Check to be picked up by:

Vendor Name: Donald Smale

Vendor Number: \_\_\_\_\_

(Requires approval of Finance Officer)

Remittance Address: 909 Brookgreen Lane

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Cameron, NC 28326

	Description	Amount
	Bactiera Water Sample	\$ 50.00
Total Amount Due		\$ 50.00

Reason for check request: Customer no longer needs bacteria water sample

This check request has been examined by me and is hereby approved for payment.

DEHS  
Department Head or Authorized Designee

3/31/25  
Date

DATE \_\_\_\_\_

Environmental Health Supervisor

*This instrument has been  
preaudited in the manner required  
by the Local Government Budget  
and Fiscal Control Act*

\_\_\_\_\_  
Harnett County Finance Director

## 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  
907 W. CORNELIUS HARNETT BLVD.  
LILLINGTON, N.C. 27546  
910-895-7547

NAME Donald L Smale AREA CODE & PHONE NUMBER 781 361 3444  
MAILING ADDRESS 909 Brook Green Lane Cameron NC 28326  
PROPERTY ADDRESS 909 Brook Green Lane Cameron NC 28326 STATE ROAD

SUBDIVISION NAME AND LOT NUMBER

PURPOSE OF SAMPLE ☐ Doctor Requested ☒ Loan closing ASAP 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? ☐ Location of spigots 1 Back ~~with~~ under Deck

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

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 ☐

Donald L Smale

Signature

Date






# HARNETT COUNTY FINANCE DEPARTMENT CASH REPORT FORM

DATE: March 11, 2025

DEPARTMENT: Health

DESCRIPTION	ACCOUNT NUMBER	AMOUNT
Environmental Health <sup>(Program)</sup>	110-0000-345.19-00	Old Acct #
Munis Acct #. for EH & F/L combined	110-5110-350-410	New Acct #
Rex Rhyme - Water Sample	cc	50.00
Clyde Stephenson		500.00
Tattoo Permit		
Brian Gray		500.00
Tattoo Permit		
Savannah Richmond		500.00
Tattoo Permit		
Rebekah Lewis		500.00
Tattoo Permit		
Donald Small	cc	50.00
Water Sample		
CASH: \$ <u>2000.00</u> cc	TOTAL  \$ <u>2100.00</u>	
COINS: _____ \$100.00		
CHECKS: _____		

SUBMITTED BY: S. Campbell  
SIGNATURE

RECEIVED BY: \_\_\_\_\_  
FINANCE SIGNATURE

DATE: \_\_\_\_\_

HARNETT COUNTY HEALT  
307 CORNELIUS BLVD  
LILLINGTON, NC 27546

Ref #: 0001

### Sale

XXXXXXXXXXXX6376

VISA

Entry Method: Chip

Total: \$ 50.00

03/03/25 10:02:16  
Inv #: 000001 Appr Code: 003481  
Transaction ID: 465062541361129  
Apprvd: Online Batch#: 000041

VISA CREDIT

AID: A0000000031010

TSI: 6800

TVR: 8000008000

I agree to pay above total  
amount according to card issuer  
agreement (Merchant agreement if  
credit voucher)

X

RHYNE/REX

Merchant Copy

HARNETT COUNTY HEALT  
307 CORNELIUS BLVD  
LILLINGTON, NC 27546

Ref #: 0002

### Sale

XXXXXXXXXXXX2686

VISA

Entry Method: Chip

Total: \$ 50.00

03/10/25 12:08:15  
Inv #: 000002 Appr Code: 081585  
Transaction ID: 305069580956527  
Apprvd: Online Batch#: 000041

VISA DEBIT

AID: A0000000031010

TSI: 6800

TVR: 8000008000

I agree to pay above total  
amount according to card issuer  
agreement (Merchant agreement if  
credit voucher)

X

SMAL/DONALD

Merchant Copy

3/10/25, 11:08 AM

Subject: **Smale Refinance - From Oneal at Rocket Mortgage**  
Date: 3/10/2025 11:05:43 AM Eastern Daylight Time  
From: OnealIsaac@rocketmortgage.com  
To: forplay36@aol.com

Obtain a water quality test that has been collected, transported and completed by a disinterested third-party, such as one of the following:

Local health authority

Commercial testing facility

Licensed sanitary engineer

Any other third-party that is acceptable to the local health authority.

**The results must meet the local standards.** If there are no local standards, EPA standards will apply.

A water quality test to verify the drinking water is free of harmful bacteria.

The water quality test must include all of the following:

- Date of inspection
- Address of subject property
- Inspector's license (if applicable) and signature
- Inspector/Company letterhead and contact information
- Lab ID/EPA number

 Rocket Logo

### **Oneal Isaac**

Triple Crown Solution Consultant | Rocket Mortgage | NMLS #3030

T (313) 373-1765

NMLS #30002

F (877) 380-5376

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