

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 Camille Goldbach AREA CODE & PHONE NUMBER (425) 614-7376
MAILING ADDRESS 3357 Hillman Grove Rd. Cameron, NC 28326
PROPERTY ADDRESS 3357 Hillman Grove Rd. Cameron, NC 28326 STATE ROAD _____
SUBDIVISION NAME AND LOT NUMBER N.A.

PURPOSE OF SAMPLE Doctor Requested Loan closing _____ 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? 1 Location of spigots off house near well

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

Looking @ the house, the well-house is on the left hand side.
The well house is wood and stone. Singular spigot off house
on same side. Would like heavy metal and bacterial testing.

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.

Camille Goldbach

3/13/25

Office Use Only.

Signature

Date

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