

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

NAME Kim Galbreath AREA CODE & PHONE NUMBER 910-728-2667
MAILING ADDRESS 414 Mills House LN Spring Lake NC 28390
PROPERTY ADDRESS Same STATE ROAD _____

SUBDIVISION NAME AND LOT NUMBER _____

PURPOSE OF SAMPLE _____ Doctor Requested _____ Loan closing _____ Date of closing _____
_____ Personal Information ☒ Other Concern over safety. Water lines,

Types of Samples & Cost - Please make check payable to: Harnett County Health Department Filters, toilets have a

☒ \$50.00 - Bacteriological (coliform and fecal absent or present) _____ \$100.00 - Petroleum ☒ \$100.00 - Inorganic black film on them
_____ \$100.00 - Pesticides _____ \$100.00 - Other

Type of Well: _____ Drilled _____ Bored _____ Driven
Electricity available? ☒ Yes _____ No

How many outside spigots? ☒ Location of spigots 1 - Primary House, 2 Large Barn
2 Horse + Feed Barns

Please give complete directions from the Health Department to the location.
Hwy 210 to Spring Lake, Left @ Elliott Bridge Rd @ Flat
Branch Fire Dept. Approx 3 miles Right on Bethel Baptist Rd.
Turn Rt on 2nd dirt drive. Follow around until Farm gate sign says

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. Kim Galbreath 4/16/25
Office Use Only. Signature _____ Date _____
Visible well construction: _____ Yes _____ No Approved _____ Unapproved _____ Date of initial visit: _____ Return Visit _____
Date sample taken _____ Date re-sampled _____

Iva green Farm