Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Taylor Lester Applicant/Owner	(910) 528-2934
Applicant/Owner	Phone Number
128 Rice Rd, Vass, NC, 28394	
Street Address, City, State, Zip Code	
The Applicant must submit a Site Plan. The Site Plan is a map/draw 1 existing and/or proposed property lines and easements with dimension 2. the location of the facility and appurtenance; 3. the location for the proposed well; 4 the location of existing or proposed sewer lines and/or sewage dispose 5 the location of any existing wells within 100 feet of the property; surf. 6 above ground and/or underground storage tanks; 7 and any other known sources of contamination within 100 feet of the	al systems within 100 feet or the proposed well, acce water bodies;
The Applicant shall notify the Harnett County Health Director thro Division of Environmental Health if any of the following occur prior 1. there is a relocation of the proposed facility; 2 there is a change in the intended use of the facility; 3. there is a need for installing the waste water system in an area other th 4. there are landscape changed that affect site drainage. Contact information: Environmental Health Divisi	to well construction:
PROPERTY INFORMATION	
Single-Family Multifamily Church Restaut	II rant Business Trrigation
Street Address 359 N. Focsythe Lanc Subdi Parcel # 099575 0029 PIN	ivision/Lot # 22 # 9563-76-7852
Off Marks Rd, down dist road on to Bic with Pink flagging)	the right (Power line Pole
have thoroughly read and completed this Application and certify that the incorrect to the best of my knowledge and is give in good faith. Representatives state officials are granted right of entry to conduct necessary inspections to definite and that I am solely responsible for the proper identification and labeling	s of the Harnett County Health Department and etermine compliance with applicable rules.
making the site accessible so that a will can be properly constructed according to	the permit
10 679 63	7-4 10
Property Owner's of Owner's Legal Representative Signature Required	3-4-19 Date
The second secon	Date