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.

APPLIC	ANT INFORMATION
B & B Entierprises	(919) 894-4248
Applicant/Owner	Phone Number
9007 NC HWy 27 East, Benson, NC 2750	<u> 4</u>
Street Address, City, State, Zip Co	ode
The Applicant must submit a Site Plan. The 1. existing and/or proposed property lines and ea 2. the location of the facility and appurtenance; 3. the location for the proposed well;	Site Plan is a map/drawing of the property and must show: asements with dimensions;
* *	ks;
Division of Environmental Health if any of the 1. there is a relocation of the proposed facility; 2. there is a change in the intended use of the facts 3. there is a need for installing the waste water s 4. there are landscape changed that affect site dr	cility; system in an area other than indicated on the well permit; or
PROPE	RTY INFORMATION
	roposed use of well Church Restaurant Business Irrigation
Street Address 9007 NC HWy 27 East,	
Parcel #	PIN #
Di	irections to the Site
see attached	
correct to the best of my knowledge and is give in g	ation and certify that the information provided herein is true, complete and good faith. Representatives of the Harnett County Health Department and necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and

03/05/2020

Date

making the site accessible so that a will can be properly constructed according to the permit.