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 INFOR	MATION
DAVID + HARVIRH HOLCK	(919) 737-4037
Applicant/Owner	Phone Number
2009 LEIDIG RD, MONTEREY, ME C	A 93940
Street Address, City, State, Zip Code	
The Applicant must submit a Site Plan. The Site Plan is a map/did existing and/or proposed property lines and casements with dimens 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 disp 5. the location of any existing wells within 100 feet of the property; so above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the Proposed facility: 1. The Applicant shall notify the Harnett County Health Director the Division of Environmental Health if any of the following occur profit 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. There are landscape changed that affect site drainage. Contact information: Environmental Health Div	ions: cosal systems within 100 feet or the proposed well; curface water bodies; the proposed well site. Arough or by way of the Harnett County for to well construction: r than indicated on the well permit; or ision - 910-893-7547
PROPERTY INFOR	MATION
Proposed use of v	
Single-Family Multifamily Church Resta	
Street Address SUNRIDGOE, OR, CAMERON Sul	division/Lat# LOT#2 FAREPLOGREDS
Parcel # 099514 00814 01 P	IN# 9566-63-8685,000
Directions to the	Site
IT THE END OF SUNRIDGE DRIVE IS A CUL	DESMC. PROFERTY IS ON THE
RIGHT SIDE RIGHT BEFORE ENTERING TURN	HADUND + HALFWAY INTO TURY-
PROUND ON THE PIGHT. WANT WELL WHERE	WER CHEAPEST TO DRIVE, SEE HAR
have thoroughly read and completed this Application and certify that the breet to the best of my knowledge and is give in good faith. Representation at cofficials are granted right of entry to conduct necessary inspections to inderstand that I am solely responsible for the proper identification and labor	e information provided herein is true, complete and ives of the Harnett County Health Department and o determine compliance with applicable rules.
aking the site accessible so that a will can be properly constructed according	to the permit.
ALL	12/17/21
roperty Owner's of Owner's Legal Representative Signature Required	Date

LOT 2, SUMRIOGE OR, CHLIERON, NC 28326 PIN: 9566-63-8685.000 PID: 099566 008+01

