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*. The Construction Authorization will expire within five years from the date of issue.

APPLICANT INFORMATION

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Gammon Construction			(919 Db are) <u>427-8625</u> e Number	
Applicant/Owner 4787 US Hwy 70 E Suite 101 Princeton N	IC 27560 Unitos		rnone	e Number	
Street Address, City, State, Zip		States			-
Street Hudress, City, State, 21p	Couc				
The Applicant must submit a Site Plan. To existing and/or proposed property lines and 2. the location of the facility and appurtenand 3. the location for the proposed well; 4. the location of existing or proposed sewerd 5. the location of any existing wells within 1. 6. above ground and/or underground storage 7. and any other known sources of contamina 8. Are there any current/pending groundwater	d easements with ce; lines and/or sewa 00 feet of the protanks; ation within 100 f	dimensions; lige disposal systemetry; surface wat the propose	ms withing the bodies of well si	n 100 feet or th s; ite.	
The Applicant shall notify the Harnett Co Division of Environmental Health if any of 1. there is a relocation of the proposed facility 2. there is a change in the intended use of the 3. there is a need for installing the waste wat 4. there are landscape changed that affect site Contact information: Environment	of the following of ty; e facility; ter system in an ar e drainage. mental Healt	rea other than indi	cated on	the well permi	
PROP	PERTY INI	FORMATI	<u>ON</u>		
Single-Family⊠ Multifamily□	Proposed us Church □		Bus	siness 🗆 🏻 I	rrigation
Street Address 161 Rollins Acres L Parcel #110681 0044 21	n. Lillington, NC	Subdivisio PIN #_068		#Rollins Acre	es / Lot 4
Take NC-27 W to Rollins Acres Ln. Go o	Directions to on Gravel path path		d lot will	be on left.	
I have thoroughly read and completed this Ap correct to the best of my knowledge and is give state officials are granted right of entry to cond	in good faith. Rep luct necessary insp	resentatives of the ections to determin	Harnett e compli	County Health I ance with applic	Department and cable rules.
I understand that I am solely responsible for the p making the site accessible so that a will can be pr				ines, undergroun	a utility lines, and

Property Owner's of Owner's Legal Representative Signature Required

1/8/25