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						
Applicant/Owner John (+ Dunn NC 2034)						
Street Address, City, State, Zip Code						
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show: 1. existing and/or proposed property lines and easements with dimensions; 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 disposal systems within 100 feet or the proposed well; 5. the location of any existing wells within 100 feet of the property; surface water bodies; 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the proposed well site.						
The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction: 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 than indicated on the well permit; or 4. there are landscape changed that affect site drainage. Contact information: Environmental Health Division - 910-893-7547						
PROPERTY INFORMATION						
Proposed use of well Single-Family □ Multifamily □ Church □ Restaurant □ Business □ Irrigation □						
Street Address 20 Eanw John Ct. Subdivision/Lot # Walt's Crussing / Lot 11 Parcel # PIN #						
Take I-95 N toward Fayetherity. At exit 73 take exit. Then lett on us 421. Go about 2 miles. Then night onto Red this I charch ex. Then left unto sugs 2a. In a quark-of mile turn right on can						
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct 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 making the site accessible so that a will can be properly constructed according to the permit.						
Property Owner's of Owner's Legal Representative Signature Required Date						

COM. CRYTHORNEWINE HEALTH

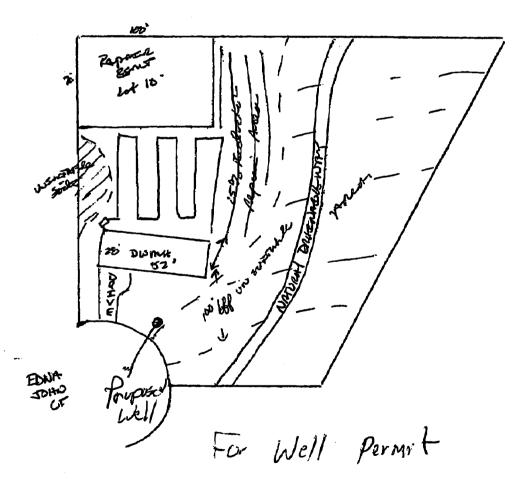
p.2

#525 P.002/002

117-5-3002812

Harnett County Department of Public Health Site Sketch

lC()	ED TO: 7	- 2	PROPERTY LOCATON SEE 1727 SUEGE IZO SUBDIVISION WAITS CROSSENS LOT # []		
1330	EU IU. ACO MANOR	: payce	SUBDIVISION	CROSSING	LOT # _//
Auti	norized State Agent	_ & Mo	Lonform	Date:	
			ONSITE PRIOR		
¥	WATER AND	D Power C	ANADOT BE EN	system on 1	Repain Knes.
*	THAS Per	mit IS &	for Tiphe my	, NOT NEW	WEILONGIESTE



C & J HOME SERVICE 405 PITTMAN RD. LUMBERTON, NC 28358 (910) 671-1532

Please chargethe permit application fee for Roxanne Bayer to the following Mastercard.

Mastrad # 5418 8804 6980 0031 expiration 05/13 Security code: 078 name on card: James R. Davis

Please fax pumit to: C&J Home Scrvice (910) 739-9-107

Thank you!