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

Staceremannacracken 99,258-0104
Applicant/Owner Phone Number
221 Attil Lee Lane Santerd, NC 27330
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 AddressSubdivision/Lot #
Parcel # PIN #
Directions to the Site Take buckhold Rd in Broadway, Turn Right on to Thomas Kelly Rd go Straight +111 you hit a dirt Road House is on the Right with a Vanderbuilt sign indrivance
To low Rocard to End that is where the SHE is mwkled. 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.
correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and

P# 0850019917R



