Laft # 119103 1150027575

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 <u>invalid</u>

APPLICANT INFORMATION		
Mary McLean	(910) 893-8697	
Applicant/Owner	Phone Number	
	(28533	
Street Address, City, State, Zip Code	Incant/Owner Phone Number Phone Number 10 Beans Lane Bunnlevel & (25333 et Address, City, State, Zip Code Applicant must submit a Site Plan The Site Plan is a map/drawing of the property and must show ting and/or proposed property lines and easements with dimensions location of the facility and appurtenance location for the proposed well location of any existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well location of any existing wells within 100 feet of the property surface water bodies we ground and/or underground storage tanks any other known sources of contamination within 100 feet of the proposed well site pplicant shall notify the Harnett County Health Director through or by way of the Harnett County and of Environmental Health if any of the following occur prior to well construction is a releastion of the proposed facility is a change in the intended use of the facility is a change in the intended use of the facility is a relandscape changed that affect site dramage act information. Environmental Health Division - 910-893-7547 PROPERTY INFORMATION Proposed use of well e-Family Multifamily Church Restaurant Business Irrigation t Address 1/D Bays (ane Subdivision/Lot # PIN # 0556 - 68 - 1136, occ Directions to the Site PIN # 0556 - 68 - 1136, occ Directions to the Site	
1 existing and/or proposed property lines and easements with dime 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 d 5 the location of any existing wells within 100 feet of the property 6 above ground and/or underground storage tanks	disposal systems within 100 feet or the proposed well surface water bodies	
Division of Environmental Health if any of the following occur 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 of 4 there are landscape changed that affect site drainage Contact information. Environmental Health D	her than indicated on the well permit or IVISION - 910-893-7547	
PROPERTY INFO	RMATION	
Proposed use of Single-Family Multifamily Church □ Res	f well staurant ☐ Business ☐ Irrigation ☐	
Street Address 1/D Books lane. Si	ubdivision/Lot#	
	Site	
while double wide dirt path between brie	end by Trailor park, Turn Herd dirt path chaise, Burgandy + grajdouble wide Right	
have thoroughly read and completed this Application and certify that orrect to the best of my knowledge and is give in good faith Represents	atives of the Harnett County Health Department and	
MARICE ILLE DULL	9-21-11	

Property Owner yof Owner's Legal Representative Signature Required





Map Scale = One Inch = 7^c

Owner Information

PID **	120556 0030
NAME	MCIVER GIRA
ADDRESS	PO BOX 76
CITYST	BUNNLEVEL I
ACRES	1 992617

Zoning Overlay Res

1300		2 00	inc.
368	*RA	20M	Jest

New Well

Download Results

ZoningPolygon 1205%