

Harnett County Department of Public Health

Well Construction Permit Application

15-50036432

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

Julia Wells
Applicant/Owner
~~Street Address~~ 105 Park Ave. Fuquay-Varina, Nc
Street Address, City, State, Zip Code
Phone Number (919) 552-5015
919-815-7357 Cell
27526

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 of 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 568 Chalylbeate Rd. Fuquay-Varina, NC 27526
Subdivision/Lot #
Parcel # 080654 0270 PIN # 0653-47-7427-000

Directions to the Site

401 N. to Lafayette Elementary School - bear left on Chalylbeate Rd, just before railroad tracks - 3rd house on left

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 well can be properly constructed according to the permit.

Julia S. Wells
Property Owner's or Owner's Legal Representative Signature Required

6-17-2015
Date

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: KGDINS Type: CP Drawer: 1
Date: 6/17/15 51 Receipt no: 369723

Year	Number	Amount
2015	50036432	
92941 TECH 4		
LILLINGTON, NC 27546		
84		
NEW WELL		
ENV HEALTH FEES		
\$250.00		

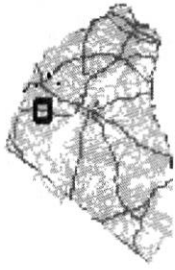
MELINDA GAUSE

Tender detail		
CK CHECK PAYMEN	1072	\$250.00
Total tendered		\$250.00
Total payment		\$250.00

Trans date: 6/17/15 Time: 11:12:07

** THANK YOU FOR YOUR PAYMENT **

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**



- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- CityLimits
- Hamett_2013.sid
 - Red: Band_1
 - Green: Band_2
 - Blue: Band_3



Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS
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