15.50030004

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	
Applicant/Owner Street Address, City, State, Zip Code (919) 389-5685 Phone Number	
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 9 V 10 12 Ln Subdivision/Lot # Dream 10 und Parcel # PIN #	
Directions to the Site Compliance to the Site Compli	
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

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Thomas Eugene Whi Applicant/Owner	(9)9)389-5685 Phone Number	
Street Address, City, State, Zip Code		
PROPERTY INFORMATION		
Street Address 91 V10W Un	Subdivision/Lot # Dream am a	
Parcel #	PIN #	
Directions to the Site		
Brief description of the well location (ex. front front y woods *Please include a Site Plan of your property well is underground, it must be uncovered p Please Complete the Following Information	y showing the location of the well. If the prior to the department's site visit.	
Date Well Was Constructed \(\backslash \beta \beta \beta \\ \end{array} \) Above Ground \(\sqrt{\sqrt{\text{or Below Ground } \sqrt{\text{or Below Ground } \sqrt{\text{drope}}} \) Well Type: Drilled \(\sqrt{\text{or Bored } \sqrt{\text{drope}} \) Hand dug \(\sqrt{\text{or Bored } \sqrt{\text{drope}} \)	Grouted: Yes No Total Depth of Well 25 17 Diameterinches	
I have thoroughly read and completed this Applicat herein is true, complete and correct to the best of my Representatives of the Harnett County Health Depar entry to conduct necessary inspections to determine	y knowledge and is give in good faith. rtment and State Officials are granted right of	
I understand that I am solely responsible for the proper underground utility lines, and making the site accessible according to the permit.		
Property Owner's of Owner's Legal Representative Sign	7/20/19	

Harnett County GIS

http://gistoolbox.harnett.org/GISViewer/

7/20/2015