

Harnett County Department of Public Health

15.50037727

Well Construction Permit Application

CONF. NO.
12.21.15 013486

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.

12.21.15 left msg to call customer before going out.

APPLICANT INFORMATION

Jonathan Powell (919) 260 5854
Applicant/Owner Phone Number
1019 VALLEY RD. Spring LAKE, N.C. 28390
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 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 changes 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 _____ Subdivision/Lot # _____
Parcel # _____ PIN # _____

Directions to the Site

ENTER VALLEY RD. from Anderson Creek RD. and go down a hill and then up the hill and you will see driveway on right with gates and number on a sign on tree.

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 given 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.

Jonathan E. Powell
Property Owner's or Owner's Legal Representative Signature Required

12/21/15
Date

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Applicant/Owner _____ () _____
Phone Number

Street Address, City, State, Zip Code _____

PROPERTY INFORMATION

Street Address _____ Subdivision/Lot # _____

Parcel # _____ PIN # _____

Directions to the Site

Brief description of the well location (ex. front yard, behind out building, front yard, etc.)

***Please include a Site Plan of your property showing the location of the well. If the well is underground, it must be uncovered prior to the department's site visit.**

Please Complete the Following Information:

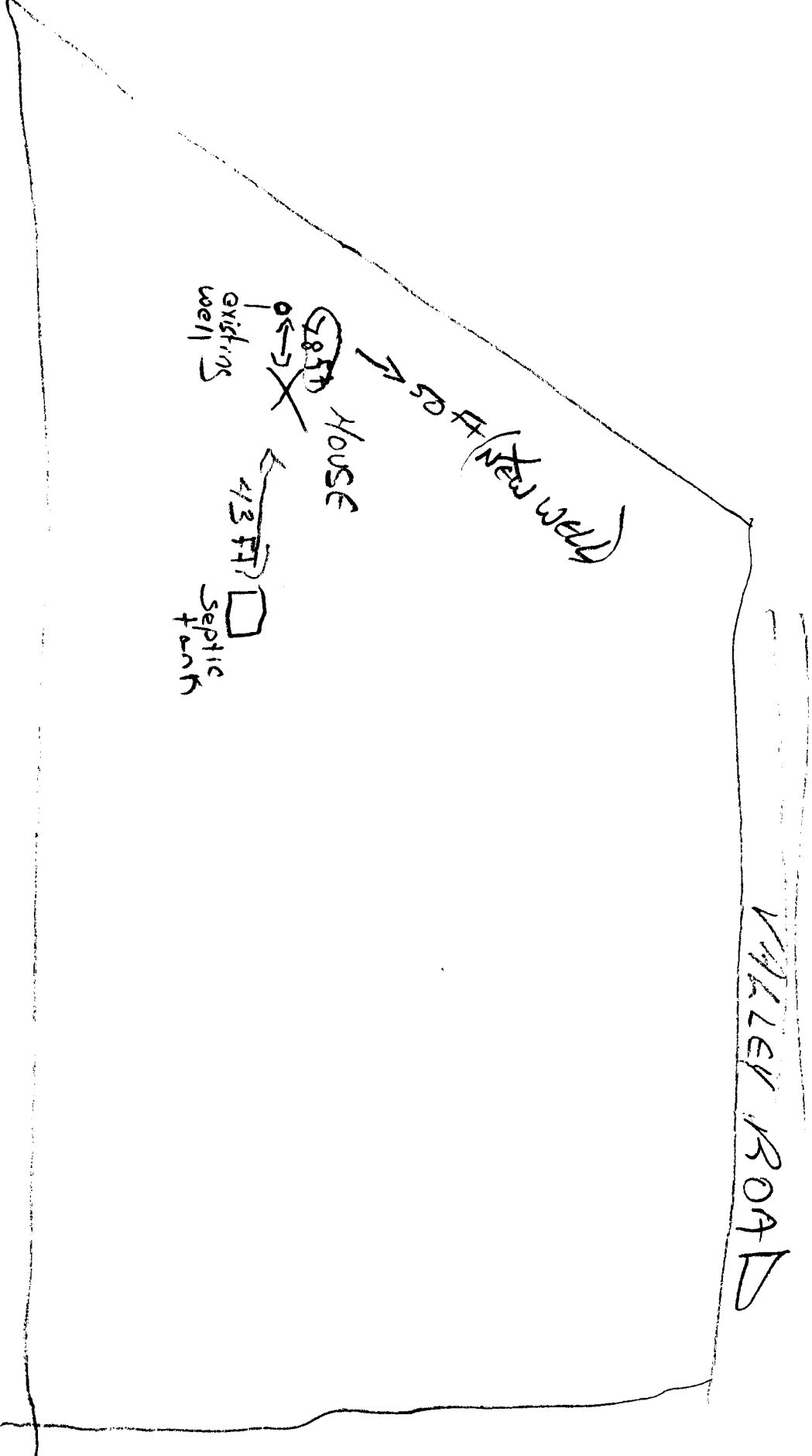
Date Well Was Constructed _____ Grouted: Yes No
Above Ground or Below Ground Total Depth of Well _____
Well Type: Drilled Bored Hand dug Diameter _____ inches

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 or Owner's Legal Representative Signature Required _____ Date _____

If you have any questions please contact Environmental Health Division at 910-893-7547

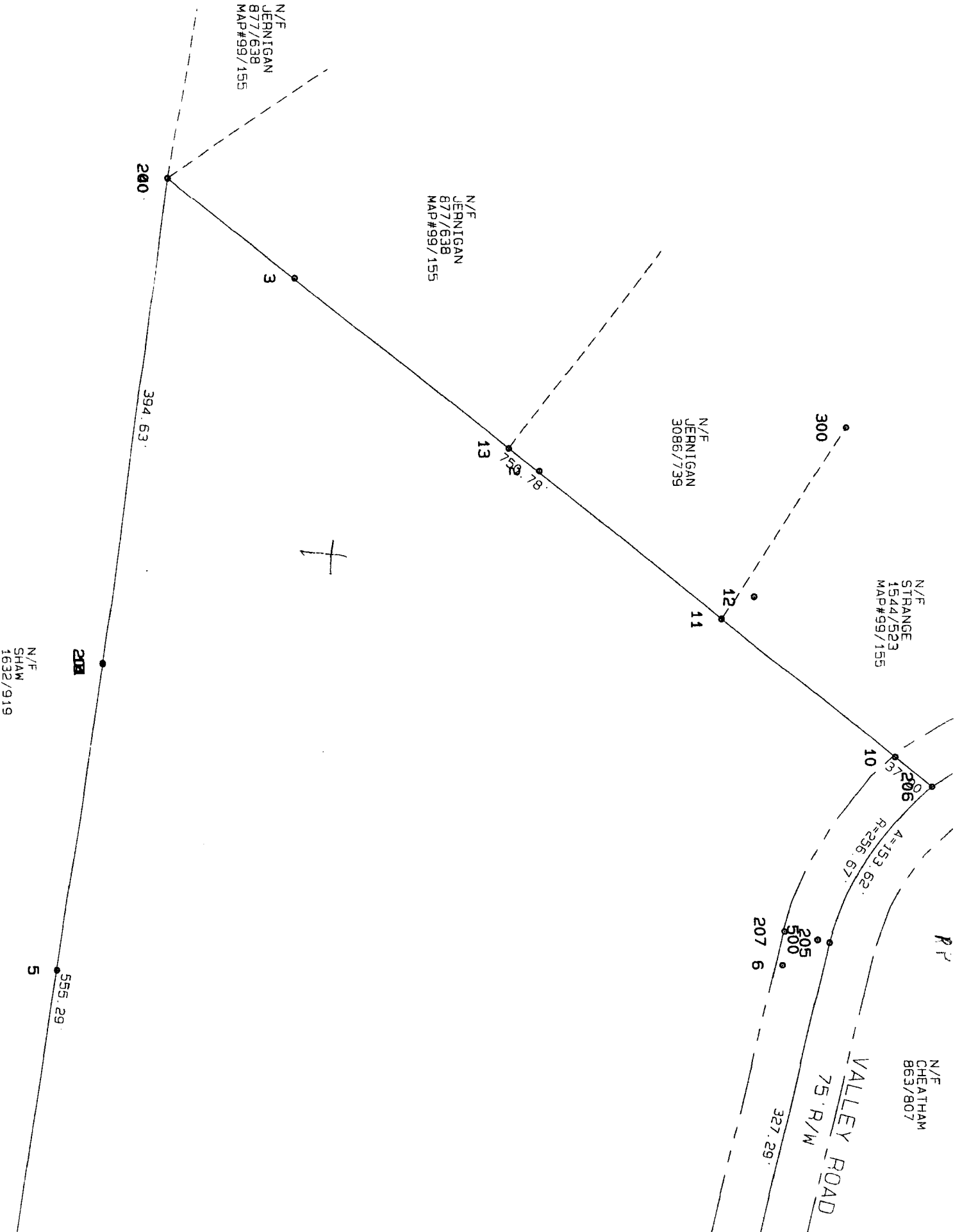


VALLEY ROAD

existing well
HOUSE
NEW WELL
septic tank

50 FT

43 FT



N/F
JERNIGAN
877/638
MAP#99/155

N/F
JERNIGAN
877/638
MAP#99/155

N/F
JERNIGAN
3086/739

N/F
STRANGE
1544/523
MAP#99/155

N/F
CHEATHAM
863/807

200

3

13

11

12

10

206

205

200

207

6

5

208

394.63

555.29

4-153.62
R-256.67

VALLEY ROAD
75' R/W

327.29

T