

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

Philip Shove (919) 499 5646
 Applicant/Owner Phone Number
3860 marks Rd Cameron NC 28326
 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 3860 marks Rd Subdivision/Lot # 11-37
 Parcel # 099563 0049 PIN # 9563 95 0258 000

Directions to the Site

From Hyway 87 Take EXIT TO hyway 24 Turn LEFT
onto marks Rd go 3.2 miles TO 3860. House is on
RIGHT w.th Fence around Property

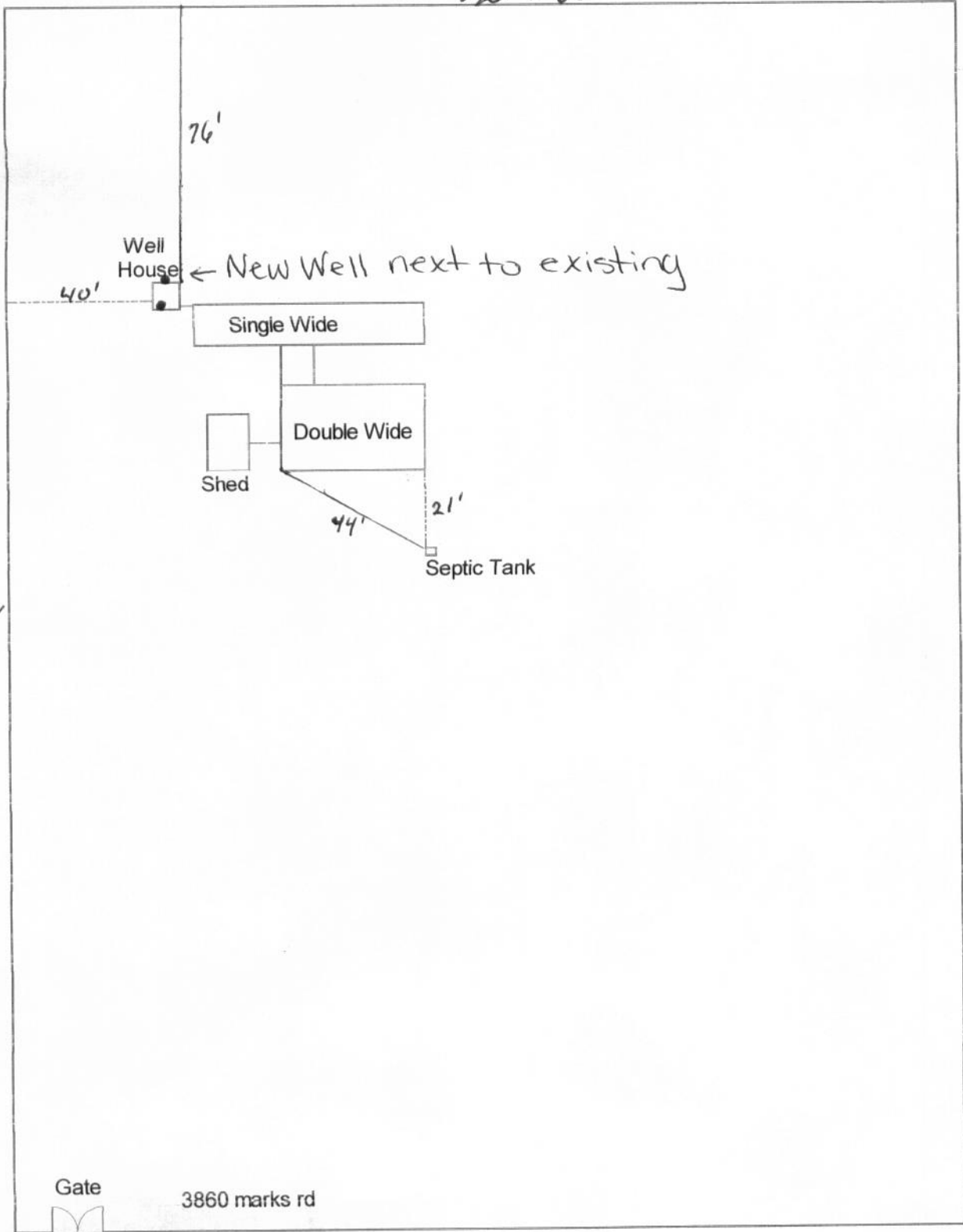
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct 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.


 Property Owner's or Owner's Legal Representative Signature Required

2/8/2016
 Date

~~260~~ 260'



355'

355'



3860 marks rd

260'

Application Number 16-50039145 Date 7/08/16
 Property Address 3860 MARKS RD
 PARCEL NUMBER 09-9563- - -0049- - -
 PIN 9563-95-0258.000
 Application type description CP STANDALONE ENV HEALTH PERMITS
 Subdivision Name IMPERIAL RANCHETTE S/D
 Property Use
 Property Zoning PENDING
 Application valuation 0

Owner Contractor

 SHOVE PHILIP P OWNER
 SHOVE KATHLEEN SUE &
 SHOVE LEONARD A SR
 CAMERON NC 28326

Applicant

 SHOVE PHILIP
 3860 MARKS RD
 CAMERON NC 28326
 (919) 499-5646

--- Structure Information 000 000 NEW WELL
 Other struct info # BEDROOMS 4.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? EXISTING TANK
 WATER SUPPLY WELL

 Permit NOTIFICATION PERMIT
 Additional desc . . NEW WELL
 Phone Access Code . 1147941
 Permit Fee00 Plan Check Fee00
 Issue Date 7/08/16 Valuation 0

 Special Notes and Comments
 HWY 87 TO HWY 24/ L@ MARKS RD/ GO 3.2
 MILES TO 3860/ HOUSE ON RIGHT WITH
 FENCE ARUOND PROPERTY

 Other Fees EV* WELL FEE 250.00

Fee summary	Charged	Paid	Credited	Due
Permit Fee Total	.00	.00	.00	.00
Plan Check Total	.00	.00	.00	.00
Other Fee Total	250.00	250.00	.00	.00
Grand Total	250.00	250.00	.00	.00

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 Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date

999	800	H800	ENVIR. HLTH. CONFIRMATION	_____	___/___/___
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	___/___/___
999	806	P806	PLANNING REVIEW	_____	___/___/___
999	802	B802	BLDG PLAN REVIEW	_____	___/___/___
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 7/08/16 51 Receipt no: 10207

Year	Number	Amount
2016	50039145	
3860 MARKS RD		
CAMERON, NC 28326		
B4	BP - ENV HEALTH FEES	\$250.00

NEW WELL

PHILIP SHOVE

Tender detail	
CP CREDIT CARD	\$250.00
Total tendered	\$250.00
Total payment	\$250.00

Trans date: 7/08/16 Time: 10:01:13

** THANK YOU FOR YOUR PAYMENT **