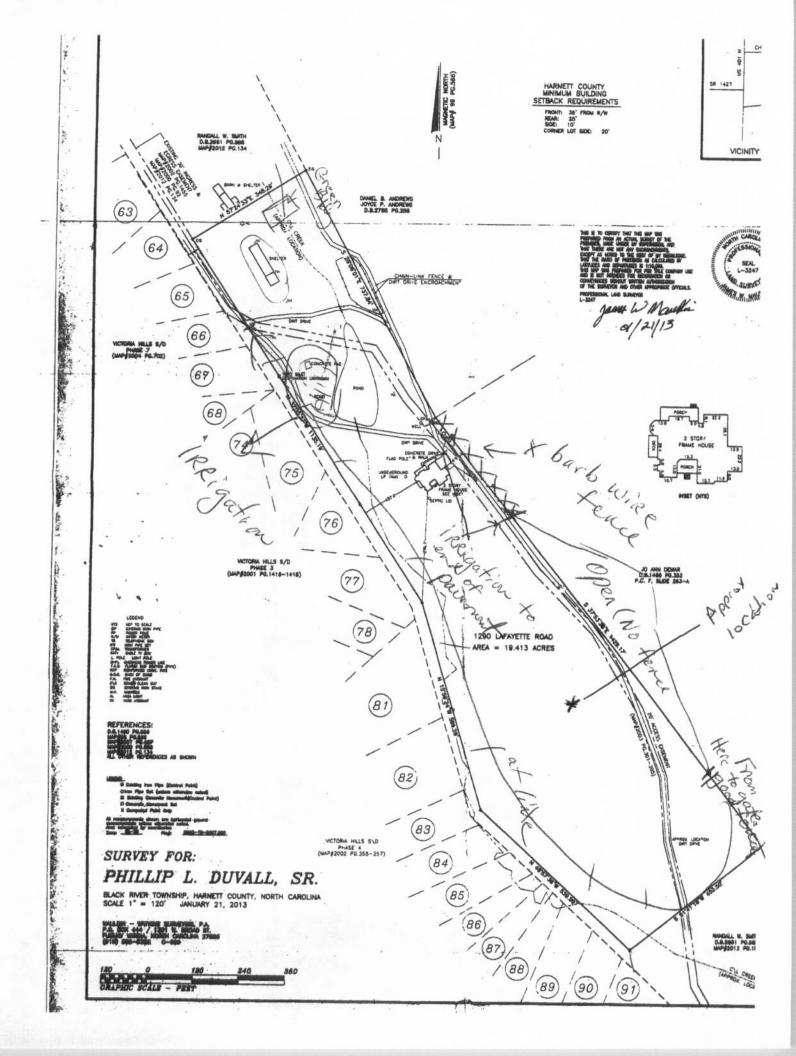
## **Harnett County Department of Public Health**

## **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**

Applicant/Owner  Applicant/Owner  1 290 Lafage Hz RJ Fugues Variata NC 2752  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 assements with dimensions;  2. the location of the facility and appurenance;  3. the location for the proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well;  4. 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 knows 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 far 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 1290 Lalage Hg J Subdivision/Lot #Parcel # Subdivision/Lot #Parcel # Subdivision/Lot #Parcel # PIN #  Directions to the Site  40 Lalage Hg J Subdivision to the site of the family of the proposed site of the family 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 Owney of Owner's Legal depresentative Signature Required  Date  On Property to Show Property to Show Property Constructed according to the permit.		Applicant/Owner Phone Number
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PROPERTY INFORMATION  Proposed use of well  Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   290   Lalagette   Subdivision/Lot # Parcel #   PIN #    Directions to the Site    Holder to By Ingle   Power   Power		
Proposed use of well  Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   1290   Lalay   He   Subdivision/Lot   Parcel   PIN        Directions to the Site   PIN        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.		
Proposed use of well  Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   1290   Lafage   Left   Subdivision/Lot   Parcel   PIN      Directions to the Site    Hold   Lafage   Left   Springs		
Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   290   La lagette   R.   Subdivision/Lot # Parcel # PIN #  Directions to the Site    PIN #      Pin #   Pin #		PROPERTY INFORMATION
Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   1290   Lafagette   R.   Subdivision/Lot # PIN #    Directions to the Site    PIN #      Pin #		
Street Address 1290 Lafagette Rd Subdivision/Lot #_Parcel # PIN #  Directions to the Site  401 to Chalbride SMings Rt and Lafagetter Rd  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.  8-1-701b Property Owney's of Owner's Legal Representative Signature Required  Date		
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Property Owner's Legal Representative Signature Required  Making the site accessible so that a will can be properly constructed according to the permit.  8-1-7016  Date		Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   1290   Lafage     Restaurant   Business   Irrigation    Street Address   1290   Lafage     Restaurant   Business   Irrigation    Street Address   1290   Lafage     Restaurant   Business   Irrigation    Directions to the Site   PIN        PIN          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin          Pin        Pin          Pin   Pin        Pin   Pin        Pin   Pin   Pin      Pin   Pin   Pin      Pin   Pin   Pin   Pin      Pin   Pin   Pin   Pin      Pin   Pin   Pin   Pin   Pin      Pin
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Property Owner's Legal Representative Signature Required Date		Street Address 1290 Lalay # R Subdivision/Lot # Parcel # Directions to the Site  Directions to the Site  Directions to the Site  Address 1290 Lalay # R Subdivision/Lot # PIN #  Directions to the Site  Hold to Chalbride Spring  Rt and Lafay Her Rd  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
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e on property to show location.		Street Address 1290 La lagette Rd Subdivision/Lot #
e on property to show location.	<sup>2</sup> a<	Street Address 1290 Lalagette Rd Subdivision/Lot #
	<sup>2</sup> as	Street Address 1290 Lalagette Rd Subdivision/Lot #



Google Maps



Imagery ©2016 Google, Map data ©2016 Google 50 ft



HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JFORBES Type: CP Drawer: 1
Date: 8/01/16 51 Receipt no: 32800

Year Number 2016 50039351 Amount 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES

\$250.00

NEW WELL

LYNNE LEONARD

Tender detail CK CHECK PAYMEN \$250.00 \$250.00 \$250.00 2001 Total tendered Total payment

Trans date: 8/01/16 Time: 11:18:21

\*\* THANK YOU FOR YOUR PAYMENT \*\*

To Whom It May Concern:

The undersigned, Phillip R. Taylor, Trustee of the Phillip R. Taylor Living Trust dated September 1, 1991 ("Taylor Living Trust"), represents that the Taylor Living Trust is the owner of a certain lot or parcel of land located 1290 Lafayette Road, Fuquay Varina, North Carolina and does hereby acknowledged that he, as Trustee of the Taylor Living Trust, does hereby give his consent for his daughter, Sophia Taylor Leonard, the authority to contract for the dig and installation of a well on said property and for any incidental work in connection therewith.

Dated: Aug. 4, 2016.

Phillip R. Taylor, Trustee of the Phillip R. Taylor Living Trust dated September 1, 1991

Subscribed + SUBFIN to
before me thic 474
day of August, 2016.

Cynthia w. Burris, Notary Public Public My Commission Expires: 11-29-2018