

# 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

Jimmy A. Faircloth (910) 984-6503  
Applicant/Owner Phone Number  
404 Apt B West Harnett St. ~~W~~ Dunn NC. 28334  
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 88 Delaney Ct. Dunn Subdivision/Lot # WATTO CROSSING III 2  
Parcel # 02-1537-0110-24 PIN # 1507-38-3748

### Directions to the Site

421 to Erwin take left Red Hill church Rd. then take left on Suggs Rd. then take Rt on Delaney Ct.

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.

Jimmy A. Faircloth  
Property Owner's or Owner's Legal Representative Signature Required

8-20-08  
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 \_\_\_\_\_

Above Ground  or Below Ground

Well Type: Drilled  Bored  Hand dug

Grouted: Yes  No

Total Depth of Well \_\_\_\_\_

Diameter \_\_\_\_\_ inches

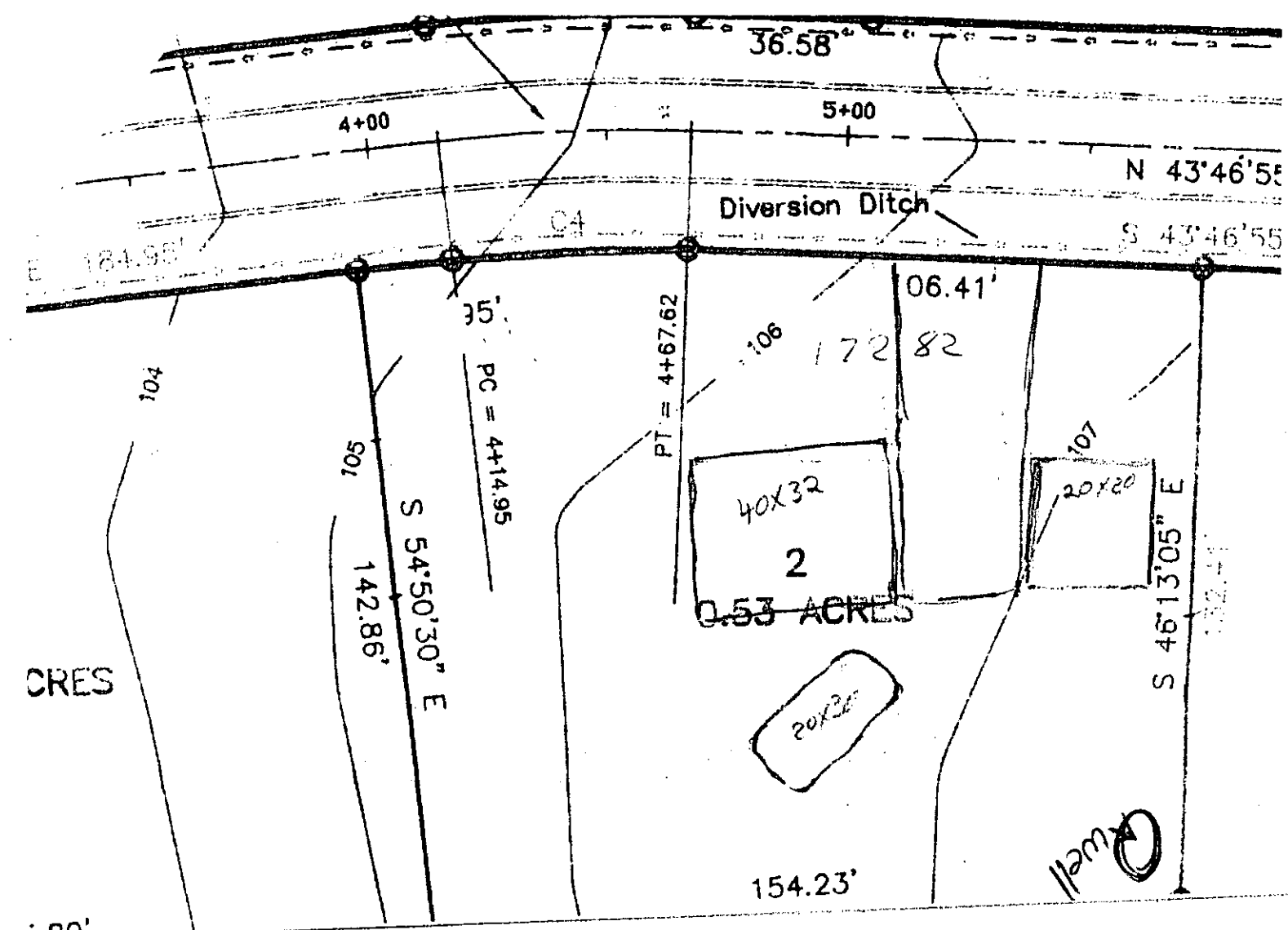
**I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and State Officials are granted right of entry to conduct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

Date \_\_\_\_\_

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



*Jim Manheart*

*Rev 8-4-08*  
 1/1  
 SCANNED  
~~8-4-08~~  
 DATE

*Revised site plan showing well.*

SITE PLAN APPROVAL	
DISTRICT	SWMA
#BEDROOMS	3
Date	8-5-08
Zoning Administrator	

*\* Copies submitted per JM, FH*

