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 809 West Controlled St Du	(910) 890-9337
Applicant/Owner	Phone Number
809 West Comberland St Du	10 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 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 Division of Environmental Health if any of the following occur there is a relocation of the proposed facility there is a change in the intended use of the facility there is a need for installing the waste water system in an area of there are landscape changed that affect site drainage Contact information Environmental Health D	prior to well construction ther than indicated on the well permit or
PROPERTY INFO	RMATION
Proposed use o Single-Family ✓ Multifamily □ Church □ Re	estaurant Business Irrigation
Street Address	Subdivision/Lot # H. H. Minor L. PIN #
Directions to th	ne Site
correct to the best of my knowledge and is give in good faith Represer state officials are granted right of entry to conduct necessary inspection	ntatives of the Harnett County Health Department an us to determine compliance with applicable rules
correct to the best of my knowledge and is give in good faith Represer itate officials are granted right of entry to conduct necessary inspection to the proper identification and its pro	ntatives of the Harnett County Health Department an ins to determine compliance with applicable rules labeling of all property lines underground utility lines a
I have thoroughly read and completed this Application and certify that correct to the best of my knowledge and is give in good faith Represer state officials are granted right of entry to conduct necessary inspection and if understand that I am solely responsible for the proper identification and I making the site accessible so that a will can be properly constructed according.	ntatives of the Harnett County Health Department an ins to determine compliance with applicable rules labeling of all property lines underground utility lines a