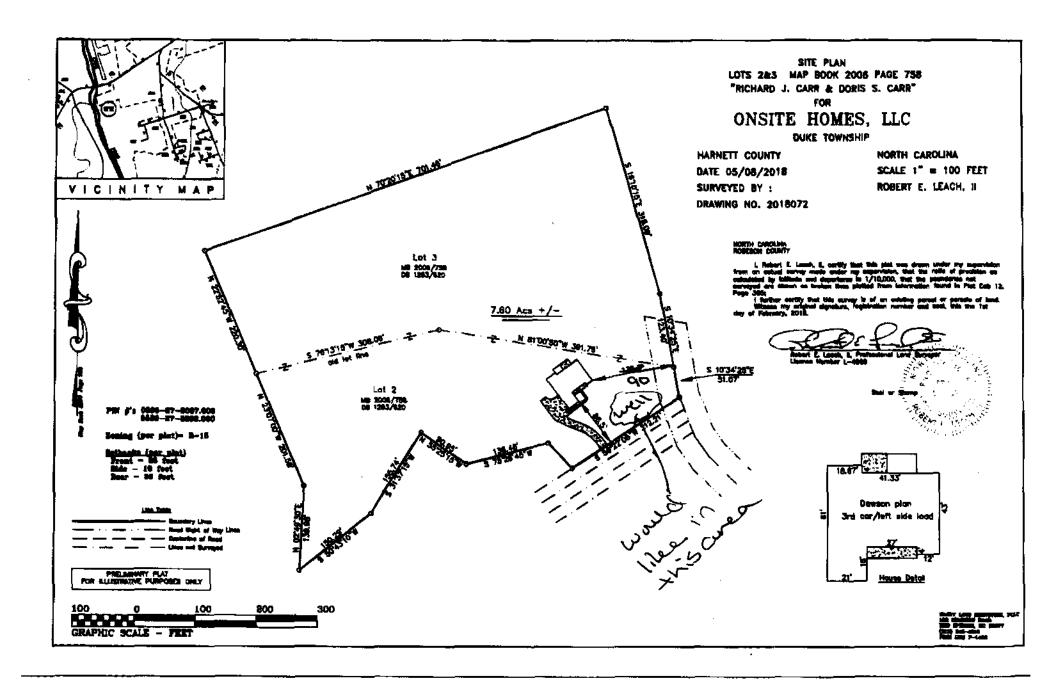
## **Harnett County Department of Public Health**

## 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 <u>invalid</u>.

<u>APPLICANT INFORMATION</u>
Applicant Owner  KNC Bluff Or. N. Nunn, NC  Street Address, City, State, Zip Code  (9/3) 762 5646  Phone Number
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 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 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 Subdivision/Lot # Parcel # 06 0596 0258 29 PIN # 0596 - 27 - 3392.000
<u>Directions to the Site</u>
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 of Owner's Legal Representative Signature Required  Days  Days
Property Owner's of Owner's Legal Representative Signature Required  Day  Day



HARNETT COUNTY CASH RECEIPTS

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

Oper: JBROCK Type: CP Drawer: 1
Date: 5/22/18 52 Receipt no: 364936

Amount

Year Number Amount 2018 50043959 95125 \*UNASSIGNED DUNN, NC 28334 B4 BP - ENV HEALTH FEES \$250.90

HEW TANK

LAMMOTH M D'NEAL

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

Time: 11:06:04 Trans date: 5/22/18

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