

6/22/18

1850044101

# 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

Spence Harrington  
 Applicant/Owner (919) 669-4414  
2548 Cokerby Rd Foyan Varin NC 27526  
 Street Address, City, State, Zip Code 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 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 2395 Cokerby Rd Subdivision/Lot # \_\_\_\_\_  
 Parcel # \_\_\_\_\_ PIN # \_\_\_\_\_

#### Directions to the Site

Take SA 1403 turn left at 2395  
Cokerby Rd follow path Well site  
at NW corner of lot

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 or Owner's Legal Representative Signature Required

8-22-18  
Date

HARNETT COUNTY CASH RECEIPTS

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

User: JBROCK           Type: CP   Drawer: 1  
Date: 6/22/18 52    Receipt no: 399885

Year	Number	Amount
2018	50044101	
95140 *UNASSIGNED		
FUGUAY-VARINA, NC 27526		
B4	BP - ENV HEALTH FEES	\$250.00

NEW WELL

SPENCE HARRINGTON

Tender detail		
CK CHECK PAYMEN	6780	\$250.00
Total tendered		\$250.00
Total payment		\$250.00

Trans date: 6/22/18    Time: 12:44:54

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