# **Harnett County Department of Public Health**

## Well Abandonment Permit Application

#### **APPLICANT INFORMATION**

Aux Moss	(av ) 890 0328	
Applicant/Owner	Phone Number	
Street Address, City, State, Zip Code		
<b>PROPERTY INFORMATION</b>		
Street Address	Subdivision/Lot #	
Parcel #	PIN #	
Directions to the Site		
Right across from the	Meadows	
*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 In Bared this Application herein is true, complete and correct to the best of my k	nowledge and is give in good faith.	
Representatives of the Harnett County Health Departmentry to conduct necessary inspections to determine con	nent and State Officials are granted right of mpliance 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.		
	Na 30 2018	
Property Owner's of Owner's Legal Representative Signat	ure Required Date	

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

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Please Complete the Following Information:		
Date Well Was Constructed   Above Ground   or Below Ground   Well Type: Drilled   Bored   Hand dug   M	Grouted: Yes \( \text{No} \) \( \text{Total Depth of Well} \)  Diameter \( \text{inches} \)	
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 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.		
	Nay 30 2010	
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#### **Property Description:**

.61 ACS TRIUMPH CAPITAL GROUP MP#2015-176

### **Harnett County GIS**

PID: 110680 0087 PIN: 0680-45-1391.000

REID: 0014235 Subdivision:

Taxable Acreage: 0.610 AC ac
Caclulated Acreage: 0.59 ac
Account Number: 1500013384
Owners: TRIUMPH CAPITAL GROUP

Owner Address: 215 COLLINS RD LILLINGTON, NC 27546

Property Address: 30 JOEY DR LILLINGTON, NC 27546

City, State, Zip: LILLINGTON, NC, 27546

Building Count: 0
Township Code: 11
Fire Code:

Parcel Building Value: \$0
Parcel Outbuilding Value: \$30000
Parcel Land Value: \$10000
Parcel Special Land Value: \$0

Total Value : \$40000

Parcel Deferred Value : \$0

Total Assessed Value : \$40000

Neighborhood: 01100 Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft Sale Month and Year: 2 / 2015

Sale Price: \$50000

Deed Book & Page: 3280-0195

Deed Date: 2015/02/04

Plat Book & Page: 2015-176

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Prior Building Value: \$0

Prior Outbuilding Value: \$30000

Prior Land Value: \$10000

Prior Special Land Value: \$0

Prior Deferred Value: \$0
Prior Assessed Value: \$40000

