Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

/	
ANDREW C. CARSON BCSC	(919) 810.0236
Applicant/Owner	Phone Number
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Street Address, City, State, Zip Code	
Street Address, City, State, Zip Code	
PROPERTY INFORMATION	
Street Address 17 Subdivision DR. Subdivision FUGURY UDRING, INC. 27526 Parcel # 0806 4500 (65) PIN #	on/Lot # Maxon Point / #
Parcel # 0806 4500 (65) PIN #	0645208645
<u>Directions to the Site</u>	
HEDD MORTH ON IN - TURN LEFT ONTO	CHRISTIANS LIGHT RD.
CONTINUE MORTES T.A MICES. TURN RIGHT INTO SUBDIVISION POST	
ROWLD CHURCH RD. IST COT ON LEFT.	
Brief description of the well location (ex. front yard, behind out building, front yard, etc.) FRDUT OF HOUSE PED. *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 ひんとののいる Grouted Above Ground □ or Below Ground 丞 Total □ Well Type: Drilled □ Bored ☒ Hand dug □ Diamet	d: Yes \(\text{No } \mathbb{E} \) Septh of Well \(\frac{24}{24} \) er \(\frac{20}{20} \) 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.	
1 1 1	63 ACT. 2019
Property Owner's of Owner's Legal Representative Signature Required	Date

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