910-893-4106

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Smithlille Francis	7/7 354
Applicant/Owner	(9/0) 2/1 2506 Phone Number (25952 FAX 9/0 216-0651
325 m-Kay ST Lauraben 1	125952 FAX 910 276-0651
Street Address, City, State, Zip Code	407007
	e .
PROPERTY INFO	DRMATION
Street Address 1616 MKoy Town Kl	Subdivision/Lot # 28326
Parcel#	PIN #
, Directions to ti	he Site
Mikoy bun Rd. End or	FRI.
Brief description of the well location (ex. front yard, behind out building, front yard, etc.)	
Please include a <u>Site Plan</u> 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:	Ŧ
	/
Date Well Was Constructed 6-6-87	Grouted: Yes & No 🗆
above Ground or Below Ground	Total Depth of Well 60
Vell Type: Drilled Bored □ Hand dug □	Diameter 34 inches
have thoroughly read and completed this Application a erein is true, complete and correct to the best of my kno	and certify that the information provided
chiesentauves of the Harnett County Health Departmen	nt and State Officials and annual distance
atry to conduct necessary inspections to determine comp	pliance with applicable rules.
understand that I am solely responsible for the proper iden	diffication and labeling of all
nderground utility lines, and making the site accessible so that a will can be properly constructed scording 19 the permit.	
Kenny (las los	2-21/20
operty Owner's of Owner's Legal Representative Signature	e Required Date
You have any questions please control Francisco	