

**Harnett County Department of Public Health**  
**Well Abandonment Permit Application**  
**APPLICANT INFORMATION**

Daniel Beal Bealwell & Pump (919) 422-1039  
Applicant/Owner Phone Number  
Email Address Bealwellandpump@gmail  
5929 Honeycutt Rd. Holly Springs, NC, 27540  
Street Address, City, State, Zip Code

**PROPERTY INFORMATION**

Street Address 300 Bruce Johnson Rd. Subdivision/Lot # Lillingston, NC 27546  
Parcel # \_\_\_\_\_ PIN # \_\_\_\_\_

**Directions to the Site**

35.429093 -78.801861  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of the well location (ex. front yard, behind out building, front yard, etc.)  
front of house left side of drive way

\*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 N/A Grouted: Yes  No   
Above Ground or Below Ground \_\_\_\_\_ Total Depth of Well 8ft  
Well Type: Drilled Bored  Hand dug  Diameter 46 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 well can be properly constructed according to the permit.

Daniel H. Beal 11/29/22  
Property Owner's or Owner's Legal Representative Signature Required Date