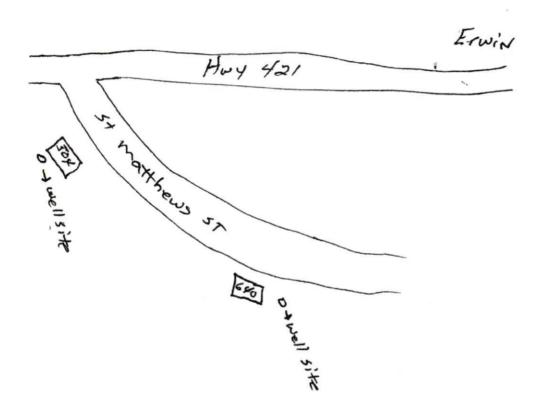
Harnett County Department of Public Health

Well Abandonment Permit Application APPLICANT INFORMATION

Active Well Service (0, INC (Applicant/Owner P	919) <u>215 - 5957</u> Phone Number Email Address <u>1;#legcme@y</u> ahoo.com
101 E. Roosevelt St mehane, Street Address, City, State, Zip Code	NC 27301
PROPERTY INFORMATION	
Street Address 504 St. Mathews Suba	division/Lot #
Parcel # PII	
Directions to the Site	
421 South to Erwin. Turn L First house on Right.	eft owro ST. Matthews Rd
Brief description of the well location (ex. front yard, behind out building, front yard, etc.) Back right, close to house	
*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:	
Date Well Was Constructed \(\bigcup / \textit{A} \) Above Ground or Below Ground Well Type: Drilled Bored Hand dug	Grouted: Yes No Total Depth of Well 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.	
Property Owner's of Owner's Legal Representative Signature R	

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



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