Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

		JONY S SULLIVAN Applicant/Owner	(9)9) <u>542~ 802</u> / Phone Number	
		Applicant/Owner Sold Street Address City State Tin Code $ \frac{\int \partial \mathcal{N} \mathcal{N}}{\partial \mathcal{N}} = \frac{\int \partial \mathcal{N}}{\partial \mathcal{N}} = \frac{\partial \mathcal{N}}{\partial \mathcal{N}} =$		
		Street Address, City, State, Zip Code		
	PROPERTY INFORMATION			
		Street Address 20 mahaw Broad Subdivision/Lot #		
		Parcel #	PIN #	
*	Address	based on Site Plan: 1315 Directions to the	51 NC 27 W	
		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 sho well is underground, it must be uncovered prior	owing the location of the well. If the r to the department's site visit.	
	Please Complete the Following Information:			
		Date Well Was Constructed	Grouted: Yes □ No □	
		Above Ground □ or Below Ground □ Well Type: Drilled □ Bored □ Hand dug □	Total Depth of Well Diameter 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.			
		Tom & Sullivan	9-14-2023	
	Ĭ	Property Owner's of Owner's Legal Representative Signature	Required Date	
	9.0	Even have any questions please contact Environmental Healt	h Division at 910-893-7547	

