## **Harnett County Department of Public Health**

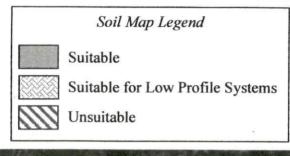
## Well Abandonment Permit Application

<u>APPLICANT</u>	STEWARTON DSTEWART  Brian 910  STEWART ( ) 987-298  Phone Number
	Brian 910
EXCLUSIVE Properties	LSTEWART( ) 487-298
Applicant/Owner	Phone Number
115 FAILING STREAM	SANFOID NE 2733L
Street Address, City, State, Zip Code	SANFOID NC 2733L
g 9 55	
PROPERTY	INFORMATION
Street Address	Subdivision/Lot #
Parcel #	PIN# 9575-02-4533,
	ns to the Site
miduay Doba 2 6	ilchrist Rd. See PLA
Sketch I Submit	red
Brief description of the well location (ex. fro	ont yard, behind out building, front yard, etc.)
	erty showing the location of the well. If the
well is underground, it must be uncover	
Please Complete the Following Informa	tion:
rease Complete the Following Informa	uon.
Date Well Was Constructed	Grouted: Yes □ No □
Above Ground  or Below Ground	• —
Well Type: Drilled □ Bored □ Hand dug	Diameterinches
have thoroughly read and completed this App	lication and certify that the information provided
erein is true, complete and correct to the best of	of my knowledge and is give in good faith.
Representatives of the Harnett County Health Dentry to conduct necessary inspections to detern	Department and State Officials are granted right of nine compliance with applicable rules.
understand that I am solely responsible for the pr	oper identification and labeling of all property lines,
inderground utility lines, and making the site acce.	
according to the permit	
u1 //	
1) 22 (1)	29 MAY 2

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

Preliminary Soil Investigation Gilchrist Road; PIN 9575-02-4533 20 May 2024

## SOIL MAP





Scale 1 in = 50 ft

## \*\*\*\*\*\*\*\*\*\*\*\*

Map for reference only. Distances are paced and approximate. Not a survey.

