

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Charles Carter (919) 215-5957
Applicant/Owner Phone Number

101 E. Roosevelt St Mebane, NC 27302
Street Address, City, State, Zip Code

PROPERTY INFORMATION

Street Address 9648 US 401 Subdivision/Lot # _____

Parcel # _____ PIN # _____

Directions to the Site

401 North from Lillington. Just pass Chalybeate Springs Rd is the east Access/New gravel Rd on the R. Enter site - houses are across field to the left

Brief description of the well location (ex. front yard, behind out building, front yard, etc.)
Well is on right side of house

*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 ?
Well Type: Drilled Bored Hand dug Diameter 24 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 given 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.

Charles Carter 6/26/24
Property Owner's or Owner's Legal Representative Signature Required Date

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

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Directions to the Site

This house is to the right about 200ft

Brief description of the well location (ex. front yard, behind out building, front yard, etc.)
Well is @ back of house.

*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 _____
Well Type: Drilled Bored Hand dug Diameter 36 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.

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GENERAL NOTES

1. BOUNDARY TAKEN FROM DEED SUBJECT 7.
2. TIMMONS GROUP DATED NOVEMBER 1988.
3. FROM EVIDENCE FURNISHED BY TIMMONS GROUP IN PROXIMITY COUNTY GIS.
4. WESTLAND DELIMITATION WAS COMPLETED BY SAUCO ON DATE 8, 2002.
5. SAUCO HAS BEEN RECORDED WITH THE REGISTERED PLAT OFFICE OF PROXIMITY COUNTY, GEORGIA.
6. THE SUBJECT PROPERTY IS LOCATED IN ZONE X IN ACCORDANCE WITH THE 1988 ZONING ORDINANCE.
7. ALL CONSTRUCTION TO BE IN ACCORDANCE WITH ALL HARBETT COUNTY AND GOVT REGULATIONS, SPECIFICATIONS, AND DETAILS.
8. 2002.
9. COMMENTS FROM SAUCO DATED OCTOBER 2002.



TIMMONS GROUP

SENER FARM
 NORTH CAROLINA LICENSE NO. C-16572

DATE: _____

PROJECT DESCRIPTION: _____

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DATE: _____

PROJECT DESCRIPTION: _____

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DATE: 05/24/07
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 DATE: 05/24/07
 PROJECT DESCRIPTION: [Name]

