Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid. The Construction Authorization will expire within five years from the date of issue.

	APPLICANT INFORMATION
R	obin Long (910) 729-2096
App	licant/Owner Phone Number
12	et Address, City, State, Zip Code
Stre	et Address, Cipy, State, Zip Code
1. exis	Applicant <u>must submit a Site Plan</u> . The Site Plan is a map/drawing of the property and must show: sting and/or proposed property lines and easements with dimensions; location of the facility and appurtenance;
3. the	location for the proposed well;
5. the	location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well; location of any existing wells within 100 feet of the property; surface water bodies; ove ground and/or underground storage tanks;
7. and	I any other known sources of contamination within 100 feet of the proposed well site. e there any current/pending groundwater restrictions and variances pertaining to the property?
Divisi 1. the 2. the 3. the 4. the	Applicant shall notify the Harnett County Health Director through or by way of the Harnett County ion of Environmental Health if any of the following occur prior to well construction: re is a relocation of the proposed facility; re is a change in the intended use of the facility; re is a need for installing the waste water system in an area other than indicated on the well permit; or re are landscape changed that affect site drainage. Itact information: Environmental Health Division - 910-893-7547
	PROPERTY INFORMATION
	Proposed use of well
Sing	gle-Family Multifamily Church Restaurant Business Irrigation
Stre	eet Address Farring ton Lane Subdivision/Lot # 7
Par	ret Address Farrington Lane Subdivision/Lot # 7 PIN # 9564-73-1055.000
	Directions to the Site
correc	e thoroughly read and completed this Application and certify that the information provided herein is true, complete and certify 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

Property Owner's Jegal Representative Signature Required

making the site accessible so that a will can be properly constructed according to the permit.

08-05-2024

