Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Glenn Sones	910.991-3475
Applicant/Owner	(919) 291-3475 Phone Number
6.	1 none reamoer
POBOX 534 Fugues VAI	ap MC 27526
Street Address, City, State, Zip Code	
PROPERTY INFORMA	ATION
Street Address 541 Dolma Golne Subdi	vision/Lot #
Rd Conts NC 27521	
Street Address 54/ Delma Golace Subdi Ld Conts NC 2752/ Parcel # 1600-42-4191,000 PIN	#
Directions to the Sit	<u>e</u>
Huy 421 S to Left on Les Comfine Straight on 27-E 7 Ondo Delma Grome 541 on L	Coats Tunk
ONDO DELMA OTOME 371 ON L	27
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 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:	
Above Ground □ or Below Ground □ To	outed: Yes \(\text{No} \) \(\text{D} \) tal Depth of Well
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	
Surface	9-4-24
Property Owner's Legal Representative Signature Req	uired Date

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

