## **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.

APPLI	CANT INF	ORMATIC	<u>N</u>	
Harnett Health System	n, Inc.	(	910 )	892-1000
Applicant/Owner		P	hone Numb	oer
215 Brightwater Drive Lillington, NC 27546		PO Box 1706 Dunn,	NC 28335-0000)	
Street Address, City, State, Zip	Code			
The Applicant must submit a Site Plan. The existing and/or proposed property lines and 2. the location of the facility and appurtenance 3. the location for the proposed well; 4. the location of existing or proposed sewer 5. the location of any existing wells within 106. above ground and/or underground storage 7. and any other known sources of contamina 8. Are there any current/pending groundwater	d easements with d ce; lines and/or sewag 00 feet of the prop- tanks; ation within 100 fe	e disposal systems erty; surface water	within 100 feet bodies; well site.	t or the proposed well;
The Applicant shall notify the Harnett Cor Division of Environmental Health if any of 1. there is a relocation of the proposed facility 2. there is a change in the intended use of the 3. there is a need for installing the waste wate 4. there are landscape changed that affect site Contact information: Environm	f the following occ y; e facility; er system in an are e drainage.	cur prior to well co	onstruction: ted on the well p	permit; or
PROP	ERTY INF	ORMATIO	<u>N</u>	
	Proposed use	e of well		
Single-Family□ Multifamily□		Restaurant	Business	Irrigation
Street Address 215 Brightwater Drive Li	illington. NC 27546	Subdivision	/I ot #	
Parcel # 110650 0005 02		PIN#	0651-70-1	1090.000
		the Site rty is a one (1) story		s the "chiller plant." The
and the country of the second		zamanig und pi	-p 21.3 m.lV.	
I have thoroughly read and completed this App correct to the best of my knowledge and is give i state officials are granted right of entry to conduct I understand that I am solely responsible for the pr	in good faith. Repruct necessary inspec	esentatives of the Ha ctions to determine o	arnett County He compliance with a	ealth Department and applicable rules.

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

10/01/2024