Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

| Acmewell Service Co,/NC Applicant/Owner | (9/9) <u>2/5 · 5 95 7</u> Phone Number |
|--|---|
| 101 E. Roosevelt St mebade, NO Street Address, City, State, Zip Code | 27302 |
| PROPERTY INFORMAT | <u> TION</u> |
| Street Address 350 5 Rateign Str Subdivision/Lot # | |
| Parcel #PIN #_ | |
| Directions to the Site | |
| Off S. Raleigh ST behind Copner Grill. Park @ grill and go around ferce to well site | |
| 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: | |
| Date Well Was Constructed Above Ground or Below Ground Total Well Type: Drilled Bored Hand dug Diame have thoroughly read and completed this Application and certificerein is true, complete and correct to the best of my knowledge a depresentatives of the Harnett County Health Department and Stantry to conduct necessary inspections to determine compliance we | nd is give in good faith. ate Officials are granted right of |
| understand that I am solely responsible for the proper identification and labeling of all property lines, nderground utility lines, and making the site accessible so that a will can be properly constructed ecording to the permit. | |
| roperty Owner's of Owner's Legal Representative Signature Require | 5/26/25 d Date |

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

W. Depot st S. Raleigh well outsite Frake

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