



Harnett
C O U N T Y
 NORTH CAROLINA

COUNTY OF HARNETT
CHECK REQUEST FORM

Account Number: 110-0000-345.18-00
 Project Number: _____
 Vendor Name: Richard Green
 Vendor Number: _____
 Remittance Address: 1217 Chicken Farm Road
 Date 1-29-13 Dunn, NC 28334

Mail to payee
 Check to be picked up by: _____

 (Requires approval of Finance Officer)
 Approved: _____ Disapproved: _____

	Description	Amount
	Well Construction Permit Fee	\$ 250.00
	Site Address: 1195 Chicken Farm Rd - Dunn	
	Application # 13-5-30409	
Total Amount Due		\$ 250.00

Reason for check request: Well drilling started without permit. Applicant states they have ceased to continue installation of well at this time.

This check request has been examined by me and is hereby approved for payment.

 Department Head or Authorized Designee Date
 Graham H. Byrd, R.E.H.S. or Authorized Designee *Graham H. Byrd* R.E.H.S.

*This instrument has been
 preaudited in the manner required
 by the Local Government Budget
 and Fiscal Control Act*

 Harnett County Finance Director

1350030409

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.

Richard Green - pd. by credit card

APPLICANT INFORMATION

Jane Green, JOHN JOHNSON & BYRON JOHNSON (910) 892-4482
Applicant/Owner Phone Number

1217 ~~1195~~ CHICKEN FARM Rd, DUNN, NC 28334
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

Dwelling
1920
(no layout)

Refund \$

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

NO permit
Well installed
as irrigation well

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address 1195 CHICKEN FARM Rd Subdivision/Lot #
Parcel # 02 1505 0142 PIN # 1516-13-3664.000

Directions to the Site

2 MILES FROM SUSAN TART Rd X CHICKEN FARM Rd
IN DUNN, NC

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.

Property Owner's or Owner's Legal Representative Signature Required

Date

1/11/13

1/11/13 N



1/29/2013 3:13:19 PM

Application number 13 50030409
 Address 1195 CHICKEN FARM RD 02

Position to Starting characters
 Select

Amount To Apply	Description	Previously Applied	Paid
.00	CP* MISCELLANEOUS	.00	.00
.00	CREDIT/DEBIT PROC. FEE	.00	.00
.00	EV* WELL FEE	250.00	250.00
25.00	EV*RETURN TRIP FOR SEPTIC	.00	.00
100.00	EXIST. TANK TEST/INSP.	.00	.00
.00	FM* AUTO FIRE EXT SYSTEM	.00	.00
25.00	FM* DAYCARE INSPECTION	.00	.00
75.00	FM* EXPLOSIVE MAT. 72 HRS	.00	.00
150.00	FM* EXPLOSIVE MAT. 90 DAY	.00	.00