

\$250.00

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

APPLICANT INFORMATION

OTIS O BUTLER 910, 893 4449
 Applicant/Owner Phone Number
 1912 Nursery Rd Lillington NC 27546
 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

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

Contact information Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address _____ Subdivision/Lot # _____
 Parcel # _____ PIN # _____

Directions to the Site

0.5 miles down Hwy 27. Turn left on Nursery Rd
 0.2 miles turn right on 1912 Nursery Rd

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

OTIS O BUTLER 15 2011
 Property Owner s of Owner s Legal Representative Signature Required Date

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

Applicant/Owner _____ () _____
Phone Number

Street Address, City, State, Zip Code _____

PROPERTY INFORMATION

Street Address _____ Subdivision/Lot # _____

Parcel # _____ PIN # _____

Directions to the Site

Brief description of the well location (ex front yard, behind out building, front yard, etc)

***Please include a Site Plan 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 _____ Grouted Yes No
Above Ground or Below Ground Total Depth of Well _____
Well Type Drilled Bored Hand dug Diameter _____ inches

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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

Property Owner s of Owner s Legal Representative Signature Required _____ Date _____

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