## **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 <u>invalid</u>.

APPLICANT INFORMATION	V
APPLICANT INTORVITTES	1,00 2122
trad Baker	)498 35.23
Pho	one Number
Applicant/Owner Pro	•
Street Address, City, State, Zip Code	
•	
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the plan is existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance;	property and must show:
3. the location for the proposed well;	ishin 100 feet or the proposed well
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the property; surface water bodies;	
<ul><li>6. above ground and/or underground storage tanks;</li><li>7. and any other known sources of contamination within 100 feet of the proposed we</li></ul>	ell site.
7. and any other known sources of community through or by way of the Harnett County	
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	
A A L. Janes also and that attact gife attacts.	
Contact information: Environmental Health Division - 910-893-7547	
Contact mior mation.	
PROPERTY INFORMATION	
Proposed use of well	
The state of the s	Business ☐ Irrigation ☐
Single-1 minity =	4
Subdivision/L	ot #
DIN 4	
Parcel # 03 9489 1044 07 PIN #	
Directions to the Site	
I have thoroughly read and completed this Application and certify that the information p correct to the best of my knowledge and is give in good faith. Representatives of the Harn state officials are granted right of entry to conduct necessary inspections to determine com	rovided herein is true, complete and lett County Health Department and lpliance with applicable rules.
I understand that I am solely responsible for the proper identification and labeling of all proper making the site accessible so that a will can be properly constructed according to the permit.	
	6-5-2012 Date
Property Owner's Legal Representative Signature Required	Date