

# 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

Paul Johnson (919) 906-4069  
Applicant/Owner Phone Number  
13042 McDougal Rd, Sanford  
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 changes 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 13042 McDougal Rd. Subdivision/Lot # -  
Parcel # 039589 0052 01 PIN # 9589-34-2072.000

#### Directions to the Site

Old 421 North turn left on McDougal Rd jobsite  
On The Right,

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 given 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.

Paul Johnson 12-7-22  
Property Owner's or Owner's Legal Representative Signature Required Date

# Harnett County Department of Public Health

## Operation Permit

PERMIT # SFD 2206-0114

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 13042 Medsurg Rd SR 1229

Name: (owner) Steve Thomas SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: Larry Storie

Basement with plumbing:  Garage  Number of Bedrooms 2

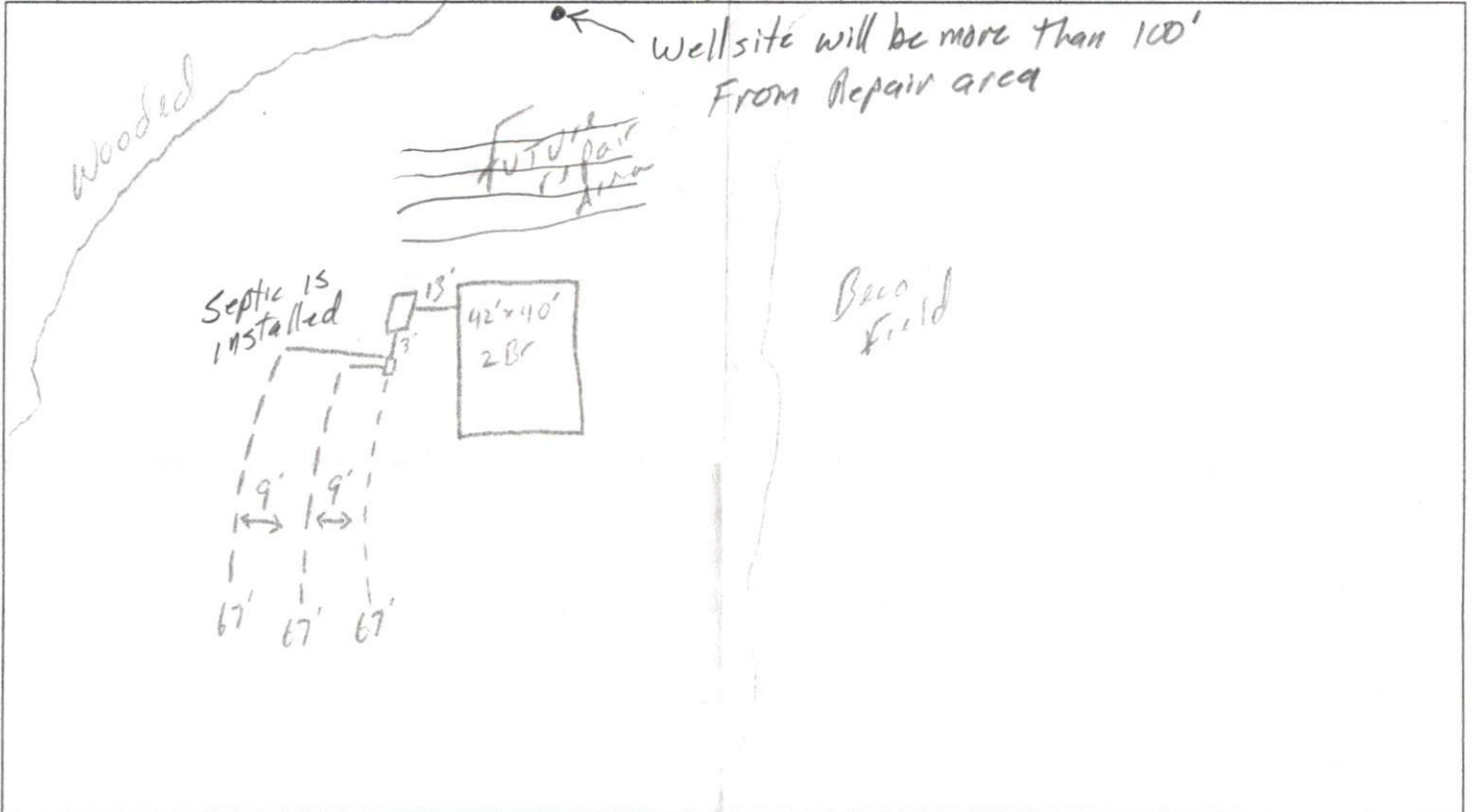
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: TYPE II Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



**PERMIT CONDITIONS:**

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_

Subsurface system operator required? Yes  No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other Tree chips Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
 Subsurface No. of 3 exact length of each ditch 67 feet width of ditches 3 feet depth of ditches 22 inches  
 Drainage Field  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Mark [Signature] REHS Date 11-14-22