## **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** 

and Katherine Crowell Spradley	(704)	575 -	6166
Applicant/Owner	Phone N	_	
180 River Those Dr., Broadway	<del>y NC 21505</del>		·
Street Address, City, State, Zip Code	• •	•	•
364 Crane Way Bunnlevel, NC	28323		
The Applicant must submit a Site Plan. The Site Plan is a ma	p/drawing of the property	and must s	how:
1. existing and/or proposed property lines and easements with din	nensions;		
the location of the facility and appurtenance;     the location for the proposed well;			*
4. the location of existing or proposed sewer lines and/or sewage	disnosal systems within 100	O feet or the i	nnnased well-
5. the location of any existing wells within 100 feet of the propert		o rece or one l	Mopasca west,
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 Direct	or through or by way of th	he Harnett (	County
Division of Environmental Health if any of the following occu			•
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 of there are landscape changed that affect site drainage.	other than indicated on the	well permit;	OF .
r, there are tanoscape changed that affect site drainage.  Contact information: Environmental Health 1	Nicialas - 010 007 7	ic ari	
Contact mormation. Environmental nearth	DIAI2IAH - 31A-932-7	34/	
PROPERTY INFO	RMATION		
	<u> </u>		
Proposed use	of wall		
		T	imatinu F3
			igation 🗆
Street Address TBD River Ridge Dr., Bro	padway, NC 21.	305	49
Street Address TED River Ridge Dr.	Subdivision/Lot #_		
Parcel #	PIN# 0613-	50 - <i>6</i>	2142/000-
• 	·		•
Directions to t			· go 417 miles
From US-421N turn right	onto Cool Spri	73 (Cd.	· 80 ALLINUES
Turn Right onto Womaik Rd.	· · · · · · · · · · · · · · · · · · ·	9 mile	•
Turn left onto RiverRidge D		lorox 1	mile site wil
be on the right	No. of the	1	
I have thoroughly read and completed this Application and certify th	at the information provided	herein is true	. complete and
correct to the best of my knowledge and is give in good faith. Repres	entatives of the Harnett Cour	ity Health De	partment and
state officials are granted right of entry to conduct necessary inspecti	ons to determine compliance	with applical	de rules.
I understand that I am solely responsible for the proper identification and	i lahelina of all property lives	underground	utility lines, and
making the site accessible so that a will can be properly constructed acco		A CONTRACTOR	serveny, signify were
	4	a / /	' 
Wer B	-	7/17/	<b>202</b> 3
Property Owner's of Owner's Legal Representative Signature Required		Date	