## **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*. The Construction Authorization will expire within five years from the date of issue.

## APPLICANT INFORMATION

	TINTORMATION
Daniel White	( 919 ) <u>612-9718</u>
Applicant/Owner 499 Partin Road, Dunn, NC 28334	Phone Number
Street Address, City, State, Zip Code	
<ol> <li>existing and/or proposed property lines and easement</li> <li>the location of the facility and appurtenance;</li> <li>the location for the proposed well;</li> </ol>	Vor sewage disposal systems within 100 feet or the proposed well the property; surface water bodies; nin 100 feet of the proposed well site.
Division of Environmental Health if any of the follows:  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  4. there are landscape changed that affect site drainage  Contact information: Environmental	in an area other than indicated on the well permit; or e.
INOILKI	I IN ORIMITION
	sed use of well ch □ Restaurant □ Business □ Irrigation □
Street Address 499 Partin Road, Dunn,	NC 2833 ubdivision/Lat # Lot 5
Parcel #021518 0118 04	PIN #_ 1518-63-7568
<u>Direct</u>	cions to the Site ad, left on Parin Road, property is on left.
	and certify that the information provided herein is true, complete and with. 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

Signed by:

making the site accessible so that a will can be properly constructed according to the permit.

5/29/2025