## **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

DAVIDSON HOMES, LLC			( 252 ) <u>283-2036</u>		
Applicant/Owne	er		P	hone Numbe	r
1903 N. HARRISON	AVE, SUITE 200, C	ARY, NC 2751	3		
Street Address,	City, State, Zip	Code			
The Applicant must s 1. existing and/or prope 2. the location of the p 3. the location for the p 4. the location of existi 5. the location of any e 6. above ground and/or	osed property lines and acility and appurtenand proposed well; ing or proposed sewer existing wells within 1	d easements with ce; lines and/or sewa 00 feet of the proj	dimensions;	within 100 feet or	
7. and any other known			eet of the proposed	well site.	
8. Are there any curren					
2. there is a change in 3. there is a need for in 4. there are landscape a Contact informa	estalling the waste wat changed that affect site ation: Environn	er system in an ar e drainage. <b>nental Healt</b>		0-893-7547	rmit; or
		D 1	e 11		
Cincle Fouriles	M-14:6: 1	Proposed us		D	I
Single-Family⊠	Multifamily□	-	se of well Restaurant □	Business	Irrigation □
Single-Family⊠  Street Address1	,	Church □	Restaurant	Retreat a	Irrigation ☐ at North Main OP Lot 3
•	356 Main Street, Lill	Church □	Restaurant	Retreat a	at North Main OP
Street Address  1	356 Main Street, Lill	Church □	Restaurant	Retreat a	at North Main OP
Street Address  1	356 Main Street, Lill	Church □	Restaurant □  46 <b>Subdivision</b> PIN # 0680	Retreat a	at North Main OP
Street Address  1	356 Main Street, Lill 0006 04	Church □  ington, NC 2754  Directions to	Restaurant □  46 Subdivision PIN # 0680  o the Site	Retreat a /Lot # 0-09-7568.000	at North Main OP Lot 3

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

Property Owner's of Owner's Legal Representative Signature Required

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