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 Applicant/Owne			\ P	252) <u>283-2</u> hone Numbe	
1903 N. HARRISON		A DV NO 2751		none rumbe	1
Street Address,			3		<u> </u>
The Applicant must so 1. existing and/or propose 2. the location of the part and the location of existing 5. the location of any expectation of any expectation of any expectation of any other known and any other known 8. Are there any curren	osed property lines and cility and appurtenand roposed well; ing or proposed sewer xisting wells within 10 underground storage a sources of contamina	I easements with ee; lines and/or sew 00 feet of the pro- tanks; tion within 100	a dimensions; age disposal systems operty; surface water feet of the proposed	within 100 feet or bodies; well site.	
The Applicant shall no Division of Environme 1. there is a relocation of 2. there is a change in the 3. there is a need for inthe 4. there are landscape of Contact informal	ental Health if any of of the proposed facility he intended use of the stalling the waste wate changed that affect site	the following or y; facility; er system in an a drainage.	rea other than indica	onstruction: ted on the well per	·
	PROP	ERTY IN	<u>FORMATIC</u>	<u>ON</u>	
Single-Family⊠	Multifamily□	Proposed u	se of well Restaurant	Rusiness -	Irrigation □
Single-Failing	Multifalliffy	Church	Restaurant 🗆		at North Main OP
Street Address13	326 Main Street, Lilli	ngton, NC 275	46 Subdivision	/Lot #	Lot 4
Parcel # 110681 0				0-09-7462.000	
North on Main Street		Directions 1		lit at Mitchell Roa	ad.

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 will can be properly constructed according to the permit.

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.

Property Owner's of Owner's Legal Representative Signature Requ	iired
---	-------

Minde Stephens