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.

<u>APPLIC</u>	<u>ANT INFORMA</u>	ATION		
Onsite Homes, LLC		(910) 745-000)1
Applicant/Owner 2931 Breezewood Ave Ste 202, Fayetteville	e, NC 28303	Phon	e Numbe	r
Street Address, City, State, Zip Co	ode			
The Applicant must submit a Site Plan. The state of the location of the facility and appurtenance; the location of the proposed well; the location of existing or proposed sewer line; the location of any existing wells within 100 for the location of any existing wells within 100 for the location of any existing wells within 100 for above ground and/or underground storage tan for and any other known sources of contamination. Are there any current/pending groundwater results are location of the proposed facility; there is a relocation of the proposed facility; there is a change in the intended use of the facts. There is a need for installing the waste water shall there are landscape changed that affect site drecontact information: Environmental Enviro	es and/or sewage disposal seet of the property; surface ks; n within 100 feet of the prostrictions and variances per y Health Director through e following occur prior to estility; ystem in an area other than ainage.	e water bodie posed well s rtaining to th h or by way well constr	in 100 feet or es; ite. te property? of the Harmuction:	the proposed well
PROPE	RTY INFORMA	TION		
Pi	coposed use of well			
Single-Family√ Multifamily□ (Church Restaura	nt 🗆 Bu	siness \square	Irrigation \square
Street Address TBD Susie Circle Parcel # 099556 0018 27		ision/Lot # 9546-76-5		Spartan Ridge
Directions to the Site Take NC 24-27 to Dove Road. Take Dove Road to Susie Circle.				

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

Holly Wingard	6-26-25
erty Owner's of Owner's Legal Representative Signature Required	Date