

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

HAMPTON PETERMAN (301) 471-2942
Applicant/Owner Phone Number
252 CRUSTAL CREEK DR CLAYTON NC 27520
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.
8. Are there any current/pending groundwater restrictions and variances pertaining to the property?

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

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 in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family ☒ Multifamily ☐ Church ☐ Restaurant ☐ Business ☐ Irrigation ☐

Street Address CORTAZ MORRISON RD Subdivision/Lot # _____
Parcel # _____ PIN # 0611-54-4223

Directions to the Site

END OF CORTAZ - MORRISON RD

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 given 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 well can be properly constructed according to the permit.

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

Date

9/22/25