

HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0504-49-7697 Parcel #: 01 0504 0011 02 Application #: 10-5-25584R Subdivision: Taylor Lot #: 4

Applicant Name: Joseph Phillips
Address: 1964 Ray Rd. Spring Lake, NC 28390

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Well to be 100 ft. from septic system

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent _____ Date _____

Grouting Inspection Witnessed _____ Date _____

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 4/26/2012 Application #: 10-5-25584R Well Contractor: Jackson Well Co.

Applicant Name: Joseph Phillips
Address: 1964 Ray Rd. Spring Lake, NC 28390
Directions to Site: 210 south to Ray Rd. turn left on Overhills Rd. turn right on Taylor

Use of Well: sfd Date Drilled: 4-12-12 Total Depth: 260 ft Replacement Well? Yes No
Static Water Level: 50 ft Top of Casing is 12 in. above surface. Yield: 30 gpm at _____ ft.
Disinfection: Type hth Amount 16 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>240</u> To <u>294</u>	From <u>0</u> To <u>140 ft</u>	From <u>0</u> To <u>20</u>
From _____ To _____	Diameter: <u>6.18</u> Material: <u>pvc</u> Thickness: <u>sr 21</u>	Material: <u>sand/cement</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 4/26/12

Remarks: _____

Well Head Information

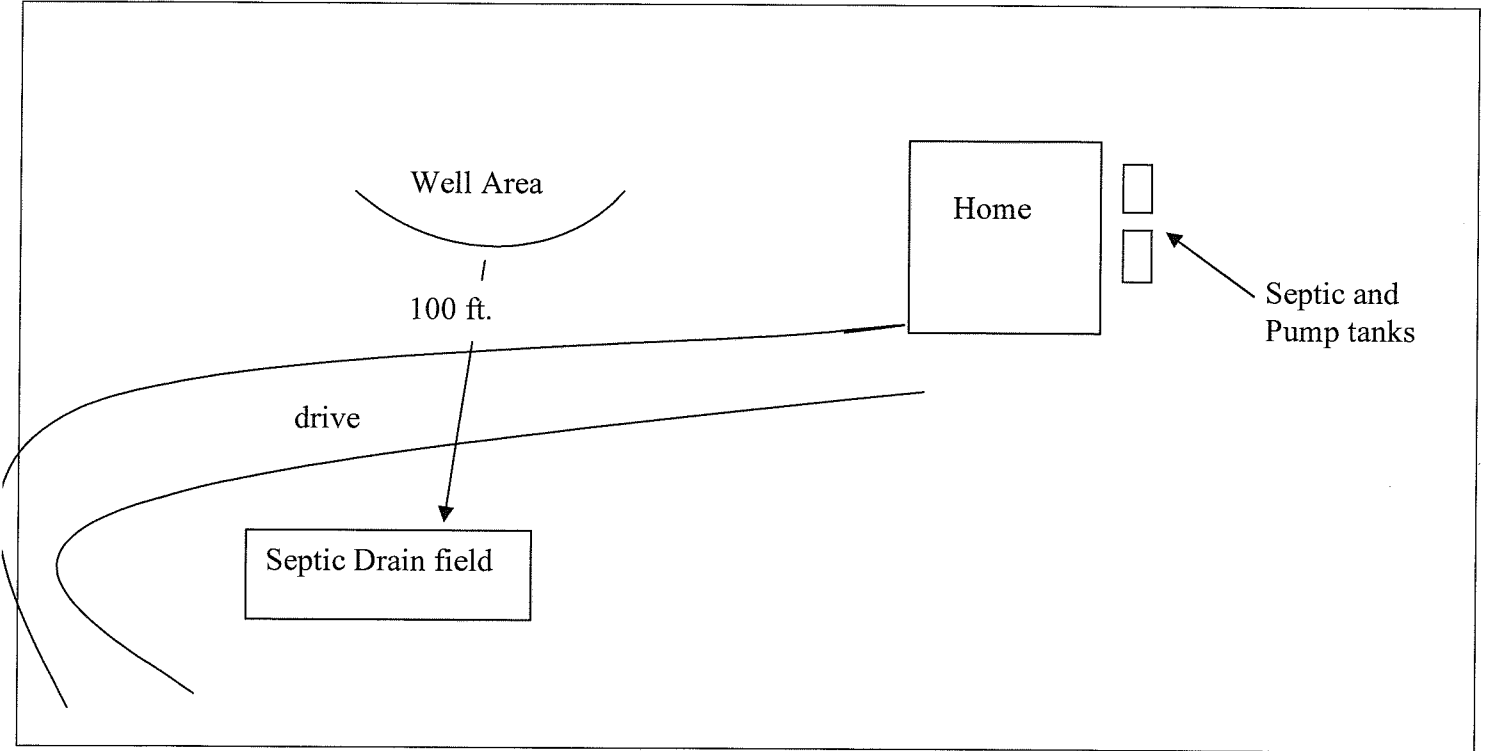
Casing Height: 12in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent *Buya McSwain, RETH* Date 4/26/2012

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

