

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

PIN #: 0505-29-5203.000 Parcel #: 01 0505 0025 05 Application #: 11-5-27125 Subdivision: _____ Lot #: 4c

Applicant Name: John C. Pavlikianidio
Address: 386 Taylor Rd. Spring Lake, NC 28390

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction w/ pump

Permit Conditions: well to be drilled in Well Area

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: 6/11/2014 Application #: 11-5-27125 Well Contractor: Jackson Well

Applicant Name: John C. Pavlikianidio
Address: 386 Taylor Rd
Directions to Site: 27 west to Nursery Rd to Taylor Rd

Use of Well: sfd Date Drilled: 4/25/14 Total Depth: 180 ft Replacement Well? Yes No
Static Water Level: 31 ft Top of Casing is 12 in. above surface. Yield: 30 gpm at _____ ft.
Disinfection: Type hth Amount 12 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>152</u> To <u>154</u>	From <u>0</u> To <u>104 ft</u>	From <u>0</u> To _____
From _____ To _____	Diameter: <u>6.8</u> Material: <u>pvc</u> Thickness: <u>sr21</u>	Material: <u>concret</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: 6/11/14

Remarks: _____

Well Head Information

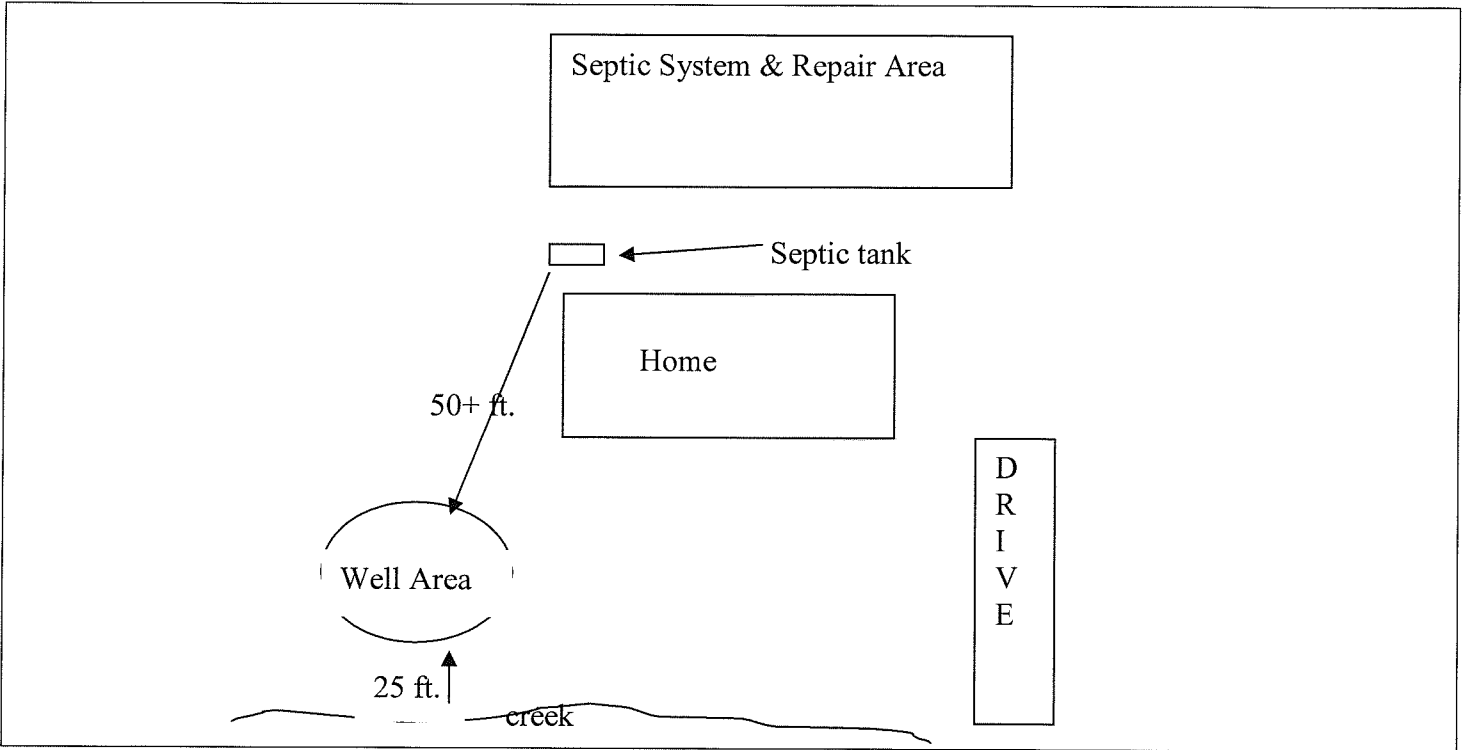
Casing Height: 1 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 6/11/2014

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

