

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION #_

1. WELL CONTRACTOR:	5. WELL DETAILS:
Richard Thompson	a. Total Depth: ft. Diameter: in.
Well Contractor (Individual) Name	b. Water Level (Below Measuring Point):ft.
N/A	Measuring point is ft. above land surface.
Well Contractor Company Name STREET ADDRESS Bill Avery Rd	6. CASING: Length Diameter
City or Town State Zip Code	a. Casing Depth (if known):ftin. b. Casing Removed:ftin.
(919 - 319 6333 Area code - Phone number	7. DISINFECTION:
2. WELL INFORMATION:	(Amount of 65%-75% calcium hypochlorite used)
SITE WELL ID # (if applicable)	8. SEALING MATERIAL:
STATE WELL PERMIT # (if applicable) // A	Neat Cement Sand Cement
COUNTY WELL PERMIT # (if applicable) // A	Cement lb. Cement lb. Water gal. Water gal.
DWQ or OTHER PERMIT # (if applicable)	Bentonite Bentonite
WELL USE (Check applicable use): Monitoring Resident	tial Bentonite lb.
☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultu	ural Type: ☐ Slurry ☐ Pellets
☐ Recovery ☐ Injection ☐ Irrigation	Water gal.
Other (list use)	Other
	Type material
3. WELL LOCATION:	Amount
COUNTY HAYNOH QUADRANGLE NAME	
NEAREST TOWN:	9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Co	ode)
TOPOGRAPHIC / LAND SETTING:	
Slope Valley Flat Ridge Other (Check appropriate setting)	
	10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this
LATITUDE May be in degrees, minutes, seconds, or in a	form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and
LONGITUDE decimal format	types of fill materials used.
Latitude/longitude source: GPS Topographic map	
(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)	11. DATE WELL ABANDONED
4a. FACILITY- The name of the business where the well is located. Complete 4a a (If a residential well, skip 4a; complete 4b, well owner information only.)	and4b. I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
FACILITY ID #(if applicable)	_
NAME OF FACILITY	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
STREET ADDRESS	
City or Town State Zip Code	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
4b. CONTACT PERSON/WELL OWNER:	(The private well owner must be an individual who <u>personally</u> abandons his/her residential well in accordance with 15A NCAC 2C .0113.)
NAME Danny Pollard	
STREET ADDRESS 6187 NC 27 E Cals	PRINTED NAME OF PERSON ABANDONING THE WELL
919 524 5957	