This form can be used for single or multiple wells	For Internal Use ONLY:	
1. Well Contractor Information:	·	
	WELL ABANDONMENT DETAILS	
Well Contractor Name (or well owner personally abandoning well on his/her property)	7a. Number of wells being abandoned:	
2179	For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.	
NC Well Contractor Certification Number	7b. Approximate volume of water remaining in well(s): 30 (gal.)	
JACKSON WELL CO	FOR WATER SUPPLY WELLS ONLY:	
Company Name	7c. Type of disinfectant used: HT H	
2. Well Construction Permit #: PIN 0680-45-1391.000	7,7	
List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known	7d. Amount of disinfectant used:/662.	
3. Well use (check well use):	75 37.	
Water Supply Well:	7e. Sealing materials used (check all that apply):	
□ Agricultural □ Municipal/Public	☐ Neat Cement Grout ☐ Bentonite Chips or Pellets	
Geothermal (Heating/Cooling Supply) Geothermal (Heating/Cooling Supply)	□ Sand Cement Grout □ Dry Clay	
□Industrial/Commercial □Residential Water Supply (shared)	Concrete Grout Drill Cuttings	
□lπigation	☐ Specialty Grout ☐ Gravel	
Non-Water Supply Well:	☐ Bentonite Slurry ☐ Other (explain under 7g)	
□Monitoring □Recovery		
Injection Well:	7f. For each material selected above, provide amount of materials used:	
□Aquifer Recharge □Groundwater Remediation	LID Corcrete 40016 Renching	
□Aquifer Storage and Recovery □Salinity Barrier	Tya Corcine 40010 Dendani	
□Aquifer Test □Stormwater Drainage	12 Cubu Ft, CAN	
□Experimental Technology □Subsidence Control	7g Provide a brief description of all a	
□Geothermal (Closed Loop) □Tracer	7g. Provide a brief description of the abandonment procedure:	
☐Geothermal (Heating/Cooling Return) ☐Other (explain under 7g)	Fump WATER OUT OF WELL	
174 17 10	C. Ho Lrine 16%	
4. Date well(s) abandoned:	e t t e c c t	
	Benolonité CLAI CONCRETT	
5a. Well location:		
Irium pH CADITAL GROWN		
	# 0	
Facility/Owner Name Facility ID# (if applicable)	8. Certification: #2179	
Facility/Owner Name Facility ID# (if applicable)	8. Certification: #3179	
	Roser W. On Bon 1-12-19	
Facility/Owner Name Facility/	Signature of Certified Well Contractor or Well Owner Date	
Facility/Owner Name Facility/	Signature of Gertified Well Contractor or Well Owner Date By signing this form, I hereby certify that the well(s) was (ware) show love of the standard of the	
Facility/Owner Name Facility/Owner Name Facility ID# (if applicable) AC DE SUIT ACTION ACT	Signature of Certified Well Contractor or Well Owner By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC Q2C, 0100 or 2C, 0200 Well Construction Standards	
Facility/Owner Name Facility/Owner Name Facility/Owner Name Facility ID# (if applicable) Facility ID# (if applicable) Facility ID# (if applicable) Physical Address, City, and Zip HACNEH County Facility ID# (if applicable) Facility ID# (if applicable) Facility ID# (if applicable) Facility ID# (if applicable) Physical Address, City, and Zip HACNEH County Parcel Identification No. (PIN) Sb. Latitude and longitude in degrees/minutes/seconds or desired degrees	Signature of Gertified Well Contractor or Well Owner Date By signing this form, I hereby certify that the well(s) was (ware) show love of the standard of the	
Facility/Owner Name Facility ID# (if applicable) Physical Address, City, and Zip LESLIE AVE County Parcel Identification No. (PIN) Sb. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)	Signature of Certified Well Contractor or Well Owner By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner. 9. Site diagram or additional well details:	
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Facility/Owner Name Facility ID# (if applicable) Facility ID# (if applicable) Facility ID# (if applicable) WELL Suize Aviz. Parcel Identification No. (PIN) Sb. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient) N 78° 43.049 W CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED Attach well construction record(s) if available. For multiple injection.	Signature of Certified Well Contractor or Well Owner By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner. 9. Site diagram or additional well details: You may use the back of this page to provide additional well site details or well.	
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Facility/Owner/Name 30 30 4 30 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Signature of Certified Well Contractor or Well Owner By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner. 9. Site diagram or additional well details: You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary. SUBMITTAL INSTRUCTIONS 10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following: Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617 10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following: Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Raleigh, NC 27699-1636	

6g. Screen length (if known): ___

-0-

_(ft.)

This form can be used for single or multiple wells		For Internal Use ONLY:	
1. Well Contractor Information:		WELL ABANDONMENT DETAILS	
Roose II Tacker			
Well Contractor Name (or well owner personally	phandoning well on his/her property)	7a. Number of wells being abandoned: For multiple injection or non-water supply wells ONLY with the san	
# 7198	and more on many	construction-abandonment, you can submit one for	- A
NC Well Contractor Certification Number		7b. Approximate volume of water remaining in well(s): C (gal	
JACKSON WELL GO		FOR WATER SUPPLY WELLS ONLY:	
Company Name		7c. Type of disinfectant used: HTH	
2. Well Construction Permit #: 6/80 - 45-13 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7d. Amount of disinfectant used: 1662.	
3. Well use (check well use):			8
Water Supply Well:		7c. Sealing materials used (check all that apply):	
□Agricultural	☐Municipal/Public	☐ Neat Cement Grout	El Bentonite Chips or Pellets
☐Geothermal (Heating/Cooling Supply)	EResidential Water Supply (single)	☐ Sand Cement Grout	El Dry Clay
□Industrial/Commercial	☐Residential Water Supply (shared)	E Concrete Grout	☐ Drill Cuttings
□lrrigation		□ Specialty Grout	☐ Gravel
Non-Water Supply Well:		☐ Bentonite Slurry	☐ Other (explain under 7g)
☐Monitoring Injection Well:	□Recovery	7f. For each material selected above, pro	vide amount of materials used:
□Aquifer Recharge	☐Groundwater Remediation	hat of to	IND CLAN
□Aquifer Storage and Recovery	□Salinity Barrier	- Ma Concrete	July CZNY
□Aquifer Test	☐Stormwater Drainage	200 Bert 07/2	
□Experimental Technology	□Subsidence Control	7g. Provide a brief description of the aba	ndonment procedure:
☐Geothermal (Closed Loop)	□Tracer	0 16 0.+ 11/6/1	
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)	Tump WASE	n Out of WELL
		Be noute (Heer	+ Dry (LAV)
4. Date well(s) abandoned: 198	-19		
5a. Well location:	188		
Truing Capital Group		#2,76	
Facility/Owner Name	Facility ID# (if applicable)	8. Certification:	
30 JUL Dr LEVIE AVE Likluston		Rome W. by Bor	1-12-19
Physical Address, City, and Zip		Signature of Certified Well Contractor or Well O	wner Date .
HARNETT	BUIES GAEEK	By signing this form, I hereby certify that	the well(s) was (were) abandoned
County	Parcel Identification No. (PIN)	accordance with 15A NCAC 02C .0100 or	
Ph. I stitude and localitude in demonstrate	unterferende en desimal democra	and that a copy of this record has been pro	vided to the well owner.
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)		Site diagram or additional well details: You may use the back of this page to provide additional well site details or we abandonment details. You may also attach additional pages if necessary.	
25021265 200132003			
30 94 /83 N /8 43 03 3 W		abandonment details. You may also attach	additional pages if necessary.
CONSTRUCTION DETAILS OF WELLIS) BEING ABANDONED		SUBMITTAL INSTRUCTIONS	
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/ahandonment, you can submit one form.		10a. For All Wells: Submit this form v	within 30 days of completion of we
		abandonment to the following:	
6a. Well ID#:	_	Division of Water Resources, I	nformation Processing Unit
6b, Total well depth: 24		1617 Mail Service Center, I	
6b. Total well depth:	_(ft.)		
111		10b. For Injection Wells: In addition to above, also submit one copy of this form	
6c. Borehole diameter: 24"	_(in.)	abandonment to the following:	within 30 days of completion of well
		District CW to December 11-3-	
6d. Water level below ground surface:		Division of Water Resources, Underg 1636 Mail Service Center, R	
		10c. For Water Supply & Injection Well the address(es) above, also submit one of	
		completion of well abandonment to the co	
		where abandoned.	
	The state of the s		
6g. Screen length (if known):	-o~ (ft.)		
-0. acress sendin (at man, m).	1		