

**HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
Well Abandonment Permit**

Permit Number: _____ Application Number: _____ Applicant Name: R+L Builders + SONS LLC

Address: 5189 BARNHILL FARM RD BUFFALO NC 27205

Type of Well: _____ Total Dept: ? Diameter: 4" Grouted: ? Static Water Level: ?

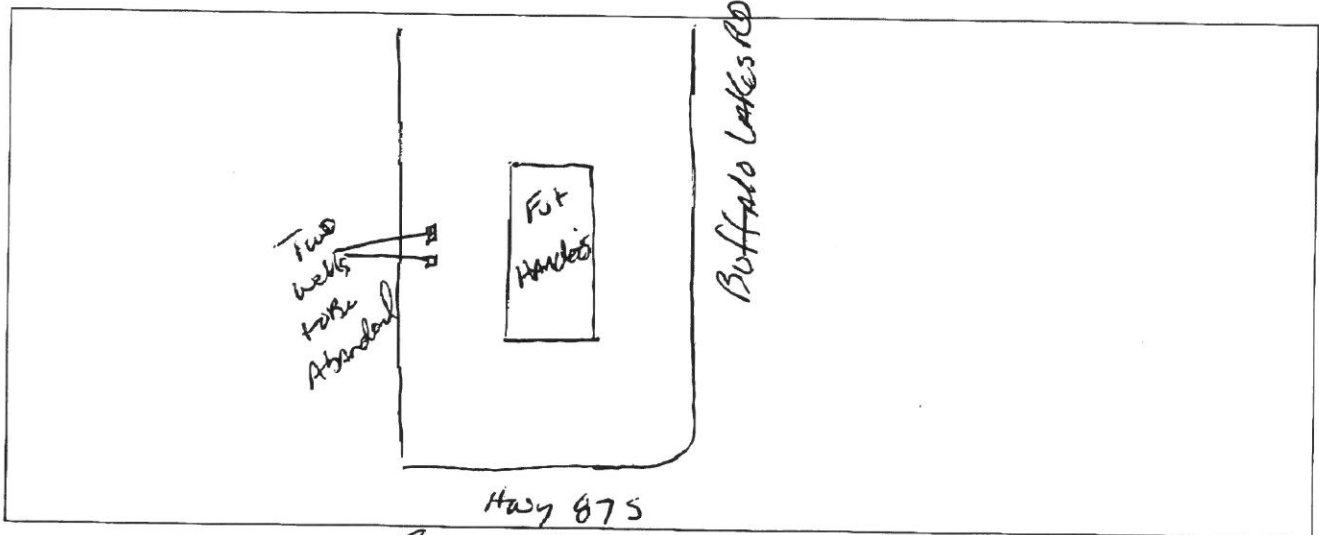
Directions to Site: ST+ Buffalo Lakes RD

Agent of the State: *James E. M... [Signature]* Date: 8-12-20

Abandonment Procedure: Abandonment Procedure: 1. Remove all plumbing or piping into the well, along with any obstructions inside the well; 2. Remove as much of the well tile casing as possible, but no less than to a depth of three feet below land surface; 3. remove all soil or other subsurface material present down to the top of the remaining well casing, and extending to a width of at least 12 inches outside of the well casing on all sides; 4. Using 5 oz. of hypochlorite solution (such as HTH), disinfect the well in accordance with 15A NCAC 2C .0111 of this Subchapter. Do not use a common commercial household liquid bleach, as this is too weak a solution to ensure proper disinfection; 5. Fill the well up to the top of the remaining casing with cement grout, concrete grout, bentonite grout, dry clay, or material excavated during drilling of the well and then compacted in place; 6. Pour a one foot thick concrete grout or cement grout plug that fills the entire excavated area about the top of the casing, including the area extending on all sides of the casing out to a width of at least 12 inches on all sides; 7. Complete the abandonment process by filling the remainder of the well above the concrete or cement plug with additional concrete grout, cement grout, or soil.

Note: Contact Harnett County Environmental Health for appointment prior to beginning of well abandonment procedure.

Well must be abandoned by a Certified North Carolina well driller/contractor.



James W. [Signature] 8-12-20
Property Owner's or Owners Legal Representative Signature Required Date



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2179

I. WELL CONTRACTOR:

Roger W. Jackson
 Well Contractor (Individual) Name
Jackson Well Drilling
 Well Contractor Company Name
 STREET ADDRESS 5660 W. DOUGLASS RD
Hillington NC 27546
 City or Town State Zip Code
(919) 499-3636
 Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____
 STATE WELL PERMIT # (if applicable) _____
 COUNTY WELL PERMIT # (if applicable) _____
 DUG or OTHER PERMIT # (if applicable) _____
 WELL USE (Check applicable use): Monitoring Residential
 Municipal/Public Industrial/Commercial Agricultural
 Recovery Irrigation Other (list use) _____

3. WELL LOCATION:

COUNTY HARNETT QUADRANGLE NAME _____
 NEAREST TOWN Cameron
87.5 BUFFALO LAKE RD Cameron NC
 Street, Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Codes

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Edge Other
 (Circle appropriate setting)
 LATITUDE 35° 16.571
 LONGITUDE 79° 4.150
 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)

May be in degrees, minutes, seconds or in a decimal format

4. FACILITY: The name of the business where the well is located. Complete to apply. (If a residential well, skip the complete to, well owner information only.)

FACILITY ID # (if applicable) _____
 NAME OF FACILITY R+L Builders & Son LLC
 STREET ADDRESS 5189 BARN HILL FARM RD
BATTLEBORO NC 27809
 City or Town State Zip Code

5. CONTACT PERSON WELL OWNER:

NAME R+L Builders
 STREET ADDRESS 5189 BARN HILL FARM RD
BATTLEBORO NC 27809
 City or Town State Zip Code
(868) - 252-9043417
 Area code - Phone number

5. WELL DETAILS:

a. Total Depth 48 ft. Diameter 4 in.
 b. Water Level (Below Measuring Point: 38 ft.
 Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known)	<u>0</u> ft.	<u>0</u> in.
b. Casing Removed	<u>0</u> ft.	<u>0</u> in.

7. DISINFECTANT:

HTH 89
 (Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Next Cement	Small Cement
Cement _____ lb.	Cement <u>100</u> lb.
Water _____ gal.	Water <u>6</u> gal.

Brand/Type
 Bentonite 300 lb.
 Type: Slurry Pellets
 Water 75 gal.

9. EXPLAIN METHOD OF ENPLACEMENT OF MATERIAL:

Bentonite 300 lbs 1/2
CEMENT on Top 3'

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 8-14-20

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH ISA NCAC 15C WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Roger W. Jackson 8-19-20
 SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
 (The private well owner must be an individual who generally, does not have a residential well in accordance with ISA NCAC 15C.0113)
Roger W. Jackson
 PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
 Area Environmental Management, 2647 Mall Service Center - Raleigh, NC 27609-2617. Phone No. (919) 720-7045 ext. 500.



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

WELL CONTRACTOR CERTIFICATION # 2179

1. WELL CONTRACTOR:

Roger W. Jackson
Well Contractor Qualifying Name:
Jackson Well Drilling
Well Contractor Company Name:
STREET ADDRESS 5660 W. Douglas Rd
Hillington N.C. 27546
City or Town State Zip Code
919-499-3636
Phone - Home number

1. WELL INFORMATION:

SITE WELL ID # (if applicable) _____
STATE WELL PERMIT # (if applicable) _____
COUNTY WELL PERMIT # (if applicable) _____
DWC or OTHER PERMIT # (if applicable) _____
WELL USE (Circle applicable use): Municipal Residential
 Manufacturing Industrial/Commercial Agricultural
 Recovery Injection Irrigation
Other (list use) _____

1. WELL LOCATION:

COUNTY HARRIS (QUADRANGLE NAME) _____
NEAREST TOWN CAMECORN
87.5 Buffalo Lake Rd Cameron NC
County Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Edge Other
(Circle appropriate setting)

LATITUDE 35° 16.50' N

LONGITUDE 79° 4.15' W

Latitude-Longitude source: GPS Topographic map
(Location of well must be shown on USGS map map and attached to this form if not using GPS)

1. FACILITY: The name of the business where the well is located. Complete to include the wellhead and well to completion or well casing information only.

FACILITY ID # (if applicable) _____
NAME OF FACILITY R+L Builders & Sunc
STREET ADDRESS 5189 Birch Hill Farm Rd
Battleboro N.C. 27809
City or Town State Zip Code

2. CONTACT PERSON WELL OWNER:

NAME R+L Builders
STREET ADDRESS 5189 Birch Hill Farm Rd
Battleboro N.C. 27809
City or Town State Zip Code
252-252-9043417
Phone - Home number

2. WELL DETAILS:

a. Total Depth: 74' & Diameter: 4"
b. Water Level (Below Measuring Point): 38'
Measuring point is 1' & above land surface.

3. CASING:

	Length	Diameter
a. Casing Depth (ft/inches):	<u>0'</u>	<u>4"</u>
b. Casing Material:	<u>0'</u>	<u>0"</u>

4. DISINFECTANT: HTH 8oz

(Amount of 6% - 7% solution type/brand used)

5. SEALING MATERIAL:

Item	Quantity
Best Cement	
Worst Cement	
Cement	<u>180</u> lb.
Water	<u>6</u> gal.
Best Grout	
Worst Grout	
Grout	<u>450</u> lb.
Type: <u>Shaw Pellet</u>	
Water	<u>15</u> gal.
Other	
Type material	
Amount	

2. EXPLAIN METHOD OF REPLACEMENT OF MATERIAL:

Benante Re-Aips
+ Cement Top

2. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) existing in the well, grade interval, intervals of casing perforation, and depths and types of fill materials used.

III. DATE WELL ABANDONED: 8-14-20

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH ISA/NCA/T.C. WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Roger W. Jackson 8-19-20
SIGNATURE OF CONTRACTOR WELL CONTRACTOR DATE

RECALL THE NAME OF PRIVATE WELL OWNER ABANDONING THE WELL. DATE (The private well owner must have initial approval by the local health department well before any work with ISA/NCA/T.C. (MS).

Roger W. Jackson
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Wellhead Management, 6017 Well Service Center - Raleigh, NC 27609-2077. Phone No. (919) 729-7045 ext. 700.