

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2704 - A

1. WELL CONTRACTOR:	6. WELL DETAILS:
Well Contractor (Individual) Name	a.Total Depthft. Diameterin. b. Water Level (Below Measuring Point):ft.
Well Contractor Company Name	Measuring point isft. above land surface.
Stopel Address	6. CASING: Length Diameter
City or Town Summit NC 27214 City or Town State Zip Code	a. Casing Depth (if known): 14 ft. 17 in. b. Casing Removed: 14 ft. 17 in.
Area code Phone number	7. DISINFECTION: 146 Shock-it
2. WELL INFORMATION:	(Amount of 65%75% calcium hypochlorite used)
SITE WELL ID # (if applicable)	8. SEALING MATERIAL:
STATE WELL PERMIT # (# applicable)	Nent Cement Sand Cement
COUNTY WELL PERMIT # (if applicable)	Cement b. Cement b. Water gal. Water gal.
DWQ or OTHER PERMIT # (if applicable)	Bentonite
WELL USE (Check applicable use) Monitoring Residential	Berntonite 25 lb.
i.i Municipal/Public ii Industrial/Commercial ii Agricultural	Type:() Sturry (i Pellets
☐ Recovery ☐ Injection ☐ Infigation	Watergal.
	outer water in hole
Country (list use)	Type material
3. WELL LOCATION:	Amount
COUNTY HATH & H QUADRANGIE NAME	-
NEAREST TOWN: Dunn, NC. 28334	9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)	Benjanite total of Hole
TOPOGRAPHIC / LAND SETTING:	With Cap
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other	
(Check appropriate setting)	10. WELL DIAGRAM: Draw a detailed sketch of theeli on the back of this
LATITUDE 36 . DMS OR 3X.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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 75 DMS OR 7x.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	types of fill materials and
Latitude/longitude source: CSPS Topographic map (location of well must be shown on a USGS topo map and attached to thus form if not using GPS)	11. DATE WELL ABANDONED 12-9-20
	I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF
4a. FACILITY - The name of the business where the well is located. Complete 4a (If a residential well, skip 4a; complete 4b, well owner information only.)	THIS RECORD HAS BEEN PRIVIDED TO THE WELL OWNER.
FACILITY ID # (if applicable)	Randell Jones 12-14-20
NAME OF FACILITY	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
STREET ADDRESS 1/25 Bud Hawking Rd	
Caty or Town State Zp Code	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE (The private well owner must be an individual whorponal parameter relaterated well
46. CONTACT PERSONAYELL, OWNER:	in accordance with 154 NCAC 2C .0113.)
NAME Randell Jones	PRINTED NAME OF PERSON ABANDONING THE WELL
STREET ADDRESS PO. BOX 367	

Submit a copy to the owner and the original to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-1617, Phone : (919) 807-6300

Form GW-30 Rev. 5/10



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2704-A

1. WELL CONTRACTOR:	. 6. WELL DETAILS:
Randell Janes	a.Total Depth 17 ft. Diameter, 24 in.
Well Contractor (Individual) Name	b. Water Level (Below Measuring Point): 1 R 1.
Randell Jones Well + Pump.	Measuring point is
Well Contractor Company Name	
PO Rox 367	6. CASING: Length Diameter
Grown Summit NC 27214	Contra Dunk (Mary 1)
Brown Summit NC 27214 City or Town State 710 Code	a. Casing Depth (if known) ft. in. b. Casing Removed: ft. in.
(336) 669 - 5079	
Area code Phone number	7. DISINFECTION: 1 Lb Shock-it
2. WELL INFORMATION:	(Amount of 65%75% calcium hypochlorite used)
SITE WELL ID # (if applicable)	8. SEALING MATERIAL
	Neat Cement Sand Cement
STATE WELL PERMIT # (if applicable)	
COUNTY WELL DEDUTY # Granta-Link	Cement b. Cement b. Water gal Water gal
COUNTY WELL PERMIT # (if applicable)	
DWQ or OTHER PERMIT # (if applicable)	Bentonite
WELL USE (Check applicable use): Monitoring Residential	Bentonite (b.
Municipal/Public (i Industrial/Commercial (i) Agricultural	Type:[] Sturry Pellets
	Watergal.
C. Recovery D Injection D Irrigation	Other
1 Other (fist use)	Type material Concrete Amount 2 yards
A HELL LOCATION	Amount 2 vards
3. WELL LOCATION: COUNTY Harn CTT QUADRANGIE NAME	7
	6 EVOLUMENTOD OF FURNISHED OF THE PROPERTY OF
1105 0 1 11 11 21	9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
111111111111111111111111111111111111111	pourid concrete to top
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)	5ft below grown with cap
TOPOGRAPHC / LAND SETTING:	
[] Slope [] Valley [] Flat [] Ridge [] Other	
(Check appropriate setting)	10. WELL DIAGRAM: Draw a detailed sketch of theell on the back of this
LATITUDE 36 DMS OR 3x XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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 75 DMS OR 7x.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	types of fill materials sed
Latitude/longitude source:	11. DATE WELL ABANDONED
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)	11. DATE WELL ABANDONED
bis total billed bally Gray	I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE
4a. FACILITY - The name of the business where the well is located. Complete 4a	WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PRIVIDED TO THE WELL OWNER.
(il a residental well, skip 4a; complete 4b, well owner information only.)	1111
FACILITY ID # (if applicable)	Tremole Jones 12-14-20
NAME OF FACILITY	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
M	
Dunn 110 28234	
	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
City or Town State Zip Code	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL. DATE (The private well owner must be an individual whereonal parameters his/her residential well in accordance with 15A NCAC 2C 0113.)
City or Town State Zip Code 4b. CONTACT PERSONWELL OWNER:	The private well owner must be an individual wearonablebandons his/her residential well in accordance with 15A NCAC 2C 0113.) AN NCAC 2C 0113.)
City or Town State Zip Code	(The private well owner must be an individual w <u>personally</u> abandors his/her residential well in accognance with 15A NCAC 2C 0113.)

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