WELL ABANDONMENT RECORD		For Internal Use ONLY:					
The state of the s		FOR SIMPLEMS USE UNL T:					
1. Well Contractor Information:		WELL ABANDONMENT DETAILS					
REVER WE TAKEN		7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same					
Well Committee Name (or well owner personally abandoning well on his/her property)		well construction/depth, only 1 GW-30 i	p Geometrian went naving the same is needed. Indicate TOTAL NUMBER of				
2179		wells abandoned:					
NC Well Contractor Certification Number		7b. Approximate volume of water rea	mining in well(s):(gal.)				
JACKION WEKC		FOR WATER SUPPLY WELLS ONLY:					
Company Name			ITH TYON				
2. Well Construction Permit #: 2/) 9		7c. Type of disinfectant used:/	1111/00				
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known			11.02				
3. Well use (check well use):		7d. Amount of disinfectant used:					
Water Supply Well:		7c. Scaling materials used (check all ti	hat analyle				
DAgricultural	OMunicipal/Public	☐ Neat Cement Grout	☐ Bentogite Chips or Pellets				
Geothermal (Heating/Cooling Supply)	Desidential Water Supply (single)	☐ Sand Cement Grout	Ribbly Clay				
Oindustrial/Commercial Oinrigation	O'Residential Water Supply (shared)	☐ Concrete Grout	☐ Drill Cuttings				
Non-Water Supply Well:		☐ Specialty Grout	☐ Gravel				
☐ Monitoring	☐Recovery	Bentonite Slurry	Other (explain under 7g)				
Injection Well: [] Aquifer Recharge		7£ For each material selected above, p	rovide amount of materials used:				
ClAquifer Storage and Recovery	□Groundwater Remediation						
OAquifer Test	CISalinity Burrier CIStommater Drainage						
DExperimental Technology	DSubsidence Control		-				
□Geothermai (Closed Loop)	OTracer	7g. Provide a brief description of the a	bendeusest procedure:				
[DGeothermal (Heating/Cooling Return)	DOther (explain under 7g)	- Fom p	VATER OUT				
(-9, 3,4, 3,4)		0+ W =66	Add Fill				
4. Date well(s) abandoned: \[\lambda - \lambda / - \lambda / - \lambda \rangle - \lambda \]		Paula Can	enste at				
Sa. Well location:			C A P A				
JAMES CXIN	III EH 2012-0005						
Facility/Owner Name Facility ID# (if applicable)		8. Certification: a					
HODE CHIPAL HA ZII OUNN		They works	72-22-20				
Physical Address, City, and Zip	28334	Signature of Certified Well Contractor or Well	Owner Date				
County Provided Management No. (1999)		By signing this form, I hereby certify to	hat the well(s) was (were) abandoned in				
1 and semimorium reg. (FD4)		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.					
Sb. Latitude and longitude in degrees/mil (if well field, one larlong is sufficient)	inutes/seconds or decimal degrees:						
35°23,207 N 78°34.809		 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. 					
CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED Attack well construction record(s) if analiable. For unfajele injection or non-water supply wells		SUBMITTAL INSTRUCTIONS					
ONLY with the same construction abandonment, you can submit one form.		10s. For All Wells: Submit this form	n within 30 days of completion of well				
Ga. Well IDII;		abandonment to the following:					
19 101		Division of Water Resources, Information Processing Unit,					
6b. Total well depth:	<u>(a)</u> /3	1617 Mail Service Center	r, Raleigh, NC 27679-1617				
6c. Borchele diameter: 48 (in.)		10h. For Injection Wells: In addition to sending the form to the address in 10a					
		above, also submit one copy of this for abandonment to the following:	nn within 30 days of completion of well				
		Division of Water Bassacca Lindon	manuscraft Particular of the Control				
6d. Water level helow ground surface:(ft.)		1636 Mail Service Center	rground Injection Control Program, r, Raleigh, NC 27699-1636				
		10c. <u>For Water Supply de Injection Welles</u> in addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.					
					_		
				og. Sereen length (if known):	~ 0 - (8)		