HARNETT COUNTY DEPARMENT OF PUBLIC HEALTH Well Abandonment Permit

Permit Number:

Application Number: EH2201-0009

Applicant Name: Cathy Blue

Address: 74 Madison Ln (SR 1157)

Type of Well: Bored Total Depth: 45 ft Diameter: 24in Grouted: No Static Water Level: 10 ft

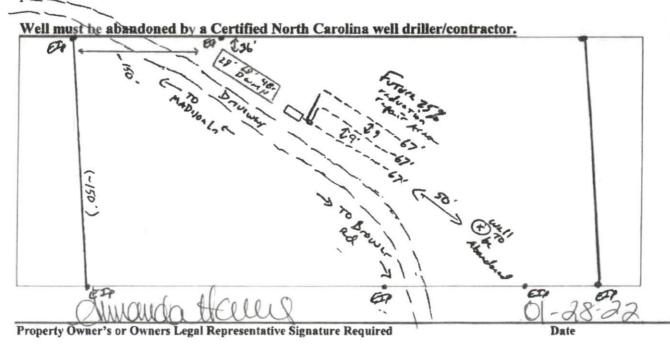
Directions to Site: Off Brower rd which is off Marks rd

Agent of the State

Date: 1-27-22

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 a possible, but no les 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. 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; 5. 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 sided of the casing out to a width of at least 12 inches on all sides; 6. 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. A record of the abandonment must be submitted within 30 days of abandonment.

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





4b. CONTACT PERSON/WELL OWNER:

NAME

STREET ADDRESS

Clayton Homes

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WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #_ 1. WELL CONTRACTOR; 5. WELL DETAILS: a. Total Depth: 47 ft. Diamete b. Water Level (Below Measuring Point): Measuring point is O ft. above land surface. 6. CASING: a. Casing Depth (if known): b. Casing Removed: 7. DISINFECTION: // + (Amount of 65%-75% calcium hypochlorite used) 2 WELL INFORMATION: SITE WELL ID # (if applicable) SEALING MATERIAL: Sand Cement Neat Cement STATE WELL PERMIT # (if applicable) COUNTY WELL PERMIT # (if applicable) DWQ or OTHER PERMIT # (if applicable) WELL USE (Check applicable use): Monitoring Residential Type: Slurry ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation Other (list use) 3. WELL LOCATION: COUNTY Hamet QUADRANGLE NAME NEAREST TOWN: EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL: (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code) 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 LATTIUDE 35. 256
LONGITUDE 79. 693 form showing total depth, depth and diameter of screens (if any) remaining May be in degrees, in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used. Latitude/longitude source: GPS Topographic map 11. DATE WELL ABANDONED 3-11-22 (Location of well must be shown on a USGS topo map and attached to this form if not using GPS.) I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH ISA NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF 4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.) THIS RECORD WAS BEEN PROVIDED TO THE WELL OWNER. FACILITY ID #(if applicable) NAME OF FACILITY_ SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE STREET ADDRESS SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE City or Town Zip Code (The private well owner must be an individual who personally abandons his/her residential well

in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL