

## WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # \_\_\_\_NCECL# 36220 WELL CONTRACTOR: a. Total Depth \_\_\_\_\_\_ft. Diameter:\_\_\_\_32 b. Water Level (Below Measuring Point): Well Contractor (Individual) Name Measuring point is ft. above land surface. Well Contractor Company Name CASING: Length Diameter Street Address a. Casing Depth (if known): b. Casing Removed: City or Town State Zip Code 36"0+ black DISINFECTION: Area code Phone number (Amount of 65%75% calcium hypochlorite used) 2. WELL INFORMATION: SEALING MATERIAL: CUNCTETE 02CFAOSAO2K SITE WELL ID # (if applicable) Ash Air Sand Cement Neat Cement STATE WELL PERMIT # (if applicable) Cement Cement lb. Water Water gal. gal. COUNTY WELL PERMIT # applicable) **Bentonite** DWQ or OTHER PERMIT # (if applicable) Bentonite WELL USE (Check applicable use): Monitoring Residential Type: Slurry Pellets Municipal/Public Industrial/Commercial Agricultural Water\_ Recovery Injection Irrigation Other Other (list use) Type material 3. WELL LOCATION QUADRANGIE NAME EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code) and 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 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 materialsused LONGITUDE 75 💌 · Latitude/longitude source: GPS Topographic map 10-04-22 11. DATE WELL ABANDONED (location of well must be shown on a USGS topo map andattached to this form if not using GPS) I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE. WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PRIVIDED TO THE WELL OWNER. 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.) FACILITY ID # (if applicable) SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE NAME OF FACILITY STREET ADDRESS 0-06-22 SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL The private well owner must be an individual whersonally abandons his/her residential well City or Town Zip Code in accordance with 15A NCAC 2C .0113.) 4b. CONTACT PERSON/WELL OWNER: Bregon PRINTED NAME OF PERSON ABANDONING THE WELL