

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2457 A

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| 1. WELL CONTRACTOR: | 5. WELL DETAILS: |
| FARREIL Brown Well Contractor (Individual) Name Brown Bruthers Well Drillins | a. Total Depth: |
| Well Contractor Company Name | it. above land surface. |
| STREET ADDRESS 2075 Crantuille In | 6. CASING: Length Diameter |
| Ashehore Ne 27205 City or Town State Zip Code | a. Casing Depth (if known): ft. in. b. Casing Removed: ft. in. |
| (336) - 465-1245 Area code - Phone number | 7. DISINFECTION: 4025 |
| 2. WELL INFORMATION: | (Amount of 65%-75% calcium hypochlorite used) |
| SITE WELL ID # (if applicable) | 8. SEALING MATERIAL: |
| STATE WELL PERMIT # (if applicable) | Neat Cement Sand Cement |
| COUNTY WELL PERMIT # (if applicable) 2365 0016 | Cementlb. Cementlb. Watergal. Watergal. |
| DWQ or OTHER PERMIT # (if applicable) | Bentonite |
| WELL USE (Circle applicable use): Monitoring Municipal/Public Industrial/Commercial Recovery Injection Irrigation Other (list use) | Bentonite lb. Type: Slurry Pellets gal. |
| 3. WELL LOCATION: | Other |
| COUNTY HAYNE H QUADRANGLE NAME | Type material |
| NEAREST TOWN: Angler | Arnount |
| 5685 NC 55 Angier NC | |
| (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code) | 9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL: |
| TOPOGRAPHIC / LAND SETTING: | Filled With Dist |
| Slope Valley Flat Ridge Other(Circle appropriate setting) | Toppoliff 5' concrete |
| LATITUDE May be in degrees, minutes seconds or in a | 1 1 3 20 11 17 |
| LATITUDE minutes, seconds, or in a decimal format | |
| | 10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this |
| 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.) | 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. |
| 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.) | 11. DATE WELL ABANDONED 6 - 7 - 23 |
| FACILITY ID #(if applicable) | I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE |
| NAME OF FACILITY | WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER. |
| STREET ADDRESS | 7 22 2 |
| City or Town State Zip Code | SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE |
| 4b. CONTACT PERSON/WELL OWNER: | |
| NAME | SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE (The private well owner must be an individual who personally abandons his/her residential well |
| STREET ADDRESS | in accordance with 15A NCAC 2C .0113.) |
| City or Town State Zin Code | PRINTED NAME OF PERSON ABANDONING THE WELL |
| City or Town State Zip Code | NAME OF PERSON ABANDONING THE WELL |
| Area code - Phone number | |