

WELL ABANDONMENT RECORD

1. Well Contractor Information:

Derek Walker

Well Contractor Name (or well owner personally abandoning well on his/her property)

4320-C

NC Well Contractor Certification Number

Walker's Well & Pump Repair

Company Name

2. Well Construction Permit #: EH-2562-0004

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:

- | | |
|--|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Municipal/Public |
| <input type="checkbox"/> Geothermal (Heating/Cooling Supply) | <input checked="" type="checkbox"/> Residential Water Supply (single) |
| <input type="checkbox"/> Industrial/Commercial | <input type="checkbox"/> Residential Water Supply (shared) |
| <input type="checkbox"/> Irrigation | |

Non-Water Supply Well:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Recovery |
|-------------------------------------|-----------------------------------|

Injection Well:

- | | |
|--|---|
| <input type="checkbox"/> Aquifer Recharge | <input type="checkbox"/> Groundwater Remediation |
| <input type="checkbox"/> Aquifer Storage and Recovery | <input type="checkbox"/> Salinity Barrier |
| <input type="checkbox"/> Aquifer Test | <input type="checkbox"/> Stormwater Drainage |
| <input type="checkbox"/> Experimental Technology | <input type="checkbox"/> Subsidence Control |
| <input type="checkbox"/> Geothermal (Closed Loop) | <input type="checkbox"/> Tracer |
| <input type="checkbox"/> Geothermal (Heating/Cooling Return) | <input type="checkbox"/> Other (explain under 7g) |

4. Date well(s) abandoned: 2-27-2025

5a. Well location:

316 Moulton Sp

Facility/Owner Name

Facility ID# (if applicable)

316 Moulton Springs Rd Erwin NC

Physical Address, City, and Zip

28339

Harnett

County

06059714350008

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35°19'17" N 76°40'47" W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 30 (ft.)

6c. Borehole diameter: 24 (in.)

6d. Water level below ground surface: 19 (ft.)

6e. Outer casing length (if known): 30 (ft.)

6f. Inner casing/tubing length (if known): 30 (ft.)

6g. Screen length (if known): N/A (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 2 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: 2 lbs HTH

7d. Amount of disinfectant used: 2 lbs

7e. Sealing materials used (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Neat Cement Grout | <input type="checkbox"/> Bentonite Chips or Pellets |
| <input type="checkbox"/> Sand Cement Grout | <input type="checkbox"/> Dry Clay |
| <input type="checkbox"/> Concrete Grout | <input type="checkbox"/> Drill Cuttings |
| <input type="checkbox"/> Specialty Grout | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Bentonite Slurry | <input type="checkbox"/> Other (explain under 7g) |

7f. For each material selected above, provide amount of materials used:

4 yds

7g. Provide a brief description of the abandonment procedure:

8. Certification:

Derek B. Walker

Signature of Certified Well Contractor or Well Owner

3-2-2025

Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in 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.

9. 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.

SUBMITTAL INSTRUCTIONS

10a. **For All Wells:** Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. **For Injection Wells:** In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. **For Water Supply & Injection Wells:** 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.

Well # 2

Well # 1

(Well # 1)

0

Moulton Springs Rd

WELL ABANDONMENT RECORD

1. Well Contractor Information:

Derek Walker

Well Contractor Name (or well owner personally abandoning well on his/her property)

4320-6

NC Well Contractor Certification Number

Walker's Well & Pump Repair

Company Name

2. Well Construction Permit #: EH 2502-0004

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:

- | | |
|--|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Municipal/Public |
| <input type="checkbox"/> Geothermal (Heating/Cooling Supply) | <input checked="" type="checkbox"/> Residential Water Supply (single) |
| <input type="checkbox"/> Industrial/Commercial | <input type="checkbox"/> Residential Water Supply (shared) |
| <input type="checkbox"/> Irrigation | |

Non-Water Supply Well:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Recovery |
|-------------------------------------|-----------------------------------|

Injection Well:

- | | |
|--|---|
| <input type="checkbox"/> Aquifer Recharge | <input type="checkbox"/> Groundwater Remediation |
| <input type="checkbox"/> Aquifer Storage and Recovery | <input type="checkbox"/> Salinity Barrier |
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| <input type="checkbox"/> Geothermal (Closed Loop) | <input type="checkbox"/> Tracer |
| <input type="checkbox"/> Geothermal (Heating/Cooling Return) | <input type="checkbox"/> Other (explain under 7g) |

4. Date well(s) abandoned: 2-27-2025

5a. Well location:

Facility/Owner Name

Facility ID# (if applicable)

316 Moulton Spring Rd Erwin 28339

Physical Address, City, and Zip

Harper

County

06059714350008

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35° 19' N 78° 40' 48" W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 11 (ft.)

6c. Borehole diameter: 24 (in.)

6d. Water level below ground surface: 0 (ft.)

6e. Outer casing length (if known): 11 (ft.)

6f. Inner casing/tubing length (if known): 11 (ft.)

6g. Screen length (if known): N/A (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: 11bs 14TH

7d. Amount of disinfectant used: 11bs

7e. Sealing materials used (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Neat Cement Grout | <input type="checkbox"/> Bentonite Chips or Pellets |
| <input type="checkbox"/> Sand Cement Grout | <input type="checkbox"/> Dry Clay |
| <input type="checkbox"/> Concrete Grout | <input type="checkbox"/> Drill Cuttings |
| <input type="checkbox"/> Specialty Grout | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Bentonite Slurry | <input type="checkbox"/> Other (explain under 7g) |

7f. For each material selected above, provide amount of materials used:

3 yds

7g. Provide a brief description of the abandonment procedure:

8. Certification:

Derek B. Walker
Signature of Certified Well Contractor or Well Owner

3-2-2025
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in 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.

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1636 Mail Service Center, Raleigh, NC 27699-1636

10c. **For Water Supply & Injection Wells:** 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.

Well #2

Well #2

Well #2

0