| WELL ABANDONMENT RECORD | | For Internal Use ONLY: |
|--|----------------------------------|---|
| 1. Well Contractor Information: | | WELL ABANDONMENT DETAILS |
| James Sealey | | To For Community/DPT or Cloud I |
| Well Contractor Name (or well owner personally abandoning well on his/her property) | | 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 |
| 4675-A | | wells abandoned: |
| NC Well Contractor Certification Number | | 7b. Approximate volume of water remaining in well(s): 305 (gal.) |
| Sealey Well Drilling LLC | | (5) |
| Company Name | | FOR WATER SUPPLY WELLS ONLY: |
| EH OTAT AND | | 7c. Type of disinfectant used: aran wated Chifonie |
| 2. Well Construction Permit #: | | O O |
| the appreciate were construction permits (i.e. of c, County, State, variance, etc.) if known | | 7d. Amount of disinfectant used: |
| 3. Well use (check well use): | | |
| Water Supply Well: | | 7e. Sealing materials used (check all that apply): |
| ☐ Agricultural ☐ Municip | pal/Public | ☐ Neat Cement Grout ☐ Bentonite Chips or Pellets |
| | tial Water Supply (single) | ☐ Sand Cement Grout |
| □Industrial/Commercial □Residen | tial Water Supply (shared) | ☐ Concrete Grout ☐ Drill Cuttings |
| □Irrigation | | ☐ Specialty Grout ☐ Gravel |
| Non-Water Supply Well: | | ☐ Bentonite Slurry ☐ Other (explain under 7g) |
| ☐ Monitoring ☐ Recover Injection Well: | ГУ | 7f. For each material selected above, provide amount of materials used: |
| _ 1 14 _ 1 | water Remediation | 71. For each material selected above, provide amount of materials used: |
| □Aquifer Storage and Recovery □Salinity | | 3.5 Yas |
| | ater Drainage | |
| | nce Control | |
| □Geothermal (Closed Loop) □Tracer | | 7g. Provide a brief description of the abandonment procedure: |
| □Geothermal (Heating/Cooling Return) □Other (e | explain under 7g) | Chlorinated well pump water out of well |
| 4. Date well(s) abandoned: 6-18-25 | _ | removed as much of concrete tile at le 3A, backfill with sand clay, pour |
| Facility/Owner Name Facility/Owner Name Facility/Owner Name | ity ID# (if applicable) | Concrete cap on top of well casing backfill the rest with sand clay |
| SIGO COMERON HILL Rd Physical Address, City, and Zip Hannett | | Signature of Certified Well Contractor or Well Owner 6-18-25 Date |
| | el Identification No. (PIN) | 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. |
| 5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient) | | |
| | | Site diagram or additional well details: You may use the back of this page to provide additional well site details or well |
| N | W | abandonment details. You may also attach additional pages if necessary. |
| CONSTRUCTION DETAILS OF WELL(S) BEING Attach well construction record(s) if available. For multiple injo ONLY with the same construction abandonment, you can subm | ection or non-water supply wells | SUBMITTAL INSTRUCTIONS |
| 6a. Well ID#; | | 10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following: |
| 6b. Total well depth:(ft.) | | Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617 |
| 6c. Borehole diameter:(in.) | | 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: |
| 6d. Water level below ground surface: | (ft.) | Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Raleigh, NC 27699-1636 |
| 6e. Outer casing length (if known): | (ft.) | 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 |
| 6f. Inner casing/tubing length (if known): | (ft.) | abandoned. |

6g. Screen length (if known):

__(ft.)