

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 4513 - C

1. WELL CONTRACTOR:	: 5. WELL DETAILS:
Chasha hall	a. Total Depth 32 ft. Diameter. 24 in.
Well Contractor (Individual) Name	b. Water Level (Below Measuring Point): 7ft 4" ft.
Well Contractor Company Name	Measuring point is 364 8 ft. above land surface.
1265 trades 20	
Street Address	6. CASING: Length Diameter
Contrave N/ 18327	a. Casing Depth (if known): ft. in.
City or Town State Zip Code	a. Casing Depth (if known): b. Casing Removed: ft. in. ft. in.
336 380 - 2231	04. 11.14
Area code Phone number	7. DISINFECTION: 2165 H+H
2. WELL INFORMATION:	(Amount of 65%75% calcium hypochlorite used)
SITE WELL ID # (if applicable)	8. SEALING MATERIAL:
CTATE MELL DECIME A CV	Neat Cement Sand Cement
STATE WELL PERMIT # (if applicable)	Cernentlb. Cernentlb.
COUNTY WELL PERMIT # (if applicable)	Cement
	Bentonite
DWQ or OTHER PERMIT # (if applicable)	
WELL USE (Check applicable use) Monitoring Residential	Bentonite lb.
☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural	Type: Slurry Pellets Watergal.
☐ Recovery ☐ Injection ☐ Irrigation	
	Other
U Other (list use)	Type material Story 57
3. WELL LOCATION:	Amount 26f4
COUNTY HOTELY QUADRANGIE NAME	
NEAREST TOWN:	9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
	Used mini to sap grant
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)	into well say
TOPOGRAPHC / LAND SETTING:	
☐ Slope ☐ Valley ★ Flat ☐ Ridge ☐ Other	
(Check appropriate setting)	10 WELL DIACRAM : Desire detailed about 4th and and
35.4252832	 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
LATITUDE OMS OR 3x.xxxxxxxxxxx	in the well, gravel interval, intervals of casing perforations, and depths and
LONGITUDE -79-0530430 DMS OR 7x.xxxxxxxxxx	types of fill materialsused
Latitude/longitude source: DGPS Topographic map (location of well must be shown on a USGS topo map andattached to	11. DATE WELL ABANDONED 9-18-24
this form if not using GPS)	
	I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NGAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF
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.)	THIS RECORD HAS BEEN PRIVIDED TO THE WELL OWNER.
FACILITY ID # (if applicable)	9-18-24
NAME OF FACILITY	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
STREET ADDRESS 448 Knight BD	Jun (4 9-19.24
broadwa no 27505	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
City or Town State Zip Code	The private yiell owner must be an individual whersonally abandons his/her residential well in accordance with 15A NCAC 2C 0113.)
4b. CONTACT PERSON/WELL OWNER:	-luce to Cors Madage
NAME JUAN (CVZ	PRINTED NAME OF PERSON ABANDONING THE WELL
STREET ADDRESS 4004 COX MILL BY	