



# WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # \_\_\_\_\_

### 1. WELL CONTRACTOR:

Well Contractor (Individual) Name \_\_\_\_\_

Well Contractor Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area code Phone number

### 2. WELL INFORMATION:

SITE WELL ID # (if applicable) \_\_\_\_\_

STATE WELL PERMIT # (if applicable) \_\_\_\_\_

COUNTY WELL PERMIT # (if applicable) \_\_\_\_\_

DWQ or OTHER PERMIT # (if applicable) \_\_\_\_\_

WELL USE (Check applicable use):  Monitoring  Residential  
 Municipal/Public  Industrial/Commercial  Agricultural  
 Recovery  Injection  Irrigation  
 Other (list use) \_\_\_\_\_

### 3. WELL LOCATION:

COUNTY \_\_\_\_\_ QUADRANGLE NAME \_\_\_\_\_

NEAREST TOWN: \_\_\_\_\_

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

#### TOPOGRAPHIC / LAND SETTING:

Slope  Valley  Flat  Ridge  Other \_\_\_\_\_

(Check appropriate setting)

LATITUDE \_\_\_\_° \_\_\_\_' \_\_\_\_" DMS OR \_\_\_\_ DD

LONGITUDE \_\_\_\_° \_\_\_\_' \_\_\_\_" DMS OR \_\_\_\_ DD

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)

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) \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 4b. CONTACT PERSON/WELL OWNER:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

### 5. WELL DETAILS:

a. Total Depth \_\_\_\_\_ ft. Diameter: \_\_\_\_\_ in.

b. Water Level (Below Measuring Point): \_\_\_\_\_ ft.  
 Measuring point is \_\_\_\_\_ ft. above land surface.

### 6. CASING: Length Diameter

a. Casing Depth (if known): \_\_\_\_\_ ft. \_\_\_\_\_ in.

b. Casing Removed: \_\_\_\_\_ ft. \_\_\_\_\_ in.

### 7. DISINFECTION: \_\_\_\_\_

(Amount of 65% 75% calcium hypochlorite used)

### 8. SEALING MATERIAL:

<b>Neat Cement</b>	<b>Sand Cement</b>
Cement _____ lb.	Cement _____ lb.
Water _____ gal.	Water _____ gal.

**Bentonite**

Bentonite \_\_\_\_\_ lb.

Type:  Slurry  Pellets

Water \_\_\_\_\_ gal.

**Other**

Type material \_\_\_\_\_

Amount \_\_\_\_\_

### 9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. WELL DIAGRAM : Draw a detailed sketch of the well 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 materials used

### 11. DATE WELL ABANDONED \_\_\_\_\_

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 PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL \_\_\_\_\_ DATE \_\_\_\_\_  
 (The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL \_\_\_\_\_