

## WELL ABANDONMENT RECORD

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

1. WELL USE (check Applicable Box): Residential  Municipal  Industrial  Agricultural  Monitoring   
Recovery  Heat Pump Water Injection  Other  If Other, List Use: \_\_\_\_\_

2. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: \_\_\_\_\_

County \_\_\_\_\_

(Road Name and Number, Community, Subdivision, Lot No.)

Quadrangle No. \_\_\_\_\_

3. OWNER: \_\_\_\_\_

4. ADDRESS: \_\_\_\_\_

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat  
(circle one)

6. TOTAL DEPTH: \_\_\_\_\_ DIAMETER: \_\_\_\_\_

7. CASING REMOVED:

feet \_\_\_\_\_ diameter \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

8. DISINFECTION: \_\_\_\_\_  
(Amount of 70% Hypochlorite used: \_\_\_\_\_)

9. SEALING MATERIAL:

Neat Cement \_\_\_\_\_ Sand Cement \_\_\_\_\_  
bags of cement \_\_\_\_\_ bags of cement \_\_\_\_\_  
gallon of water \_\_\_\_\_ gallons of water \_\_\_\_\_

Other \_\_\_\_\_  
Type material \_\_\_\_\_  
Amount \_\_\_\_\_

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

\_\_\_\_\_

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 the record has been provided to the well owner.

Signature of person abandoning the well \_\_\_\_\_ Date \_\_\_\_\_

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.