



# 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 \_\_\_\_ \_

LONGITUDE \_\_\_\_ \_

May be in degrees,  
minutes, seconds, or in a  
decimal format

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 and 4b.  
(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:**

#### Neat Cement

#### Sand Cement

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