WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC.
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE | NC | 28625
City or Town | State | Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 212102

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 IREDELL QUADRANGLE NAME _____

NEAREST TOWN: TROUTMAN

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

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other _____
(Check appropriate setting)

LATITUDE 35° 39. 922

LONGITUDE 80° 53. 812

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 and4b. (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 MICHAEL NEILSON

STREET ADDRESS 157 DRIFTWOOD COVE RD.

TROUTMAN, NC 28166

5. WELL DETAILS:

a. Total Depth: 53 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): _____ ft.

Measuring point is _____ ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): N/A ft. _____ in.

b. Casing Removed: N/A ft. _____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement ___ lb.
Water ___ gal.

Sand Cement

Cement ___ lb.
Water ___ gal.

Bentonite

Bentonite _____ lb.

Type: ☐ Slurry ☐ Pellets

Water _____ gal.

Other

Type material BENTONITE CHIPS

Amount 100 LBS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

POURED

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 7/28/15

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.

Neill Pardue 7/28/15
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.)

NEILL PARDUE
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC.27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06