



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #3098

1. WELL CONTRACTOR:

JOHNNY BURR

Well Contractor (Individual) Name

GEOLOGIC EXPLORATION, INC.

Well Contractor Company Name

STREET ADDRESS **176 COMMERCE BLVD.**

STATESVILLE NC 28625

City or Town State Zip Code

(**704**) - **872-7686**

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) **MW-4**

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 **IREDELL** QUADRANGLE NAME

NEAREST TOWN: **STATESVILLE**

224 WILSON PARK ROAD

(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 **FORMER VF JANTZEN**

STREET ADDRESS **224 WILSON PARK ROAD**

STATESVILLE NC

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME **STATESVILLE PARTNERSHIP, LLC**

STREET ADDRESS **120 CLUB OAKS COURT SUITE 210 WINSTON-SALEM, NC 27104**

5. WELL DETAILS:

a. Total Depth: **22.0** 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: **N/A**

(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 **PORTLAND BENTONITE SLURRY**

Amount **4.5 GALLONS**

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

VIA TREMIE PIPE

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 **1/30/07**

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.

Johnny Burr
SIGNATURE OF CERTIFIED WELL CONTRACTOR

02/14/07

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.)

JOHNNY BURR

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



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #3098

1. WELL CONTRACTOR:

JOHNNY BURR

Well Contractor (Individual) Name

GEOLOGIC EXPLORATION, INC.

Well Contractor Company Name

STREET ADDRESS **176 COMMERCE BLVD.**

STATESVILLE NC 28625

City or Town State Zip Code

(**704**) - **872-7686**

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) **MW-6**

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 **IREDELL** QUADRANGLE NAME _____

NEAREST TOWN: **STATESVILLE**

224 WILSON PARK ROAD

(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 **FORMER VF JANTZEN**

STREET ADDRESS **224 WILSON PARK ROAD**

STATESVILLE NC

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME **STATESVILLE PARTNERSHIP, LLC**

STREET ADDRESS **120 CLUB OAKS COURT SUITE 210 WINSTON-SALEM, NC 27104**

5. WELL DETAILS:

a. Total Depth: **34.0** 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: **N/A**

(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 **PORTLAND BENTONITE SLURRY**

Amount **7.0 GALLONS**

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

VIA TREMIE PIPE

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 1/30/07

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.

Johnny Burr
SIGNATURE OF CERTIFIED WELL CONTRACTOR

02/14/07

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.)

JOHNNY BURR

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



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2580

REVISED

1. WELL CONTRACTOR:

JASON MANTAK

Well Contractor (Individual) Name

GEOLOGIC EXPLORATION, INC.

Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD.

STATESVILLE NC 28625

City or Town State Zip Code

(704) - 872-7686

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) WW-1

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 IREDELL QUADRANGLE NAME _____

NEAREST TOWN: STATESVILLE

224 WILSON PARK ROAD

(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 OLD VF PLANT

STREET ADDRESS 224 WILSON PARK ROAD

STATESVILLE NC

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME STATESVILLE PARTNERSHIP, LLC

STREET ADDRESS 120 CLUB OAKS COURT SUITE 210 WINSTON-SALEM, NC 27104

5. WELL DETAILS:

a. Total Depth: 705.0 ft. Diameter: 6 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: N/A

(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 PORTLAND BENTONITE SLURRY

Amount 1030.0 GALLONS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

VIA TREMIE PIPE

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 12/27/06

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 _____

02/13/07

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.)

JASON MANTAK

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



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2580

I. WELL CONTRACTOR:

JASON MANTAK

Well Contractor (Individual) Name

GEOLOGIC EXPLORATION, INC.

Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD.

STATESVILLE NC 28625

City or Town State Zip Code

(704) - 872-7686

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) WW-2

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 IREDELL QUADRANGLE NAME _____

NEAREST TOWN: STATESVILLE

224 WILSON PARK ROAD

(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 OLD VF PLANT

STREET ADDRESS 224 WILSON PARK ROAD

STATESVILLE NC

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME STATESVILLE PARTNERSHIP, LLC

STREET ADDRESS 120 CLUB OAKS COURT SUITE 210 WINSTON-SALEM, NC 27104

5. WELL DETAILS:

a. Total Depth: 399.0 ft. Diameter: 6 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: N/A

(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 PORTLAND BENTONITE SLURRY

Amount 900.0 GALLONS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

VIA TREMIE PIPE

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 12/28/06

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 _____

02/13/07

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.)

JASON MANTAK

PRINTED NAME OF PERSON ABANDONING THE WELL