

**Municipal
Services****Engineering
Company, P.A.**

December 31, 2007

Mr. Brian Wootton
Solid Waste Section
Division of Waste Management
North Carolina Department of Environment and Natural Resources
401 Oberlin Road, Suite 150
Raleigh, NC 27605

Re: Piezometer Abandonment – Subgrade Inspection
Iredell County Subtitle D Landfill, Phase 4
Permit No. 49-03

Mr. Wootton,

The approved variation of well abandonment procedures, contained in the facility construction conditions of the Permit to Construct Phase 4, has been completed.

Newly Abandoned Wells

Wells P4-3, P4-4, P4-5, P4-8S, P4-8D, P4-9, P4-10, and P4-14 were abandoned with an additional impenetrable surface seal to eliminate the perceived potential of direct vertical migration within the casing/grout system. A MESCO Quality Assurance (QA) field inspector (Harold Riddle and/or Larry Johnson) was present at the facility, full time, monitoring the well sites located in the excavation areas until completion of the subgrade. The wells did not appear to be compromised during completion of the subgrade.

Abandonment was completed by a certified NC well contractor in strict accordance with 15A NCAC 2C .0113 (b)(1). The PVC casing was removed from each well to a depth of 3 ft. below the finished subgrade. A monolithic surface plug consisting of an approved grout was completed from 0.5 feet below subgrade to 3 feet with a 0.5 feet thick 10^{-7} cohesive clay barrier at the subgrade.

Wells P4-1S, P4-1D, P4-2, P4-6, P-9D and P-9S, which are located outside of the Phase 4 footprint, were abandoned in accordance with 15A NCAC 2C .0113 (b)(1)

Previously Abandoned Wells

Wells that have been previously abandoned (P-5 and P-6) were exempt from the new permit and were not re-abandoned. These wells were abandoned in accordance with 15A NCAC 2C .0113 (b)(1). During excavation their locations were monitored to ensure they were not compromised during completion of the subgrade.

Monitoring Well Installation

Monitoring wells MW-25, MW-26, MW-27S and MW-27D were converted from their existing piezometers. Conversion consisted of installing a protective casing with locking lid. Piezometers P3-7S and P3-7D were retained for water level measurements.

Subgrade Review

In accordance with item 15 of the Permit to Construct the subgrade was examined on December 10, 2007. There were no unusual or pertinent features that will affect groundwater monitoring, design, construction, or operation of the landfill unit.

Summary

Piezometers were abandoned in accordance with 15A NCAC 2C.0113(b)(1) and are shown on the included Plate A. Included are the abandonment records for piezometers abandoned as part of the Phase 4 construction, previous abandonment records for Phase 3 piezometers P-5 and P-6, and well construction records for converted piezometers, MW-25, MW-26, MW-27S, and MW-27D. If you have any questions or need additional information please contact me at 919-772-5393.

Sincerely,

MUNICIPAL ENGINEERING SERVICES CO., P.A.

A handwritten signature in blue ink, appearing to read 'Ethan J. Caldwell'.

Ethan J. Caldwell, PG

Enclosures



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-1S

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001

City or Town State Zip Code

(704) - 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-1S

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.772041

LONGITUDE 80.83778

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 27.13 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 18.65 ft.

Measuring point is 2.85 ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): 12.13 ft. 2 in.

b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Sand Cement

Cement 45 lb.
Water 2 gal.

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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 11/3/07

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.

Derry L. Huneycutt
SIGNATURE OF CERTIFIED WELL CONTRACTOR

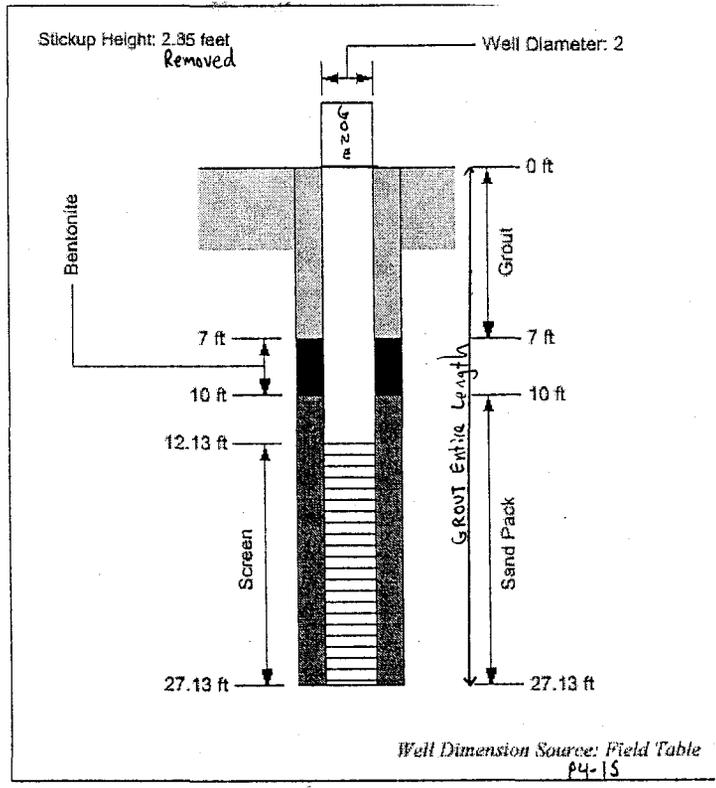
11/16/07

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.)

Derry Huneycutt

PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-1D

1. WELL CONTRACTOR:

Derry Huneycutt
Well Contractor (Individual Name)
Derry's Well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 44283-A NC 24/27/73
Albemarle NC 28001
City or Town State Zip Code
(704) 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-1D
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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.
NEAREST TOWN: Statesville
354 Twin Oaks Road Statesville NC 28625
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other
(Check appropriate setting)

LATITUDE 35.772041
LONGITUDE 80.83778

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 Iredell Co. Subtitle D MSWLF, Ph. 4
STREET ADDRESS 354 Twin Oaks Road
Statesville NC 28625
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)
STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 48.21 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 33.40 ft.
Measuring point is 2.70 ft. above land surface.

6. CASING:

Length Diameter
a. Casing Depth (if known): 43.21 ft. 2 in.
b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

<u>Neat Cement</u>	<u>Sand Cement</u>
Cement <u>80</u> lb.	Cement _____ lb.
Water <u>4</u> gal.	Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry Pellets
Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite
Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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.

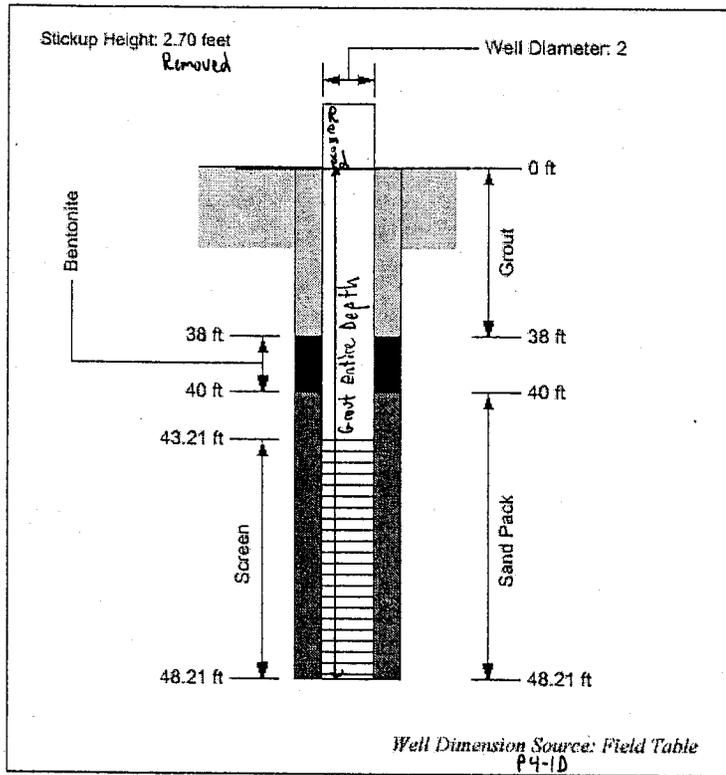
11. DATE WELL ABANDONED 11/3/07

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.

Derry Huneycutt 11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-2

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001
City or Town State Zip Code

(704) - 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-2

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.771837

LONGITUDE 80.83559

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 49.78 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 40.70 ft.

Measuring point is 2.65 ft. above land surface.

6. CASING:

a. Casing Depth (if known): 25.78 ft. 2 in.

b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Cement 75 lb.
Water 4 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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 11/3/07

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.

Derry L. Huneycutt

11/16/07

SIGNATURE OF CERTIFIED WELL CONTRACTOR

DATE

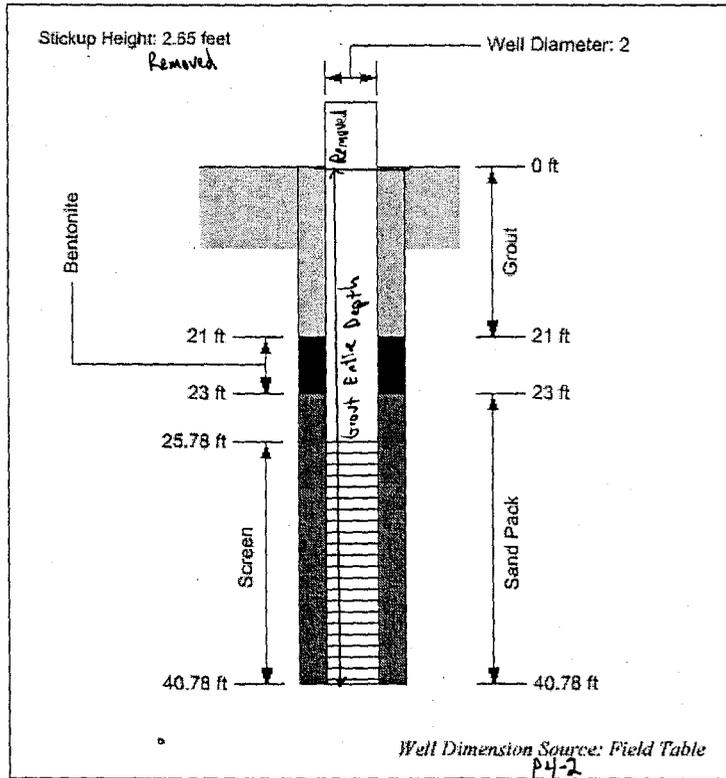
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE

(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Derry Huneycutt

PRINTED NAME OF PERSON ABANDONING THE WELL

Well Dimension





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-3

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001

City or Town State Zip Code

(704) - 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-3

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

[x] Other (list use) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

[x] Slope [] Valley [] Flat [] Ridge [] Other

(Check appropriate setting)

LATITUDE 35.771303

LONGITUDE 80.83641

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

Latitude/longitude source: [x] 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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 47.33 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 34.69 ft.

Measuring point is 11.13 ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): 32.33 ft. 2 in.

b. Casing Removed: 8.33 ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Cement 94 lb. Water 5 gal.

Sand Cement

Cement lb. Water gal.

Bentonite

Bentonite lb.

Type: [] Slurry [] Pellets

Water gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Well on 8.33' pinnacle due to excavation. Abandoned from 39' to current grade & 8.33' of casing removed.

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.

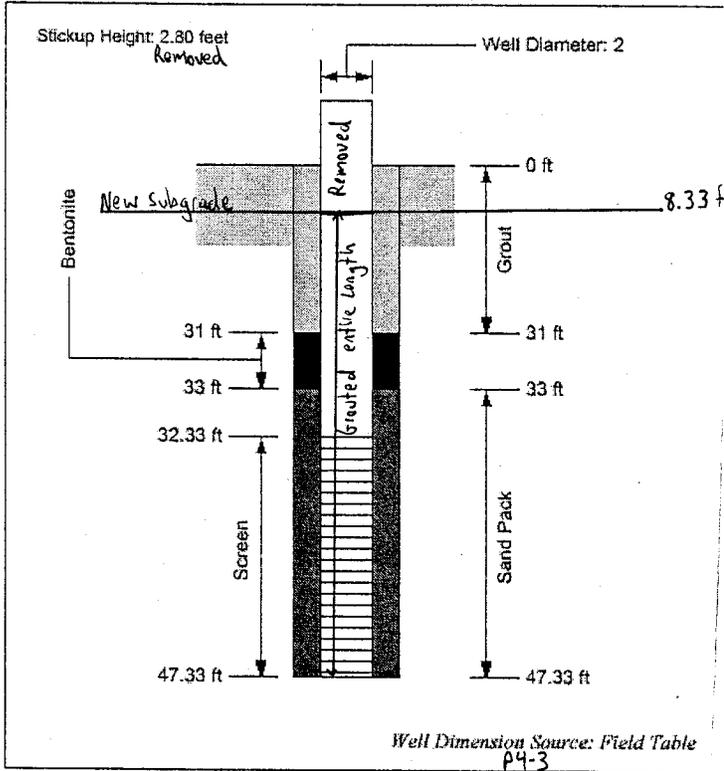
11. DATE WELL ABANDONED 11/3/07

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.

Signature of Derry Huneycutt 11/16/07 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.)

Derry Huneycutt PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

P4-4

WELL CONTRACTOR CERTIFICATION #2663

1. WELL CONTRACTOR:

Derry Huneycutt
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001
City or Town State Zip Code

(704) - 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-4

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.
NEAREST TOWN: Statesville
354 Twin Oaks Road Statesville NC 28625
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other _____
(Check appropriate setting)

LATITUDE 35.770943 May be in degrees, minutes, seconds, or in a decimal format
LONGITUDE 80.83577

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 Iredell Co. Subtitle D MSWLF, Ph. 4
STREET ADDRESS 354 Twin Oaks Road
Statesville NC 28625
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)
STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28

5. WELL DETAILS:

a. Total Depth: 33.07 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 22.35 ft.
Measuring point is 2.61 ft. above land surface.

6. CASING:

Length Diameter

a. Casing Depth (if known): 18.07 ft. 2 in.
b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement <u>65</u> lb.	Cement _____ lb.
Water <u>4</u> gal.	Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry Pellets
Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite
Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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.

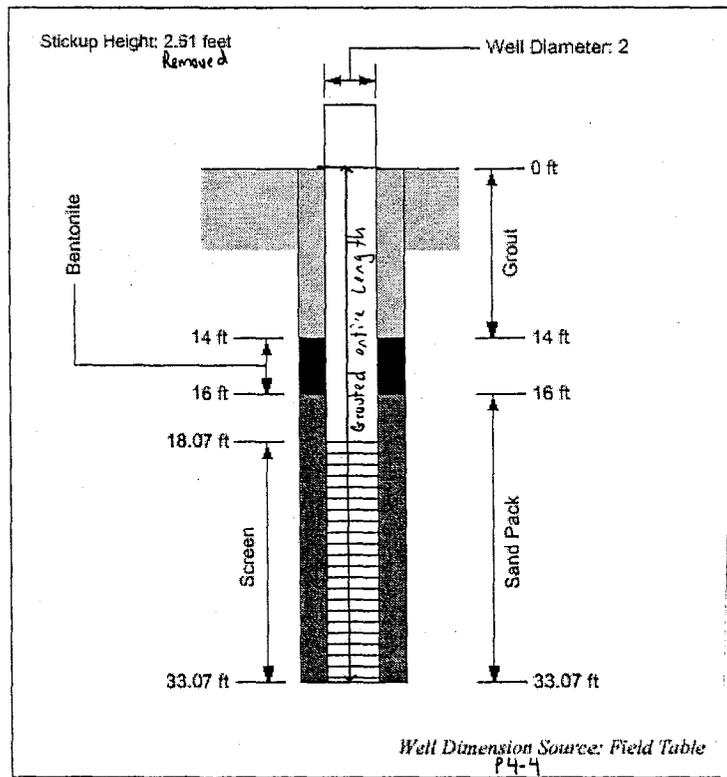
11. DATE WELL ABANDONED 11/3/07

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.

Derry Huneycutt 11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-5

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001

City or Town State Zip Code

(704) - 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-5

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other

(Check appropriate setting)

LATITUDE 35.77099

LONGITUDE 80.83695

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 35.96 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 25.90 ft.

Measuring point is 8.37 ft. above land surface.

6. CASING:

Length Diameter

a. Casing Depth (if known): 20.96 ft. 2 in.

b. Casing Removed: 5.96 ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Sand Cement

Cement 94 lb.

Cement _____ lb.

Water 5 gal.

Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Well on 5.96' pinnacle due to excavation. Abandoned from 25.90' to current grade & 5.96' of casing removed.

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 11/3/07

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.

Derry Huneycutt
SIGNATURE OF CERTIFIED WELL CONTRACTOR

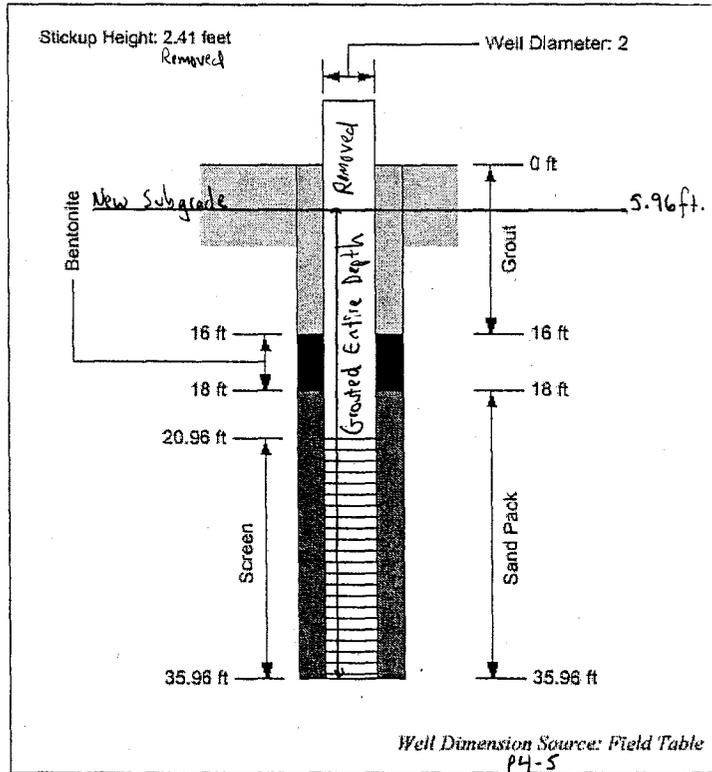
11/16/07

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.)

Derry Huneycutt

PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-6

1. WELL CONTRACTOR:

Derry Huneycutt
 Well Contractor (Individual) Name
Derry's Well Drilling Inc.
 Well Contractor Company Name
 STREET ADDRESS 44283-A NC 24/27/73
Albemarle NC 28001
 City or Town State Zip Code
(704) - 982-3070
 Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-6
 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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.
 NEAREST TOWN: Statesville
354 Twin Oaks Road Statesville NC 28625
 (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
 TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other _____
 (Check appropriate setting)

LATITUDE 35.770879
 LONGITUDE 80.83810

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 Iredell Co. Subtitle D MSWLF, Ph. 4
 STREET ADDRESS 354 Twin Oaks Road
Statesville NC 28625
 City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)
 STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28

5. WELL DETAILS:

a. Total Depth: 20.24 ft. Diameter: 2 in.
 b. Water Level (Below Measuring Point): 9.85 ft.
 Measuring point is 1.62 ft. above land surface.

6. CASING:

Length Diameter
 a. Casing Depth (if known): 7.24 ft. 2 in.
 b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement **Sand Cement**
 Cement 40 lb. Cement _____ lb.
 Water 2 gal. Water _____ gal.

Bentonite
 Bentonite _____ lb.
 Type: Slurry Pellets
 Water _____ gal.

Other
 Type material DSI "Easy Grout" bentonite
 Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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.

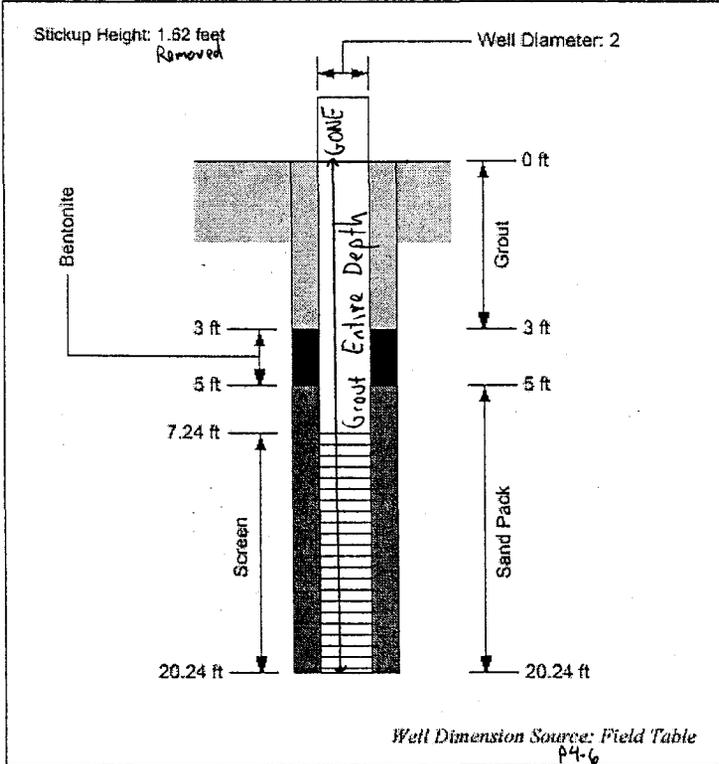
11. DATE WELL ABANDONED 11/3/07

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.

Derry Huneycutt 11/16/07
 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.)

Derry Huneycutt
 PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-8S

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/2773

Albemarle NC 28001

City or Town State Zip Code

(704) - 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-8S

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.770336

LONGITUDE 80.83650

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28

5. WELL DETAILS:

a. Total Depth: 40.45 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 34.28 ft.

Measuring point is 8.95 ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): 25.45 ft. 2 in.

b. Casing Removed: 5.95 ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Cement 80 lb.
Water 4 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Well on 5.95' pinnacle due to excavation. Abandoned from 34.5' to current grade & 5.95' of casing removed.

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.

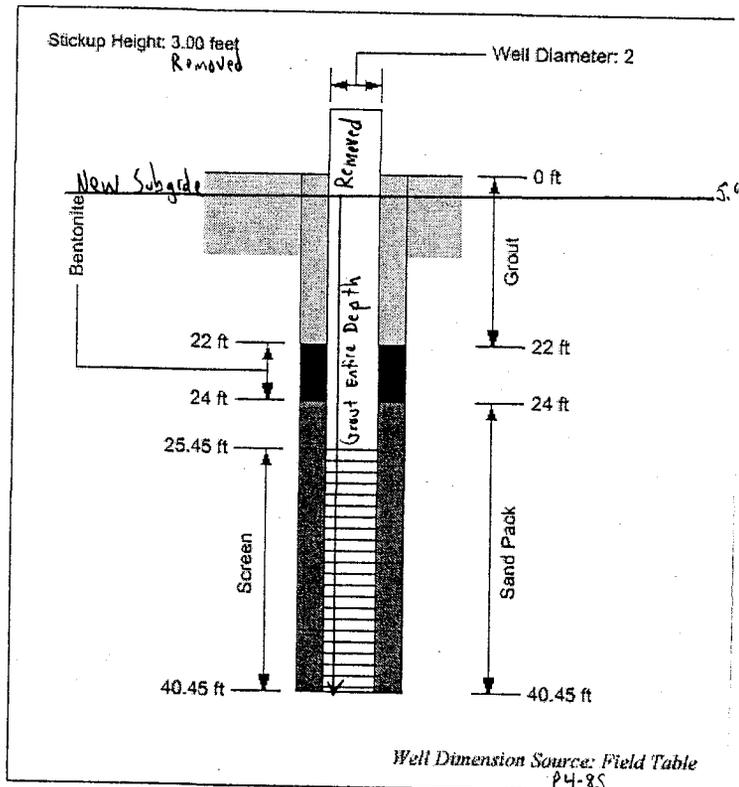
11. DATE WELL ABANDONED 11/3/07

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.

Derry L. Huneycutt 11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-8D

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001

City or Town State Zip Code

(704) 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-8D

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.770336

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

LONGITUDE 80.83650

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 85.46 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 34.11 ft.

Measuring point is 8.89 ft. above land surface.

6. CASING:

Length Diameter

a. Casing Depth (if known): 80.46 ft. 2 in.

b. Casing Removed: 5.95 ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Sand Cement

Cement 170 lb.
Water 9 gal.

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1.5 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Well on 5.95' pinnacle due to excavation. Abandoned from 79.51' to current grade & 5.95' of casing removed.

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 11/3/07

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.

Derry L. Huneycutt
SIGNATURE OF CERTIFIED WELL CONTRACTOR

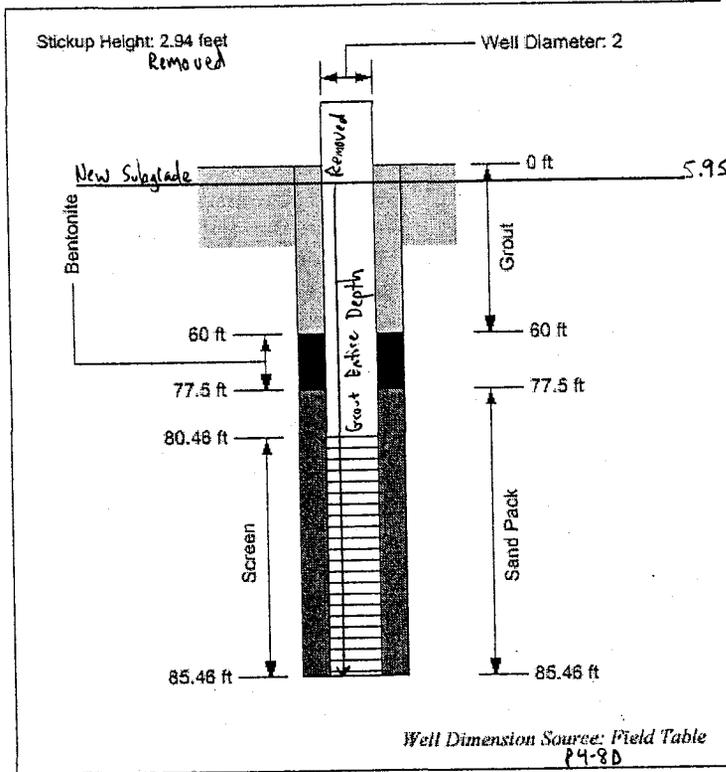
11/16/07

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.)

Derry Huneycutt

PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-9

1. WELL CONTRACTOR:

Derry Huneycutt

Well Contractor (Individual) Name

Derry's Well Drilling Inc.

Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001

City or Town State Zip Code

(704) - 982-3070

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-9

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.769984

LONGITUDE 80.83573

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 30.42 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 26.02 ft.

Measuring point is 3.00 ft. above land surface.

6. CASING:

a. Casing Depth (if known): 15.42 ft. 2 in.

b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Cement 60 lb.
Water 3 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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 11/3/07

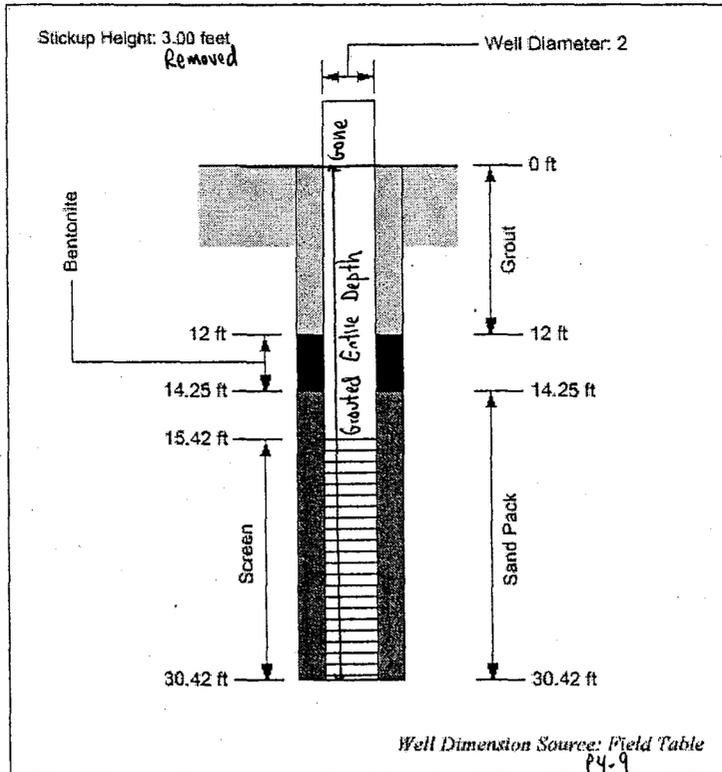
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Derry Huneycutt
SIGNATURE OF CERTIFIED WELL CONTRACTOR

11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-10

1. WELL CONTRACTOR:

Derry Huneycutt
 Well Contractor (Individual) Name
Derry's Well Drilling Inc.
 Well Contractor Company Name
 STREET ADDRESS 44283-A NC 24/27/73
Albemarle NC 28001
 City or Town State Zip Code
(704) 982-3070
 Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-10
 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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.
 NEAREST TOWN: Statesville
354 Twin Oaks Road Statesville NC 28625
 (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
 TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other _____
 (Check appropriate setting)

LATITUDE 35.769348
 LONGITUDE 80.83619

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 Iredell Co. Subtitle D MSWLF, Ph. 4
 STREET ADDRESS 354 Twin Oaks Road
Statesville NC 28625
 City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)
 STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 28.45 ft. Diameter: 2 in.
 b. Water Level (Below Measuring Point): 23.72 ft.
 Measuring point is 2.95 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	<u>13.45</u> ft.	<u>2</u> in.
b. Casing Removed:	<u>stickup</u> ft.	<u>2</u> in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement <u>60</u> lb.	Cement _____ lb.
Water <u>3</u> gal.	Water _____ gal.
Bentonite	
Bentonite _____ lb.	
Type: <input type="checkbox"/> Slurry <input type="checkbox"/> Pellets	
Water _____ gal.	
Other	
Type material <u>DSI "Easy Grout" bentonite</u>	
Amount <u>1 lb. w/ 0.25 gal. water</u>	

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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.

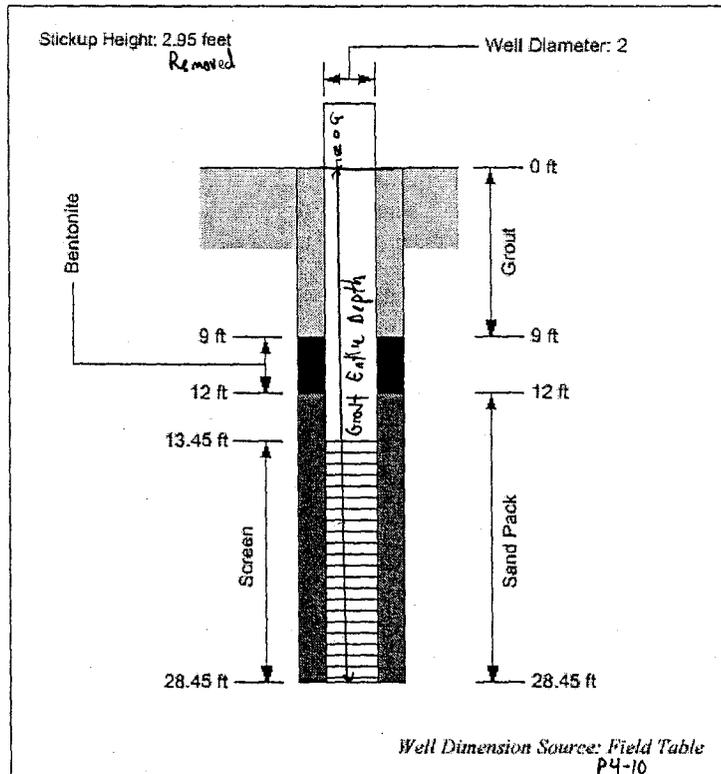
11. DATE WELL ABANDONED 11/3/07

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.

David Lambert 11/16/07
 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.)

Derry Huneycutt
 PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION #2663

P4-14

1. WELL CONTRACTOR:

Derry Huneycutt
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001
City or Town State Zip Code

(704) 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P4-14

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.770002

LONGITUDE 80.83728

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 26.19 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 21.55 ft.
Measuring point is 2.94 ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): 11.19 ft. 2 in.

b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

Neat Cement

Sand Cement

Cement 50 lb.
Water 3 gal.

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top.

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.

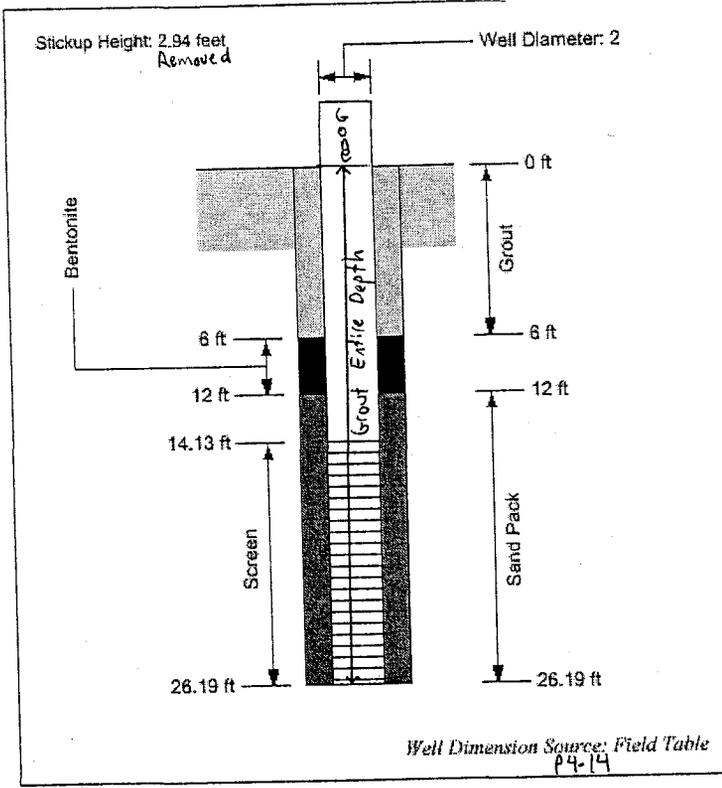
11. DATE WELL ABANDONED 11/3/07

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.

Derry L. Huneycutt 11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

P-9S

WELL CONTRACTOR CERTIFICATION #2663

1. WELL CONTRACTOR:

Derry Huneycutt
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001
City or Town State Zip Code

(704) - 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P-9S

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____

(Check appropriate setting)

LATITUDE 35.769304

LONGITUDE 80.83724

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road

Statesville NC 28625
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 39 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 30.24 ft.
Measuring point is 2.54 ft. above land surface.

6. CASING:

a. Casing Depth (if known): 24 ft. 2 in.

b. Casing Removed: stickup ft. 2 in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

<u>Neat Cement</u>	<u>Sand Cement</u>
Cement <u>80</u> lb.	Cement _____ lb.
Water <u>4</u> gal.	Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: Slurry Pellets

Water _____ gal.

Other

Type material DSI "Easy Grout" bentonite

Amount 1 lb. w/ 0.25 gal. water

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Metal Case & Pad Removed.

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.

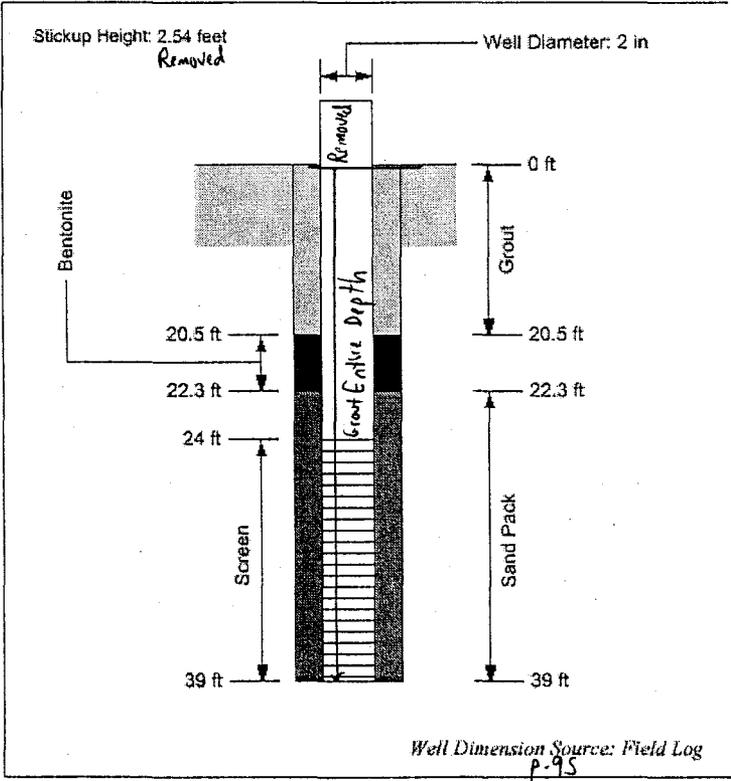
11. DATE WELL ABANDONED 11/3/07

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.

Derry L. Huneycutt 11/16/07
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.)

Derry Huneycutt
PRINTED NAME OF PERSON ABANDONING THE WELL





WELL ABANDONMENT RECORD

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

P-9D

WELL CONTRACTOR CERTIFICATION #2663

1. WELL CONTRACTOR:

Derry Huneycutt
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

STREET ADDRESS 44283-A NC 24/27/73

Albemarle NC 28001
City or Town State Zip Code

(704) - 982-3070
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) P-9D

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) Temp. Piez. for hydrogeologic study

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME Statesville E.

NEAREST TOWN: Statesville

354 Twin Oaks Road Statesville NC 28625
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other
 (Check appropriate setting)

LATITUDE 35.769304

LONGITUDE 80.83724

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 Iredell Co. Subtitle D MSWLF, Ph. 4

STREET ADDRESS 354 Twin Oaks Road
Statesville NC 28625
 City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME David Lambert (Solid Waste Director)

STREET ADDRESS 354 Twin Oaks Rd. Statesville NC 28625

5. WELL DETAILS:

a. Total Depth: 50 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): 31.43 ft.
 Measuring point is 2.59 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	<u>45</u> ft.	<u>2</u> in.
b. Casing Removed:	<u>stickup</u> ft.	<u>2</u> in.

7. DISINFECTION: na

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

8. SEALING MATERIAL:

<u>Neat Cement</u>	<u>Sand Cement</u>
Cement <u>100</u> lb.	Cement _____ lb.
Water <u>5.5</u> gal.	Water _____ gal.
<u>Bentonite</u>	
Bentonite _____ lb.	
Type: <input type="checkbox"/> Slurry <input type="checkbox"/> Pellets	
Water _____ gal.	
<u>Other</u>	
Type material <u>DSI "Easy Grout" bentonite</u>	
Amount <u>1 lb. w/ 0.25 gal. water</u>	

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pressure tremie cement & bentonite slurry from bottom to the top. Metal Case & Pad Removed.

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 11/3/07

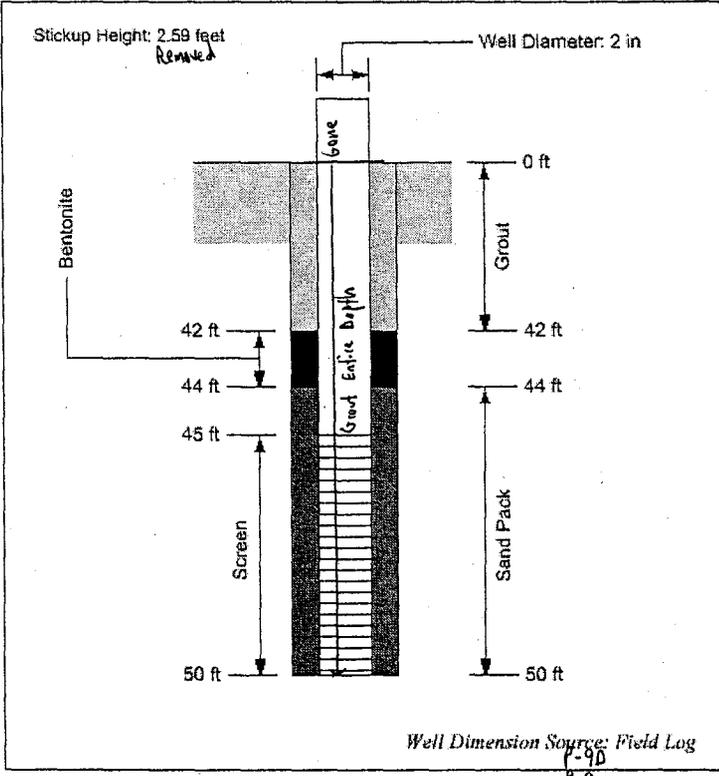
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Derry L. Huneycutt 11/16/07
 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.)

Derry Huneycutt
 PRINTED NAME OF PERSON ABANDONING THE WELL

WELL DIMENSIONS



WELL CONSTRUCTION RECORD

North Carolina – Department of Environmental and Natural Resources – Division of Water Quality – Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MIKE MCCONAHEY CERTIFICATION # 2402
 WELL CONTRACTOR COMPANY NAME GEOLOGIC EXPLORATION, INC. PHONE # (704) 872-7686
 STATE WELL CONSTRUCTION PERMIT# _____ ASSOCIATED WQ PERMIT# _____
 (if applicable) (if applicable)

1. WELL USE (Check Applicable Box): Residential Municipal/Public Industrial Agricultural
 Monitoring Recovery Heat Pump Water Injection Other If Other, list Use Temp. Piez. for Hydro Study

2. WELL LOCATION:
 Nearest Town: Statesville County Iredell
3260 Twin Oaks Road 28687
 (Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
 Ridge Slope Valley Flat
 (check appropriate box)
 Latitude/longitude of well location
35.76913/80.83798
 (degrees/minutes/seconds)

3. OWNER: Iredell Co. Landfill
 Address 3260 Twin Oaks Road
 (Street or Route No.)
Statesville NC 28687
 City or Town State Zip Code
(704) 878-5430
 Area Code – Phone Number

Latitude/longitude source: GPS Topographic map
 (check box)

DEPTH		DRILLING LOG
From	To	Formation Description
0.0	1.0	TOPSOIL
1.0	11.0	WHITE/TAN SANDY SILT
11.0	12.42	TAN/WHITE WEATHERED
		ROCK

4. DATE DRILLED 12/22/04
 5. TOTAL DEPTH: 12.42 FEET
 6. DOES WELL REPLACE EXISTING WELL? YES NO
 7. STATIC WATER LEVEL Below Top of Casing: 7.37 FT.
 (Use "+" if Above Top of Casing)

8. TOP OF CASING IS 2.68 FT. Above Land Surface*
 *Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): N/A METHOD OF TEST N/A
 10. WATER ZONES (depth): 5.0/BGS

11. DISINFECTION: Type N/A Amount N/A

12. CASING:

From	To	Depth	Diameter	Wall Thickness	Material
From	0.0	To	7.42	Ft	2 INCH SCH 40 PVC
From		To		Ft.	
From		To		Ft.	

13. Grout:

From	To	Depth	Material	Method
From	0.0	To	3.0	Ft. Portland Bentonite Slurry
From		To		Ft.

14. SCREEN:

From	To	Depth	Diameter	Slot Size	Material
From	7.42	To	12.42	Ft. 2.0 in. 0.01 in	PVC
From		To		Ft. in. in	

15. SAND/GRAVEL PACK:

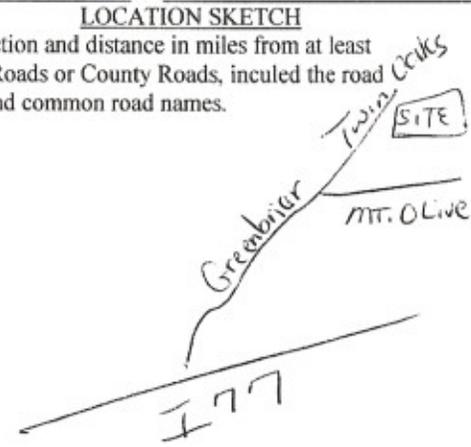
From	To	Depth	Size	Material
From	5.0	To	12.42	Ft. #2 FINE SILICA SAND
From		To		Ft.

16. REMARKS: P4-11 BENTONITE SEAL FROM 3.0 TO 5.0 FEET

I DO HEARBY CERTIFY THAT THIS WELL WAS CONSTRUCTED 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 PERSON CONSTRUCTING THE WELL

2/19/05
 DATE



WELL CONSTRUCTION RECORD

North Carolina – Department of Environmental and Natural Resources – Division of Water Quality – Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MIKE MCCONAHEY CERTIFICATION # 2402

WELL CONTRACTOR COMPANY NAME GEOLOGIC EXPLORATION, INC. PHONE # (704) 872-7686

STATE WELL CONSTRUCTION PERMIT# _____ ASSOCIATED WQ PERMIT# _____
(if applicable) (if applicable)

1. WELL USE (Check Applicable Box): Residential Municipal/Public Industrial Agricultural
Monitoring Recovery Heat Pump Water Injection Other If Other, list Use Temp. Piez. for Hydro Study

2. WELL LOCATION:

Nearest Town: Statesville County Iredell

3260 Twin Oaks Road 28687
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
 Ridge Slope Valley Flat
(check appropriate box)

Latitude/longitude of well location

35.76874/80.83716

(degrees/minutes/seconds)

Latitude/longitude source: GPS Topographic map
(check box)

3. OWNER: Iredell Co. Landfill

Address 3260 Twin Oaks Road
(Street or Route No.)

Statesville NC 28687
City or Town State Zip Code

(704) 878-5430
Area Code – Phone Number

4. DATE DRILLED 12/27/04

5. TOTAL DEPTH: 17.68 FEET

6. DOES WELL REPLACE EXISTING WELL? YES NO

7. STATIC WATER LEVEL Below Top of Casing: 9.14 FT.
(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 2.41 FT. Above Land Surface*

*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): N/A METHOD OF TEST N/A

10. WATER ZONES (depth): 6.0' BGS

11. DISINFECTION: Type N/A Amount N/A

12. CASING: Wall Thickness

From	To	Depth	Diameter	or Weight/Ft.	Material
From <u>0.0</u>	To <u>7.68</u>	Ft. <u>7.68</u>	<u>2 INCH</u>	<u>SCH 40</u>	<u>PVC</u>
From _____	To _____	Ft. _____	_____	_____	_____
From _____	To _____	Ft. _____	_____	_____	_____

13. Grout: Depth Material Method

From <u>0.0</u>	To <u>4.0</u>	Ft. <u>4.0</u>	<u>Portland Bentonite</u>	<u>Slurry</u>
From _____	To _____	Ft. _____	_____	_____

14. SCREEN: Depth Diameter Slot Size Material

From <u>7.68</u>	To <u>17.68</u>	Ft. <u>10.00</u>	<u>2.0 in.</u>	<u>0.01 in.</u>	<u>PVC</u>
From _____	To _____	Ft. _____	_____	_____	_____

15. SAND/GRAVEL PACK: Depth Size Material

From <u>6.25</u>	To <u>17.68</u>	Ft. <u>11.43</u>	<u>#2</u>	<u>FINE SILICA SAND</u>
From _____	To _____	Ft. _____	_____	_____

16. REMARKS: P4-12 BENTONITE SEAL FROM 4.0 TO 6.25 FEET

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED 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 PERSON CONSTRUCTING THE WELL

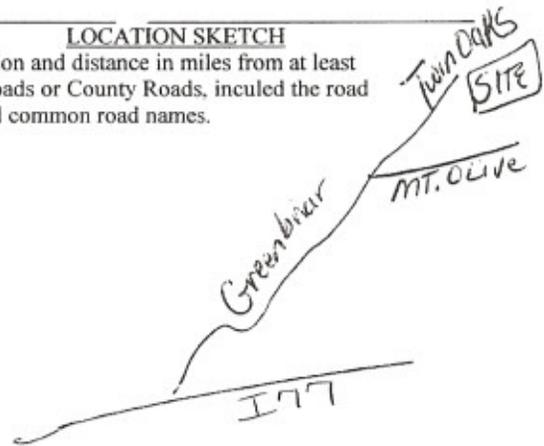
DATE

Mike McConahey

2/19/05

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center – Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001



WELL CONSTRUCTION RECORD

North Carolina – Department of Environmental and Natural Resources – Division of Water Quality – Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MIKE MCCONAHEY CERTIFICATION # 2402
 WELL CONTRACTOR COMPANY NAME GEOLOGIC EXPLORATION, INC. PHONE # (704) 872-7686
 STATE WELL CONSTRUCTION PERMIT# _____ ASSOCIATED WQ PERMIT# _____
 (if applicable) (if applicable)

1. WELL USE (Check Applicable Box): Residential Municipal/Public Industrial Agricultural
 Monitoring Recovery Heat Pump Water Injection Other If Other, list Use _____ Temp. Piez. for Hydro Study _____

2. WELL LOCATION:
 Nearest Town: Statesville County Iredell
3260 Twin Oaks Road 28687
 (Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
 Ridge Slope Valley Flat
 (check appropriate box)

Latitude/longitude of well location

35.76842/80.83567

(degrees/minutes/seconds)

Latitude/longitude source: GPS Topographic map
 (check box)

3. OWNER: Iredell Co. Landfill
 Address 3260 Twin Oaks Road
 (Street or Route No.)
Statesville NC 28687
 City or Town State Zip Code
(704) 878-5430
 Area Code – Phone Number

DEPTH		DRILLING LOG
From	To	Formation Description
0.0	1.0	TOPSOIL
1.0	4.0	WHITE/TAN SANDY SILT
4.0	20.09	BROWN/ORANGE/TAN SANDY SILT

4. DATE DRILLED 01/03/05
 5. TOTAL DEPTH: 20.09 FEET
 6. DOES WELL REPLACE EXISTING WELL? YES NO
 7. STATIC WATER LEVEL Below Top of Casing: 11.85 FT.
 (Use "+" if Above Top of Casing)
 8. TOP OF CASING IS 3.35 FT. Above Land Surface*
 *Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): N/A METHOD OF TEST N/A
 10. WATER ZONES (depth): 7.0BGS

11. DISINFECTION: Type N/A Amount N/A

12. CASING: Wall Thickness

From	To	Depth	Diameter	or Weight/Ft.	Material
		From <u>0.0</u> To <u>5.09</u> Ft.	<u>2 INCH</u>	<u>SCH 40</u>	<u>PVC</u>

13. Grout: Depth Material Method

From <u>0.0</u> To <u>1.0</u> Ft.	<u>Portland Bentonite</u>	<u>Slurry</u>
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14. SCREEN: Depth Diameter Slot Size Material

From <u>5.09</u> To <u>20.09</u> Ft.	<u>2.0 in.</u>	<u>0.01 in.</u>	<u>PVC</u>
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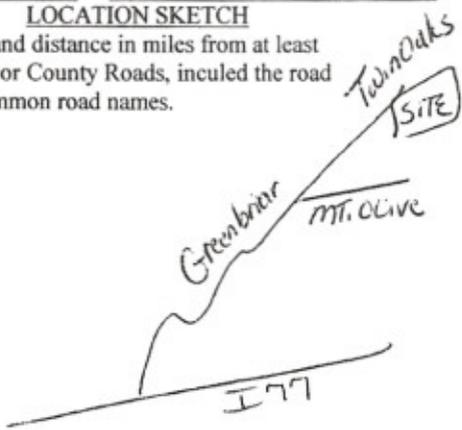
15. SAND/GRAVEL PACK: Depth Size Material

From <u>3.0</u> To <u>20.09</u> Ft.	<u>#2</u>	<u>FINE SILICA SAND</u>
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16. REMARKS: P4-13S BENTONITE SEAL FROM 1.0 TO 3.0 FEET

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Mike McConahey SIGNATURE OF PERSON CONSTRUCTING THE WELL 2/19/05 DATE



WELL CONSTRUCTION RECORD

North Carolina – Department of Environmental and Natural Resources – Division of Water Quality – Groundwater Section

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MIKE MCCONAHEY CERTIFICATION # 2402

WELL CONTRACTOR COMPANY NAME GEOLOGIC EXPLORATION, INC. PHONE # (704) 872-7686

STATE WELL CONSTRUCTION PERMIT# _____ ASSOCIATED WQ PERMIT# _____
(if applicable) (if applicable)

1. WELL USE (Check Applicable Box): Residential Municipal/Public Industrial Agricultural
Monitoring Recovery Heat Pump Water Injection Other If Other, list Use _____ Temp. Piez. for Hydro Study _____

2. WELL LOCATION:
Nearest Town: Statesville County Iredell
3260 Twin Oaks Road 28687
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
 Ridge Slope Valley Flat
(check appropriate box)
Latitude/longitude of well location
35.76841/80.83567
(degrees/minutes/seconds)

3. OWNER: Iredell Co. Landfill
Address 3260 Twin Oaks Road
(Street or Route No.)
Statesville NC 28687
City or Town State Zip Code
(704) 878-5430
Area Code – Phone Number

Latitude/longitude source: GPS Topographic map
(check box)

DEPTH		DRILLING LOG
From	To	Formation Description
0.0	1.0	TOPSOIL
1.0	4.0	WHITE/TAN SANDY SILT
4.0	20.0	BROWN/ORANGE/TAN SANDY SILT
20.0	44.42	ORANGE/TAN/WHITE SILTY SAND

4. DATE DRILLED 01/03/05
5. TOTAL DEPTH: 44.42 FEET
6. DOES WELL REPLACE EXISTING WELL? YES NO
7. STATIC WATER LEVEL Below Top of Casing: 11.35 FT.
(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 2.85 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): N/A METHOD OF TEST N/A
10. WATER ZONES (depth): 7.0BGS

11. DISINFECTION: Type N/A Amount N/A

12. CASING: Wall Thickness

From	To	Depth	Diameter or Weight/Ft.	Material
From	To	Depth	Diameter or Weight/Ft.	Material
0.0	39.42	Ft.	2 INCH SCH 40	PVC

13. Grout: Depth Material Method

From	To	Depth	Material	Method
From	To	Depth	Material	Method
0.0	33.0	Ft.	Portland Bentonite	Slurry

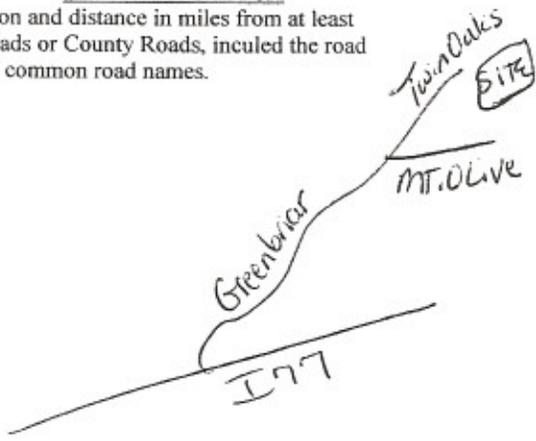
14. SCREEN: Depth Diameter Slot Size Material

From	To	Depth	Diameter	Slot Size	Material
From	To	Depth	Diameter <td>Slot Size</td> <td>Material</td>	Slot Size	Material
39.42	44.42	Ft.	2.0 in.	0.01 in.	PVC

15. SAND/GRAVEL PACK: Depth Size Material

From	To	Depth	Size	Material
From	To	Depth <td>Size <td>Material</td> </td>	Size <td>Material</td>	Material
37.0	44.42	Ft.	#2	FINE SILICA SAND

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads, include the road numbers and common road names.



16. REMARKS: P4-13D BENTONITE SEAL FROM 33.0 TO 37.0 FEET

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED 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 PERSON CONSTRUCTING THE WELL Mike McConahey DATE 2/9/05

North Carolina
 Department of Natural Resources and Community Development
 Division of Environmental Management
 Groundwater Section
 P. O. Box 27687 - Raleigh, NC 27611

WELL ABANDONMENT RECORD

CONTRACTOR: GEOLOGIC EXPLORATION, INC.

REG. NO. 2581

1. WELL LOCATON: (Show a sketch of the location on back of form)

Nearest Town: STATESVILLE

County: IREDELL

TWIN OAKS DRIVE

(Road, Community, Subdivision, Lot No.)

Quadrangle No.

2. OWNER: COUNTY OF IREDELL

3. ADDRESS: 2360 TWIN OAKS RD. STATESVILLE NC

4. TOPOGRAPHY: draw, slope hilltop, valley, flat

5. USE OF WELL: PIEZOMETER DATE: 08-27-01

6. TOTAL DEPTH: 31.0 ft DIAMETER: 2 INCH

7. CASING REMOVED:

feet	diameter
<u>N/A</u>	<u>N/A</u>

8. SEALING MATERIAL:

<u>Neat cement</u>		<u>Sand cement</u>	
bags of cement	-	bags of cement	-
gals. of water	-	yds. of sand	-
		gals. of water	-

Other

Type material PORTLAND BENTONITE SLURRY

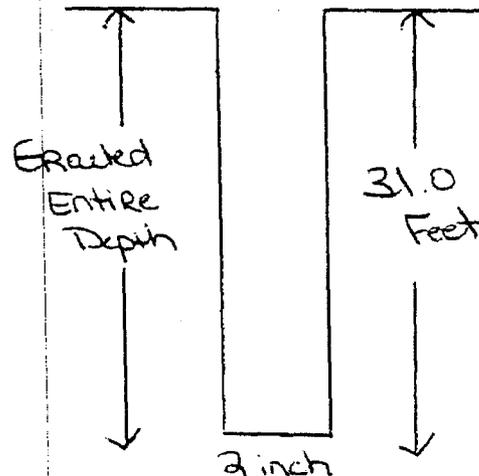
Amount 5.0 gallons

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

P-5

VIA TREMIE PIPE

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Brian Thomas Date 08-31-01

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 Environmental Management, one copy to the Driller, and one copy to the owner.

North Carolina
 Department of Natural Resources and Community Development
 Division of Environmental Management
 Groundwater Section
 P. O. Box 27687 - Raleigh, NC 27611

WELL ABANDONMENT RECORD

CONTRACTOR: GEOLOGIC EXPLORATION, INC.

REG. NO. 2581

1. WELL LOCATON: (Show a sketch of the location on back of form)

Nearest Town: STATESVILLE

County: IREDELL

TWIN OAKS DRIVE

(Road, Community, Subdivision, Lot No.)

Quadrangle No.

2. OWNER: COUNTY OF IREDELL

3. ADDRESS: 2360 TWIN OAKS RD. STATESVILLE NC

4. TOPOGRAPHY: draw, slope hilltop, valley, flat

5. USE OF WELL: PIEZOMETER DATE: 08-27-01

6. TOTAL DEPTH: 21.0 ft DIAMETER: 2 INCH

7. CASING REMOVED:

feet	diameter
<u>N/A</u>	<u>N/A</u>

8. SEALING MATERIAL:

<u>Neat cement</u>		<u>Sand cement</u>	
bags of cement	<u>-</u>	bags of cement	<u>-</u>
gals. of water	<u>-</u>	yds. of sand	<u>-</u>
		gals. of water	<u>-</u>

Other

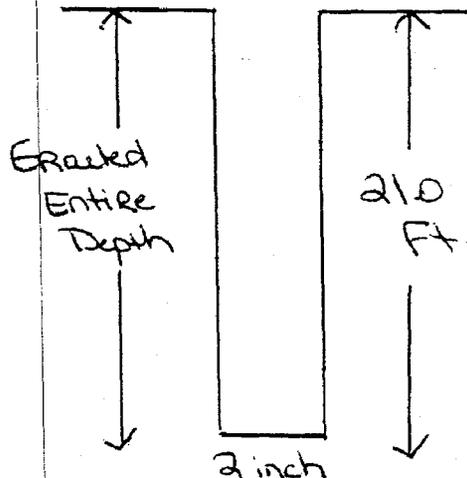
Type material PORTLAND BENTONITE SLURRY

Amount 3.5 gallons

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

P-6
VIA TREMIE PIPE

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Brian Thomas

Date 08-31-01

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 Environmental Management, one copy to the Driller, and one copy to the owner.

