From:	Jonathan Pfohl
To:	Wootton, Brian; Mark Durway; David Lambert
Subject:	Iredell MSWLF Ph 5 Piez Abandonment and MW Conversion Notification
Date:	Tuesday, May 21, 2013 11:04:03 AM
Attachments:	Iredell Ph 5 (49-03) WAR and WCR 5_17_13.pdf

Dear Mr. Wootton;

A certified *Piezometer Abandonment and Well Construction Notification* for the Iredell County Subtitle D Lined MSWLF Phase 5 is attached.
The landfill gas monitoring system is planned to be installed after Phase 5 construction but prior to operation with documentation to be provided to the SWS upon completion.
If you have any questions or need any additional information please contact us.

Sincerely,
Jonathan

--
Jonathan Pfohl
Municipal Engineering Services
PO Box 97
Garner NC 27529
Phone: (919) 772-5393
Fax: (919) 772-1176
Mobile (919) 696-1383

License No. C-0281

CIVIL/SANITARY/ENVIRONMENTAL ENGINEERS

SOLID WASTE MANAGEMENT

Municipal Services

Engineering Company, P.A.

SITE PLANNING/SUBDIVISIONS

SUBSURFACE UTILITY ENGINEERING (SUE)

May 17, 2013

Mr. Brian Wootton
Solid Waste Section (SWS)-Division of Waste Management
North Carolina Department of Environment and Natural Resources
217 West Jones Street
Raleigh, NC 27603

Re: ***Piezometer Abandonment and Well Construction Notification***
Iredell County Subtitle D Lined MSWLF, Phase 5
Permit No. 49-03
MESCO Project No. G13159.0

Dear Mr. Wooton:

Twenty one piezometers installed for the Phase 5 *Site Hydrogeologic Study* and *Design Hydrogeologic Study* (DHS) were abandoned in accordance with North Carolina Well Standards 15A NCAC 2C.0113(d) entitled "Abandonment of Wells" on April 20-21, 2013. These piezometers were abandoned in preparation for construction of the Subtitle D Lined MSWLF Phase 5. All fifteen piezometers located within the Phase 5 footprint were abandoned to the designed finished subgrade elevation. Four piezometers located within adjacent future Phase 6 were also abandoned to the planned subgrade elevation since they were located in areas that may hinder site development. Two piezometers located outside of potential waste boundaries were abandoned to the ground surface. The abandoned piezometer locations and depths are shown on **Figure 1**. The well abandonment records (GW-30) with their corresponding well construction records (GW-1b) are attached in fulfillment of 15A NCAC 02C.0114(b).

Nine monitoring wells (MW-31, MW-32, MW-33S, MW-33D, MW-34, MW-35, MW-36S, MW-36D, MW-37) were converted from piezometers that were built per North Carolina Well Standards 15A NCAC 2C .0108. Monitoring wells were converted in accordance with *Water Quality Monitoring Plan (Revision 2)* approved by the SWS. Monitoring well conversion included installation of locking metal cases, permanent well tags and concrete surface pads. Monitoring well locations, depths and survey data are shown on **Figure 1**. Well construction records (GW-1b) are attached.

Twenty one groundwater piezometers outside of the Phase 5 footprint were retained and all were encased the same as the monitoring wells with the exception of P-2. The retained piezometers are planned to be used for future hydrogeologic investigations. The locations of the retained piezometers are shown on **Figure 1**. The well construction records (GW-1b) have previously been submitted in the approved Phase 5 *DHS*.

Water quality monitoring per the *Water Quality Monitoring Plan (Revision 2)* will be initiated following Phase 5 construction but prior to issuance of the Permit to Operate. Results of the water quality baseline monitoring event(s) will be submitted to the SWS in accordance with permit conditions.

If you have any questions or need additional information, please contact us at (919) 772-5393 or by email at jpfohl@mesco.com or mdurway@mesco.com.

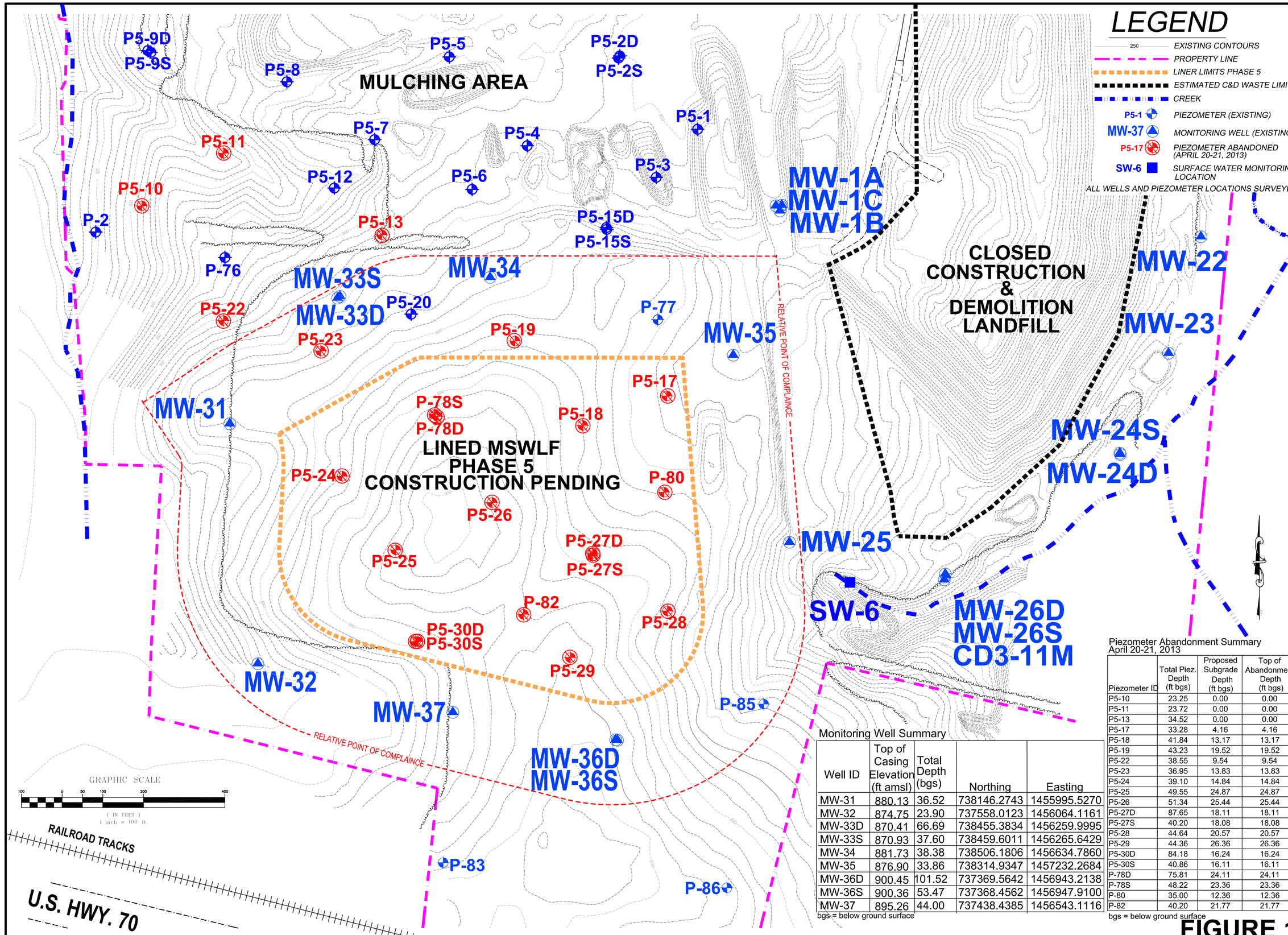
Sincerely,
MUNICIPAL ENGINEERING SERVICES CO., P.A.

Jonathan Pfohl
Environmental Specialist

NORTH CAROLINA LICENSED SEAL 0875 GEOLOGIST D. MARK DURWAY

D. Mark Durway, L.G.
Geologist

Enclosures
cc: Mr. David Lambert
Iredell County



Monitoring Well Summary

Well ID	Top of Casing Elevation (ft amsl)	Total Depth (bgs)	Northing	Easting
MW-31	880.13	36.52	738146.2743	1455995.5270
MW-32	874.75	23.90	737558.0123	1456064.1161
MW-33D	870.41	66.69	738455.3834	1456259.9995
MW-33S	870.93	37.60	738459.6011	1456265.6429
MW-34	881.73	38.38	738506.1806	1456634.7860
MW-35	876.90	33.86	738314.9347	1457232.2684
MW-36D	900.45	101.52	737369.5642	1456943.2138
MW-36S	900.36	53.47	737368.4562	1456947.9100
MW-37	895.26	44.00	737438.4385	1456543.1116

bgs = below ground surface

Piezometer Abandonment Summary
April 20-21, 2013

Piezometer ID	Total Piez. Depth (ft bgs)	Proposed Subgrade Depth (ft bgs)	Top of Abandonment Depth (ft bgs)
P5-10	23.25	0.00	0.00
P5-11	23.72	0.00	0.00
P5-13	34.52	0.00	0.00
P5-17	33.28	4.16	4.16
P5-18	41.84	13.17	13.17
P5-19	43.23	19.52	19.52
P5-22	38.55	9.54	9.54
P5-23	36.95	13.83	13.83
P5-24	39.10	14.84	14.84
P5-25	49.55	24.87	24.87
P5-26	51.34	25.44	25.44
P5-27D	87.65	18.11	18.11
P5-27S	40.20	18.08	18.08
P5-28	44.64	20.57	20.57
P5-29	44.36	26.36	26.36
P5-30D	84.18	16.24	16.24
P5-30S	40.86	16.11	16.11
P-78D	75.81	24.11	24.11
P-78S	48.22	23.36	23.36
P-80	35.00	12.36	12.36
P-82	40.20	21.77	21.77

bgs = below ground surface

FIGURE 1

Municipal Services Engineering Company, P.A.
P.O. BOX 97 GARNER, N.C. 27529 (919) 772-5393
P.O. BOX 348 BOONE, N.C. 28607 (828) 262-1767
LICENSE NUMBER: C-0281

SUBTITLE D LINED
MUNICIPAL SOLID WASTE LANDFILL PHASE 5
IREDELL COUNTY
NORTH CAROLINA

DATE	BY	REV.	DESCRIPTION
3/7/12	J. Pfohl		Revised MWs per Woodlands (SWS) Request 2/17/12

ABANDONED & EXISTING WATER
MONITORING WELLS & PIEZOMETER LOCATIONS

SCALE: 1" = 100'
DATE: 5/16/13
DRWN. BY: J. PFOHL
CHKD. BY: M. DURWAY
PROJECT NUMBER: G13159.0
DRAWING NO.: FIGURE 1
SHEET NO.: 1 of 1

Well Abandonment Records

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753697097

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.765814 N 80.834646 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-10

6b. Total well depth: 23.25 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 15.30 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 8.25 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	55 lbs.
Water in Cement Slurry	3.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 23.25' (bottom) up to 0' BGS.

8. Certification:

John S Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-10

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/8/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.765814 DD

LONGITUDE 75 ° ' " DMS OR 80.834646 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 23.25' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 18.30 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 15.30 Bottom >23.25 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 8.72	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 5	Bottom 7.10	Ft. Bent. Chips	Gravity
Top 0	Bottom 5	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 8.25	Bottom 23.25	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 7.10	Bottom 23.25	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	1	Top Soil; Brown
1	3	Clayey Silt; Reddish Orange
3	23.25	Sandy Silt; Mod. Yellow Brown

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753697097

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.765814 N 80.834646 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-11

6b. Total well depth: 23.72 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 5.35 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 8.72 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	55 lbs.
Water in Cement Slurry	3.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.

Abandoned from 23.72' (bottom) up to 0' BGS.

8. Certification:

Signature of Certified Well Contractor or Well Owner

5/3/13

Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-11

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/8/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☑ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.766112 DD

LONGITUDE 75 ° ' " DMS OR 80.833955 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 23.72' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 8.35 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 8.35 Bottom >23.72 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 8.72	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 5.5	Bottom 7.52	Ft.	Bent. Chips	Gravity
Top 0	Bottom 5.5	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 8.72	Bottom 23.72	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:	Depth		Size	Material
Top 7.52	Bottom 23.72	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	1	Top Soil; Brown
1	23.72	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753697097

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.765648 N 80.832618 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-13

6b. Total well depth: 34.52 (ft.)

6c. Borehole diameter: 8.5 (in.)

6d. Water level below ground surface: 23.55 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 19.52 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	80 lbs.
Water in Cement Slurry	5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 34.52' (bottom) up to 0' BGS.

8. Certification:

John S Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-13

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/13/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.765648 DD

LONGITUDE 75 ° ' " DMS OR 80.832618 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 34.52' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 26.55 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 23.55	Bottom >34.52	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 19.52 Ft.	2"	sch 40	PVC
Top	Bottom Ft.			
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 16.20	Bottom 18.45 Ft.	Bent. Chips	Gravity
Top 0	Bottom 16.20 Ft.	Cement/Bent	Tremie
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 19.52	Bottom 34.52 Ft.	2 in.	0.01 in.	PVC
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 18.45	Bottom 35.00 Ft.	#2	Filter Sand
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	11	Sandy Silt; Pale Yellow Brown
11	22	Silty Sand;Light Brown
22	35	Sandy Silt; Pale Yellow Brown

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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.

John S. Thompson 4/25/10
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.764599 N 80.830232 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-17

6b. Total well depth: 34.28 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 21.31 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 19.28 (ft.)

6g. Screen length (if known): 15.00 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	70 lbs.
Water in Cement Slurry	4.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 34.28' (bottom) up to 4.16' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. **For All Wells:** Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. **For Injection Wells:** In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. **For Water Supply & Injection Wells:** In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-17

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/6/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.764599 DD

LONGITUDE 75 ° ' " DMS OR 80.830232 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 34.28' BGS

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑

c. WATER LEVEL Below Top of Casing: 24.31 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): na METHOD OF TEST na

f. DISINFECTION: Type na Amount na

g. WATER ZONES (depth):

Top 21.31	Bottom >34.28	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 19.28	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 15.00	Bottom 17.05	Ft. Bent. Chips	Gravity
Top 0	Bottom 15.00	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 19.28	Bottom 34.28	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 17.05	Bottom 35.00	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	0.5	Top Soil;Brown
0.5	3	Silty Clay; Reddish Brown
3	7	Silty Sand w/ Clay; Red Brown
7	27	Silty Sand; Reddish Brown
27	35	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

47536979486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.764403 N 80.830965 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-18

6b. Total well depth: 41.84 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 28.20 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 26.84 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	70 lbs.
Water in Cement Slurry	4.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 41.84' (bottom) up to 13.17' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — 5/3/13

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-18

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/12/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.764403 DD

LONGITUDE 75 ° ' " DMS OR 80.830965 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 41.84' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 31.20 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 28.20 Bottom >41.84 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 26.84	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 23.00	Bottom 25.00	Ft. Bent. Chips	Gravity
Top 0	Bottom 23.00	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 26.84	Bottom 41.84	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 25.00	Bottom 41.84	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	28	Silty Sand; Reddish Brown
28	41.84	Sandy Silt; Red Br.-Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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.

John S. Thompson 4/25/10
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

47536979486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.764901 N 80.831425 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-19

6b. Total well depth: 43.23 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 28.75 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 28.23 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up. Abandoned from 43.23' (bottom) up to 19.52' (subgrade). Abandonment terminated at proposed subgrade to be excavated as directed by NCDENR Solid Waste Section.

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 5/3/13

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-19

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/12/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.764901 DD

LONGITUDE 75 ° ' " DMS OR 80.831425 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 43.23' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 31.75 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 25.80	Bottom >43.23	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 28.23 Ft.	2"	sch 40	PVC
Top	Bottom Ft.			
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 24.55	Bottom 27.00 Ft.	Bent. Chips	Gravity
Top 0	Bottom 24.55 Ft.	Cement/Bent	Tremie
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 28.23	Bottom 43.23 Ft.	2 in.	0.01 in.	PVC
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 27.00	Bottom 43.23 Ft.	#2	Filter Sand
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	3	Clayey Silt; Reddish Brown
3	22	Sandy Silt; Red Br.-Olive Gray
22	32	Silty Sand;Light Brown
32	43.23	Sandy Silt; Lt. Brwn & Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.765008 N 80.833888 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-22

6b. Total well depth: 38.55 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 25.47 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 23.55 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	70 lbs.
Water in Cement Slurry	5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 38.55' (bottom) up to 9.54' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-22

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/8/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.765008 DD

LONGITUDE 75 ° ' " DMS OR 80.833888 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 38.55' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 28.47 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 25.47	Bottom >38.55	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 23.55	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 20.25	Bottom 22.48	Ft. Bent. Chips	Gravity
Top 0	Bottom 20.25	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 23.55	Bottom 38.55	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 22.48	Bottom 38.55	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	7	Clayey Silt; Reddish Brown
7	16	Sandy Silt; Light Brown
16	26	Silt w/ Sand; Dark Brown
26	36	Silty Sand; Saprolite Olive Gray
36	38.55	PWR; Brown

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☐ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☑ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.764800 N 80.833138 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you con submit one form.

6a. Well ID#: P5-23

6b. Total well depth: 36.95 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 21.40 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 23.55 (ft.)

6g. Screen length (if known): 15.00 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):
- ☑ Neat Cement Grout
- ☐ Sand Cement Grout
- ☐ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☐ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 36.95' (bottom) up to 13.83' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-23

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/9/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.764800 DD

LONGITUDE 75 ° ' " DMS OR 80.833138 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 36.95' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 24.40 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 21.40	Bottom >36.95	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 21.95	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 18.00	Bottom 20.25	Ft. Bent. Chips	Gravity
Top 0	Bottom 18.00	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 21.95	Bottom 36.95	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 20.25	Bottom 36.95	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	3	Clayey Silt; Reddish Brown
3	6	Sandy Silt w/ Clay; Red Brown
6	36.95	Sandy Silt; Brown to Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.764051 N 80.832982 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-24

6b. Total well depth: 39.10 (ft.)

6c. Borehole diameter: 8.5 (in.)

6d. Water level below ground surface: 24.93 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 24.10 (ft.)

6g. Screen length (if known): 15.00 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 39.10' (bottom) up to 14.84' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S Thompson 5/3/13

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-24

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/9/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.764051 DD

LONGITUDE 75 ° ' " DMS OR 80.832982 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 39.10' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 27.93 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 24.93 Bottom >39.10 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 24.10	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 20.00	Bottom 22.35	Ft.	Bent. Chips	Gravity
Top 0	Bottom 22.00	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 24.10	Bottom 39.10	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:

	Depth		Size	Material
Top 22.35	Bottom 39.10	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	22	Sandy Silt; Brown
22	28	Silty Sand; Brown
28	39.10	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.763513 N 80.832529 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-25

6b. Total well depth: 49.55 (ft.)

6c. Borehole diameter: 8.5 (in.)

6d. Water level below ground surface: 36.20 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 34.55 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 49.55' (bottom) up to 24.87' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-25

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/9/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.763513 DD

LONGITUDE 75 ° ' " DMS OR 80.832529 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 49.55' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 39.20 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 36.20 Bottom >49.55 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING: Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 34.55	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT: Depth		Material	Method
Top 31.40	Bottom 33.45	Ft. Bent. Chips	Gravity
Top 0	Bottom 31.40	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN: Depth		Diameter	Slot Size	Material
Top 34.55	Bottom 49.55	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK: Depth		Size	Material
Top 33.45	Bottom 50.00	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	13	Sandy Silt; Grayish Red
13	21	Silty Sand; Yellowish Orange
21	50	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

P5-26

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.763927 N 80.831526 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-26

6b. Total well depth: 51.34 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 38.85 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 36.34 (ft.)

6g. Screen length (if known): 15.00 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 51.34' (bottom) up to 25.44' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-26

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/13/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.763927 DD

LONGITUDE 75 ° ' " DMS OR 80.831526 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF, Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 51.34' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 41.85 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 38.85 Bottom >51.34 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 36.34	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 33.10	Bottom 35.25	Ft.	Bent. Chips	Gravity
Top 0	Bottom 33.10	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 36.34	Bottom 51.34	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:	Depth		Size	Material
Top 35.25	Bottom 51.34	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	2	Clayey Silt; Reddish Brown
2	31	Silty Sand; Reddish Brown
31	51.34	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing,
1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

P5-27S

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.763515 N 80.830855 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-27S

6b. Total well depth: 40.20 (ft.)

6c. Borehole diameter: 8.5 (in.)

6d. Water level below ground surface: 30.20 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 25.20 (ft.)

6g. Screen length (if known): 15 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	55 lbs.
Water in Cement Slurry	3.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 40.20' (bottom) up to 18.08' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-27S

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/8/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.763515 DD

LONGITUDE 75 ° ' " DMS OR 80.830855 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 40.20' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 33.20 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 30.20	Bottom >40.20	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 25.20 Ft.	2"	sch 40	PVC
Top	Bottom Ft.			
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 21.50	Bottom 24.00 Ft.	Bent. Chips	Gravity
Top 0	Bottom 21.50 Ft.	Cement/Bent	Tremie
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 25.20	Bottom 40.20 Ft.	2 in.	0.01 in.	PVC
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 24.00	Bottom 40.20 Ft.	#2	Filter Sand
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	8	Clayey Silt; Reddish Brown
8	40.20	Sandy Silt; Brown

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

P5-27D

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.763515 N 80.830855 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-27D

6b. Total well depth: 87.65 (ft.)

6c. Borehole diameter: 5.5 (in.)

6d. Water level below ground surface: 30.35 (ft.)

6e. Outer casing length (if known): 77.65 (ft.)

6f. Inner casing/tubing length (if known): 82.65 (ft.)

6g. Screen length (if known): 5 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	160 lbs.
Water in Cement Slurry	10 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 87.65' (bottom) up to 18.11' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-27D

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/9/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.763515 DD

LONGITUDE 75 ° ' " DMS OR 80.830855 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF, Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 87.65' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 33.35 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 30.35	Bottom >87.65	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 82.65 Ft.	2"	sch 40	PVC
Top 0.25	Bottom 77.65 Ft.	6"	sc 40h	PVC
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 78.00	Bottom 81.60 Ft.	Bent. Pellets	Tremie
Top 0	Bottom 78.00 Ft.	Cement/Bent	Tremie
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 82.65	Bottom 87.65 Ft.	2 in.	0.01 in.	PVC
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 81.60	Bottom 87.65 Ft.	#2	Filter Sand
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	8	Clayey Silt; Reddish Brown
8	46	Sandy Silt; Brown
46	63	Silty Sand; Yellowish Orange
63	77.65	PWR; Brown
77.65	87.65	Rock; Weathered Schist

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

P5-28

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.763178 N 80.830221 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-28

6b. Total well depth: 44.64 (ft.)

6c. Borehole diameter: 8.5 (in.)

6d. Water level below ground surface: 30.68 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 29.64 (ft.)

6g. Screen length (if known): 15 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	55 lbs.
Water in Cement Slurry	3.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 44.64' (bottom) up to 20.57' (subgrade).
Abandonment terminated at proposed subgrade to be excavated
as directed by NCDENR Solid Waste Section.

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 5/3/13

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-28

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/13/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.763178 DD

LONGITUDE 75 ° ' " DMS OR 80.830221 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 44.64' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 33.68 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 30.68	Bottom >44.64	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 29.64	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 26.10	Bottom 28.60	Ft. Bent. Chips	Gravity
Top 0	Bottom 26.10	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 29.64	Bottom 44.64	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 28.60	Bottom 45.00	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Silty Clay; Reddish Brown
6	17	Clayey Silt; Reddish Brown
17	27	Silty Sand; Brown
27	42	Sandy Silt; Yellowish Brown
42	45	Silty Sand; Lt. Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.762818 N 80.830877 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-29

6b. Total well depth: 44.36 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 38.60 (ft.)

6e. Outer casing length (if known): none (ft.)

6f. Inner casing/tubing length (if known): 29.36 (ft.)

6g. Screen length (if known): 15 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	47 lbs.
Water in Cement Slurry	3 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 44.36' (bottom) up to 26.36' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — 5/3/13

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-29

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/13/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.762818 DD

LONGITUDE 75 ° ' " DMS OR 80.830877 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 44.36' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 41.60 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 38.60	Bottom >44.36	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 29.36	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 22.86	Bottom 28.10	Ft. Bent. Chips	Gravity
Top 0	Bottom 22.86	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 29.36	Bottom 44.36	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 28.10	Bottom 45.00	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	0.5	Top Soil; Brown
0.5	7	Clayey Silt; Reddish Brown
7	36	Silty Sand; Brown
36	45	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☐ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☑ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.762952 N 80.832278 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-30S

6b. Total well depth: 40.86 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 28.50 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 25.86 (ft.)

6g. Screen lengtb (if known): 15 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 40.86' (bottom) up to 16.11' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Th[illegible] — Signature of Certified Well Contractor or Well Owner — Date: 5/3/13

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-30S

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/6/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.762952 DD

LONGITUDE 75 ° ' " DMS OR 80.832278 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 40.86' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 31.50 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
Top 30.65 Bottom >40.86 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 25.86	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 22.52	Bottom 24.75	Ft. Bent. Chips	Gravity
Top 0	Bottom 22.52	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 25.86	Bottom 40.86	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 24.75	Bottom 40.86	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	3	Clayey Silt; Reddish Brown
3	12	Sandy Silt; Reddish Brown
12	21	Silty Sand; Yellowish Orange
21	40.86	Sandy Silt; Olive Gray

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

P5-30D

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/20/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753682071

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.762952 N 80.832278 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P5-30D

6b. Total well depth: 84.18 (ft.)

6c. Borehole diameter: 5.5 (in.)

6d. Water level below ground surface: 30.65 (ft.)

6e. Outer casing length (if known): 74.18 (ft.)

6f. Inner casing/tubing length (if known): 79.18 (ft.)

6g. Screen length (if known): 5 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	155 lbs.
Water in Cement Slurry	10 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 84.18' (bottom) up to 16.24' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:

John Steven Thompson
Well Contractor (Individual) Name

Derry's Well Drilling Inc.
Well Contractor Company Name

44283-A NC 24/27/73
Street Address

Albemarle NC 28002
City or Town State Zip Code

(704) 982-3070
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable) P5-30D

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐ Irrigation ☐ Other ☑ (list use) Temp. Piez for Study

DATE DRILLED 4/7/10

4. WELL LOCATION:

354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

CITY: Statesville COUNTY Iredell

TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36 ° ' " DMS OR 35.762952 DD

LONGITUDE 75 ° ' " DMS OR 80.832278 DD

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)

Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)

354 Twin Oaks Road
Street Address

Statesville NC 28625
City or Town State Zip Code

Mr. David Lambert (Solid Waste Director)
Contact Name

354 Twin Oaks Road
Mailing Address

Statesville NC 28625
City or Town State Zip Code

(704) 878-5430
Area code Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 84.18' BGS

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 33.65 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

Top 30.65	Bottom >84.18	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 79.18 Ft.	2"	sch 40	PVC
Top 0.25	Bottom 74.18 Ft.	6"	sc 40h	PVC
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 75.00	Bottom 78.00 Ft.	Bent. Pellets	Tremie
Top 0	Bottom 75.00 Ft.	Cement/Bent	Tremie
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 79.18	Bottom 84.18 Ft.	2 in.	0.01 in.	PVC
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 78.00	Bottom 84.18 Ft.	#2	Filter Sand
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	3	Silty Clay; Reddish Brown
3	12	Sandy Silt; Reddish Brown
12	21	Silty Sand; Yellowish Orange
21	47	Sandy Silt; Olive Gray
47	63	Silty Sand; Saprolite Yellowish
63	74.18	PWR; Brown
74.18	84.18	Rock; Schist Weathered

12. REMARKS:

~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.76444 N 80.84882 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P-78S

6b. Total well depth: 48.22 (ft.)

6c. Borehole diameter: 7.75 (in.)

6d. Water level below ground surface: 34.79 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 33.22 (ft.)

6g. Screen length (if known): 15 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	60 lbs.
Water in Cement Slurry	4 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 48.22' (bottom) up to 23.36' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — 5/3/13

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-78S

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/28/08

TIME COMPLETED 10:00 AM■ PM☐

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76444

LONGITUDE 80.84882

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 48.22'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 37.79 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
From 34.79 To >48.22 From To
From To From To
From To From To

7. CASING:

From	To	Ft.	Diameter	Thickness/Weight	Material
+3	33.22		2"	scH40	PVC

8. GROUT:

From	To	Ft.	Material	Method
0	3		Neat Cement	Tremie
3	28.65		Cement Bent.	Tremie
28.65	31.85		Bent. Chips	Gravity

9. SCREEN:

From	To	Ft.	Diameter in.	Slot Size in.	Material
33.22	48.22		2	0.01	PVC

10. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
31.85	48.22		#2	Silica Filter Sand

11. DRILLING LOG

From	To	Formation Description
0	12	Silty Sand; Dark Red
12	48.22	Sandy Silt;Gray
		No Refusal

12. REMARKS:

~~Unconfined.~~

Shallow counterpart to adjacent deeper P-78D

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 CERTIFIED WELL CONTRACTOR | DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.76444 N 80.84882 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P-78D

6b. Total well depth: 75.81 (ft.)

6c. Borehole diameter: 5.5 (in.)

6d. Water level below ground surface: 36.32 (ft.)

6e. Outer casing length (if known): 33.22 (ft.)

6f. Inner casing/tubing length (if known): 65.00 (ft.)

6g. Screen length (if known): 5 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	120 lbs.
Water in Cement Slurry	8 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 75.81' (bottom) up to 24.11' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — 5/3/13

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-78D

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Stud)

DATE DRILLED 2/28/08

TIME COMPLETED 5:00 AM☐ PM■

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76444

LONGITUDE 80.84882

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 75.81'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 39.32 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
From 36.32 To ____ From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

7. CASING:

From	To	Ft.	Diameter	Thickness/Weight	Material
+3	33.22	2"		scH40	PVC
0	65	6"		scH40	PVC

8. GROUT:

From	To	Ft.	Material	Method
0	3		Neat Cement	Tremie
3	64		Cement Bent.	Tremie
64	69.53		Bent. Chips	Gravity

9. SCREEN:

From	To	Ft.	Diameter	Slot Size	Material
70.81	75.81		2 in.	0.01 in.	PVC
			in.	in.	
			in.	in.	

10. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
69.53	75.81		#2	Silica Filter Sand

11. DRILLING LOG

From	To	Formation Description
0	12	Silty Sand; Dark Red
12	48	Sandy Silt;Gray
48	63	Silty Sand; Y. O Saprolite
63	65	PWR;
65	75.81	Rock; Schist, Light Gray, fractured, Cored
65		Auger Refusal

12. REMARKS:

Deeper counterpart to adjacent shallow P-78S

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 CERTIFIED WELL CONTRACTOR | DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.76395 N 80.84691 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P-80

6b. Total well depth: 35.00 (ft.)

6c. Borehole diameter: 7.75 (in.)

6d. Water level below ground surface: 28.56 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 20.00 (ft.)

6g. Screen length (if known): 15.00 (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	55 lbs.
Water in Cement Slurry	3.5 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 35.00' (bottom) up to 12.36' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

Signature of Certified Well Contractor or Well Owner

5/3/13

Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-80

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/27/08

TIME COMPLETED 5:00 AM☐ PM■

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76395

LONGITUDE 80.84691

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 35'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 31.56 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION:** Type na **Amount** na

g. **WATER ZONES** (depth):

From 28.56 To >35 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

7. CASING:

Depth		Diameter	Thickness/Weight	Material
From +3	To 20	Ft. 2"	scH40	PVC
From ____	To ____	Ft. ____	____	____
From ____	To ____	Ft. ____	____	____

8. GROUT:

Depth		Material	Method
From 0	To 3	Ft. Neat Cement	Tremie
From 3	To 16	Ft. Cement Bent.	Tremie
From 16	To 18.55	Ft. Bent. Chips	Gravity

9. SCREEN:

Depth		Diameter	Slot Size	Material
From 20	To 35	Ft. 2 in.	0.01 in.	PVC
From ____	To ____	Ft. ____ in.	____ in.	____
From ____	To ____	Ft. ____ in.	____ in.	____

10. SAND/GRAVEL PACK:

Depth		Size	Material
From 18.55	To 35	Ft. #2	Silica Filter Sand
From ____	To ____	Ft. ____	____
From ____	To ____	Ft. ____	____

11. DRILLING LOG

From	To	Formation Description
0	2	Silty Clay;Red
2	8	Sandy Silt w/ Clay;Red
8	27	Silty Sand; R. Brown
27	35	Sandy Silt;Olive Gray
35		No Refusal

12. REMARKS:

~~Unconfined~~

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 CERTIFIED WELL CONTRACTOR — DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John Steven Thompson

Well Contractor Name (or well owner personally abandoning well on his/her property)

3579-A

NC Well Contractor Certification Number

Derry's Well Drilling

Company Name

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☑Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4/21/13

5a. Well location:

Iredell Co. MSWLF, Ph. 5

Facility/Owner Name

Facility ID# (if applicable)

3260 Twin Oaks Road, Statesville, NC 28687

Physical Address, City, and Zip

Iredell

County

4753679486

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.76310 N 80.84805 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: P-82

6b. Total well depth: 40.20 (ft.)

6c. Borehole diameter: 7.75 (in.)

6d. Water level below ground surface: 34.50 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 25.20 (ft.)

6g. Screen length (if known): 15.00 (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: _____

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

Neat Cement Slurry	47 lbs.
Water in Cement Slurry	3 gallons

7g. Provide a brief description of the abandonment procedure:

Pressure Tremie cement grout slurry from bottom up.
Abandoned from 40.20' (bottom) up to 21.77' (proposed subgrade)
Abandonment terminated at proposed subgrade
as directed by NCDENR Solid Waste Section.

8. Certification:

John S. Thompson — Signature of Certified Well Contractor or Well Owner

5/3/13 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-82

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other☒ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/21/08

TIME COMPLETED 5:00 AM☐ PM☒

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☒ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76310

LONGITUDE 80.84805

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 40.20'

b. DOES WELL REPLACE EXISTING WELL? YES☐ NO☒

c. WATER LEVEL Below Top of Casing: 37.50 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): na **METHOD OF TEST** na

f. DISINFECTION: Type na **Amount** na

g. WATER ZONES (depth):

From 34.50	To >40.20	From	To
From	To	From	To
From	To	From	To

7. CASING:

From	To	Ft.	Diameter	Thickness/Weight	Material
+3	25.20		2"	scH40	PVC

8. GROUT:

From	To	Ft.	Material	Method
0	21.50		Neat Cement	Tremie
21.50	23.80		Bent. Chips	Gravity

9. SCREEN:

From	To	Ft.	Diameter in.	Slot Size in.	Material
25.20	40.20		2	0.01	PVC

10. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
23.80	40.20		#2	Silica Filter Sand

11.DRILLING LOG

From	To	Formation Description
0	0.5	Top Soil
0.5	3	Silty Sand;Red
3	7	Clayey Silt w/ Sand; Red
7	27	Silty Sand; Red to Y.O w/ depth
27	40.2	Sandy Silt;Olive Gray
		No Refusal

12. REMARKS:

~~Unconfined~~

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 CERTIFIED WELL CONTRACTOR | DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

Well Construction Records

MW-31
Converted from P-79
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

(704) 982-3070
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-79

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/27/08

TIME COMPLETED 11:00 AM■ PM☐

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76435
LONGITUDE 80.83385

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704) 878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 36.52'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 35.28 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
From 32.28 To >36.52 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

7. CASING:

From	To	Ft.	Diameter	Thickness/Weight	Material
+3	21.52	2"		scH40	PVC

8. GROUT:

From	To	Ft.	Material	Method
0	3		Neat Cement	Tremie
3	17.58		Cement Bent.	Tremie
17.58	20.10		Bent. Chips	Gravity

9. SCREEN:

From	To	Ft.	Diameter in.	Slot Size in.	Material
21.52	36.52		2	0.01	PVC

10. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
20.10	36.52		#2	Silica Filter Sand

11. DRILLING LOG

From	To	Formation Description
0	3	Clayey Silt;Red
3	8	Silty Sand w/ Clay;Red
8	18	Silty Sand; Y. O
18	27	Sandy Silt;Olive Gray
27	31	PWR; Quartz Layer
31	36.52	Silty Sand; Saprolite
36.52		Rock; Auger refusal

12. REMARKS:

~~Unconfined~~

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 CERTIFIED WELL CONTRACTOR | DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

MW-32
Converted from P-81
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-81

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other☒ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/21/08

TIME COMPLETED 2:00 AM☐ PM☒

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☒ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76274
LONGITUDE 80.83358

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 23.90'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO☒

c. **WATER LEVEL** Below Top of Casing: 17.48 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):

From 14.48	To 55	From	To
From	To	From	To
From	To	From	To

7. CASING:

Depth		Diameter	Thickness/Weight	Material
From +3	To 8.90	Ft. 2"	scH40	PVC
From	To	Ft.		
From	To	Ft.		

8. GROUT:

Depth		Material	Method
From 0	To 5.5	Ft. Neat Cement	Tremie
From 5.5	To 7.5	Ft. Bent. Chips	Gravity
From 23.90	To 55	Ft. Cement Bent.	Tremie

9. SCREEN:

Depth		Diameter	Slot Size	Material
From 8.90	To 23.90	Ft. 2 in.	0.01 in.	PVC
From	To	Ft. in.	in.	
From	To	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
From 7.50	To 23.90	Ft. #2	Silica Filter Sand
From	To	Ft.	
From	To	Ft.	

11. DRILLING LOG

From	To	Formation Description
0	8	Clayey Silt w/ Sand; Reddish Brown
8	13	Silty Sand; Dark Brown
13	37	Sandy Silt; Olive Gray
37	46	Silty Sand; Olive Gray Saprolite
46	47	PWR; Olive Gray, harder
47	53	Silty Sand; Olive Gray Saprolite
53	55	PWR; Olive Gray, harder
55		Rock; Auger refusal

12. REMARKS:

~~Unconfined~~

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 CERTIFIED WELL CONTRACTOR | DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

MW-33S
Converted from P5-27S
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:
John Steven Thompson
Well Contractor (Individual) Name
Derry's Well Drilling Inc.
Well Contractor Company Name
44283-A NC 24/27/73
Street Address
Albemarle NC 28002
City or Town State Zip Code
(704) 982-3070
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable) P5-21S

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study
DATE DRILLED 4/7/10

4. WELL LOCATION:
354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Statesville COUNTY Iredell
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " DMS OR 35.765308 DD
LONGITUDE 75 ° ' " DMS OR 80.833159 DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)
354 Twin Oaks Road
Street Address
Statesville NC 28625
City or Town State Zip Code
Mr. David Lambert (Solid Waste Director)
Contact Name
354 Twin Oaks Road
Mailing Address
Statesville NC 28625
City or Town State Zip Code
(704) 878-5430
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 37.60' BGS
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 27.30 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** na **METHOD OF TEST** na
f. **DISINFECTION: Type** na **Amount** na
g. **WATER ZONES** (depth):
Top 24.30 Bottom >37.60 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 22.60	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 19.20	Bottom 21.50	Ft.	Bent. Chips	Gravity
Top 0	Bottom 19.20	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 22.60	Bottom 37.60	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:	Depth		Size	Material
Top 21.50	Bottom 37.60	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	37.60	Sandy Silt; Brown

12. REMARKS:
~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

MW-33D
Converted from P5-21D
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:
John Steven Thompson
Well Contractor (Individual) Name
Derry's Well Drilling Inc.
Well Contractor Company Name
44283-A NC 24/27/73
Street Address
Albemarle NC 28002
City or Town State Zip Code
(704) 982-3070
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable) P5-21D

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study
DATE DRILLED 4/7/10

4. WELL LOCATION:
354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Statesville COUNTY Iredell
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " DMS OR 35.765308 DD
LONGITUDE 75 ° ' " DMS OR 80.833159 DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)
354 Twin Oaks Road
Street Address
Statesville NC 28625
City or Town State Zip Code
Mr. David Lambert (Solid Waste Director)
Contact Name
354 Twin Oaks Road
Mailing Address
Statesville NC 28625
City or Town State Zip Code
(704) 878-5430
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 66.69' BGS
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 28.50 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** na **METHOD OF TEST** na
f. **DISINFECTION: Type** na **Amount** na
g. **WATER ZONES** (depth):
Top 25.50 Bottom >66.69 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 61.69	Ft. 2"	sch 40	PVC
Top 0.25	Bottom 56.69	Ft. 6"	sc 40h	PVC
Top	Bottom	Ft.		

8. GROUT:

Depth		Material	Method
Top 56.50	Bottom 60.50	Ft. Bent. Pellets	Tremie
Top 0	Bottom 56.69	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top 61.69	Bottom 66.69	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top 60.50	Bottom 66.69	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	41	Sandy Silt; Brown
41	47	Silty Sand; Yellowish Orange
47	56.69	PWR; Brown
56.69	66.69	Rock; Gneiss, Gray

12. REMARKS:
~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

MW-34
Converted from P5-14
on 4/23/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:
John Steven Thompson
Well Contractor (Individual) Name
Derry's Well Drilling Inc.
Well Contractor Company Name
44283-A NC 24/27/73
Street Address
Albemarle NC 28002
City or Town State Zip Code
(704) 982-3070
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable) P5-14

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study
DATE DRILLED 4/8/10

4. WELL LOCATION:
354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Statesville COUNTY Iredell
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " DMS OR 35.765332 DD
LONGITUDE 75 ° ' " DMS OR 80.831628 DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)
354 Twin Oaks Road
Street Address
Statesville NC 28625
City or Town State Zip Code
Mr. David Lambert (Solid Waste Director)
Contact Name
354 Twin Oaks Road
Mailing Address
Statesville NC 28625
City or Town State Zip Code
(704) 878-5430
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 38.38' BGS
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 28.10 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** na **METHOD OF TEST** na
f. **DISINFECTION: Type** na **Amount** na
g. **WATER ZONES** (depth):
Top 25.10 Bottom >38.38 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 23.38	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 20.00	Bottom 22.30	Ft.	Bent. Chips	Gravity
Top 0	Bottom 20.00	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 23.38	Bottom 38.38	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:	Depth		Size	Material
Top 22.30	Bottom 38.38	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Clayey Silt; Reddish Brown
6	38.38	Sandy Silt;Brown to Olive Gray

12. REMARKS:
~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

MW-35
Converted from P5-15
on 4/23/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:
John Steven Thompson
Well Contractor (Individual) Name
Derry's Well Drilling Inc.
Well Contractor Company Name
44283-A NC 24/27/73
Street Address
Albemarle NC 28002
City or Town State Zip Code
(704) 982-3070
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable) P5-16

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study
DATE DRILLED 4/12/10

4. WELL LOCATION:
354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Statesville COUNTY Iredell
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " DMS OR 35.764851 DD
LONGITUDE 75 ° ' " DMS OR 80.829684 DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)
354 Twin Oaks Road
Street Address
Statesville NC 28625
City or Town State Zip Code
Mr. David Lambert (Solid Waste Director)
Contact Name
354 Twin Oaks Road
Mailing Address
Statesville NC 28625
City or Town State Zip Code
(704) 878-5430
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 33.86' BGS
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 23.86 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** na **METHOD OF TEST** na
f. **DISINFECTION: Type** na **Amount** na
g. **WATER ZONES** (depth):
Top 20.86 Bottom >33.86 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:	Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 18.86	Ft.	2"	sch 40	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:	Depth		Material	Method
Top 15.00	Bottom 17.75	Ft.	Bent. Chips	Gravity
Top 0	Bottom 15.00	Ft.	Cement/Bent	Tremie
Top	Bottom	Ft.		

9. SCREEN:	Depth		Diameter	Slot Size	Material
Top 18.86	Bottom 33.86	Ft.	2 in.	0.01 in.	PVC
Top	Bottom	Ft.	in.	in.	
Top	Bottom	Ft.	in.	in.	

10. SAND/GRAVEL PACK:	Depth		Size	Material
Top 17.75	Bottom 33.86	Ft.	#2	Filter Sand
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	0.5	Top Soil;Brown
0.5	8	Silty Clay; Reddish Brown
8	22	Clayey Silt; Dark Yellow Orange
22	33.86	Sandy Silt; Dark Yellow Orange

12. REMARKS:
~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09

MW-36S
Converted from P-84S
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 28002
City or Town State Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-84S

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/21/08

TIME COMPLETED 10:00 AM☑ PM☐

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76227

LONGITUDE 80.84727

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

Statesville NC 28625
City or Town State Zip Code

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

Statesville NC 28625
City or Town State Zip Code

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 53.47'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 45.32 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION: Type** na **Amount** na

g. **WATER ZONES** (depth):
From 42.32 To >53.47 From To
From To From To
From To From To

7. CASING:

Depth		Diameter	Thickness/Weight	Material
From +3	To 38.47 Ft.	2"	scH40	PVC
From	To Ft.			
From	To Ft.			

8. GROUT:

Depth		Material	Method
From 0	To 3 Ft.	Neat Cement	Gravity
From 3	To 35.02 Ft.	Cement Bent.	Tremie
From 35.02	To 37.10 Ft.	Bent. Chips	Gravity

9. SCREEN:

Depth		Diameter	Slot Size	Material
From 38.47	To 53.47 Ft.	2 in.	0.01 in.	PVC
From	To Ft.	in.	in.	
From	To Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
From 37.10	To 53.47 Ft.	#2	Silica Filter Sand
From	To Ft.		
From	To Ft.		

11. DRILLING LOG

From	To	Formation Description
0	2	Silty Clay;Red
2	7	Clayey Silt; Red
7	18	Sandy Silt;Brown
18	26	Sandy Silt;Olive Gray
26	43	Silty Sand; Brown
43	53.47	Silty Sand; Y. O
		No Refusal

12. REMARKS:

~~Unconfined. Counterpart to adjacent deep well P-84D.~~

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 CERTIFIED WELL CONTRACTOR — DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

MW-36D
Converted from P-84D
on 4/23/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

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 | 28002
City or Town | State | Zip Code

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

2. WELL INFORMATION:

SITE WELL ID #(if applicable) P-84D

WELL CONSTRUCTION PERMIT#(if applicable)

OTHER ASSOCIATED PERMIT #(if applicable)

3. WELL USE (Check Applicable Box) Monitoring☐ Municipal/Public☐ Industrial/Commercial☐ Agricultural☐ Recovery☐ Injection☐ Irrigation☐ Other■ (list use) Temp. Piez. for Hydro Study

DATE DRILLED 2/29/08

TIME COMPLETED 5:00 AM☐ PM■

4. WELL LOCATION:

CITY: Statesville COUNTY Iredell

(Previous Steele Farm) 3260 Twin Oaks Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ■ Ridge ☐ Other
(check appropriate box)

LATITUDE 35.76227
LONGITUDE 80.84727

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)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable)

NAME OF FACILITY Iredell Co. Landfill (Proposed)

STREET ADDRESS 3260 Twin Oaks Rd.

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

CONTACT PERSON David Lambert (S.Waste Director)

MAILING ADDRESS 3260 Twin Oaks Rd.

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

(704)-878-5430
Area code - Phone number

6. WELL DETAILS:

a. **TOTAL DEPTH:** 101.52'

b. **DOES WELL REPLACE EXISTING WELL?** YES☐ NO■

c. **WATER LEVEL** Below Top of Casing: 43.30 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** na **METHOD OF TEST** na

f. **DISINFECTION:** Type na **Amount** na

g. **WATER ZONES** (depth):
From 40.30 To >101.52 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

7. CASING:

Depth		Diameter	Thickness/Weight	Material
From +3	To 96.52	Ft. 2"	scH40	PVC
From 0	To 91	Ft. 6"	scH40	PVC
From	To	Ft.		

8. GROUT:

Depth		Material	Method
From 0	To 90	Ft. Neat Cement	Tremie
From 90	To 95.25	Ft. Bent. Chips	Gravity
From	To	Ft.	

9. SCREEN:

Depth		Diameter	Slot Size	Material
From 96.52	To 101.52	Ft. 2 in.	0.01 in.	PVC
From	To	Ft. in.	in.	
From	To	Ft. in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
From 95.25	To 101.52	Ft. #2	Silica Filter Sand
From	To	Ft.	
From	To	Ft.	

11.DRILLING LOG

From	To	Formation Description
0	2	Silty Clay;Red
2	7	Clayey Silt; Red
7	18	Sandy Silt;Brown
18	26	Sandy Silt;Olive Gray
26	43	Silty Sand; Brown
43	77	Silty Sand; Y. O
77	83	Silty Sand; Y. O, Saprolite
83	91	PWR; Hard, Fractured
91	101.52	Rock; Schist, Brown to Gray (Cored)
91		Auger Refusal

12. REMARKS:

Deeper counterpart to adjacent shallow P-84S

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 CERTIFIED WELL CONTRACTOR — DATE 3/10/08

Derry Huneycutt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1b
Rev.12/07

MW-37
Converted from P5-31
on 4/22/13

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3579

1. WELL CONTRACTOR:
John Steven Thompson
Well Contractor (Individual) Name
Derry's Well Drilling Inc.
Well Contractor Company Name
44283-A NC 24/27/73
Street Address
Albemarle NC 28002
City or Town State Zip Code
(704) 982-3070
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable) P5-31

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☑ (list use) Temp. Piez for Study
DATE DRILLED 4/12/10

4. WELL LOCATION:
354 Twin Oaks Road (Former Steele Farm)
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Statesville COUNTY Iredell
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " DMS OR 35.762378 DD
LONGITUDE 75 ° ' " DMS OR 80.831890 DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Iredell Co. MSWLF. Ph. 5 (Proposed)
Facility Name Facility ID# (if applicable)
354 Twin Oaks Road
Street Address
Statesville NC 28625
City or Town State Zip Code
Mr. David Lambert (Solid Waste Director)
Contact Name
354 Twin Oaks Road
Mailing Address
Statesville NC 28625
City or Town State Zip Code
(704) 878-5430
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 44.00' BGS
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 32.99 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 3.00 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** na **METHOD OF TEST** na
f. **DISINFECTION: Type** na **Amount** na
g. **WATER ZONES** (depth):
Top 29.99 Bottom >44.00 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING: Depth		Diameter	Thickness/ Weight	Material
Top +3.00	Bottom 29.00	Ft. 2"	sch 40	PVC
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT: Depth		Material	Method
Top 25.75	Bottom 27.88	Ft. Bent. Chips	Gravity
Top 0	Bottom 25.75	Ft. Cement/Bent	Tremie
Top	Bottom	Ft.	

9. SCREEN: Depth		Diameter	Slot Size	Material
Top 29.00	Bottom 44.00	Ft. 2 in.	0.01 in.	PVC
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK: Depth		Size	Material
Top 27.88	Bottom 45.00	Ft. #2	Filter Sand
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG

Top	Bottom	Formation Description
0	6	Silty Clay; Reddish Brown
6	45	Sandy Silt; Reddish Brown

12. REMARKS:
~~Temp. Piez for Hydro Study for Proposed Ph 5~~

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 CERTIFIED WELL CONTRACTOR 4/25/10 DATE

John Steven Thompson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1b
Rev. 2/09