

WELL ABANDONMENT RECORD
Guilford County Division of Environmental Health
400 W. Market Street, Suite 300, Greensboro, NC 27401, (336) 641-3771

(In order to remove this well from the permit or close the permit, this form needs to be submitted to the Guilford County Environmental Health within fifteen days after completing the well abandonment.)

1. Site Name: _____ 2. Well #: _____

3. Well Location: _____

4. Well Owner: _____ Well Permit Number: _____

5. Well Abandonment Contractor: _____ Registration Number: _____

6. Name of Project Engineer or Geologist: _____

7. Type of Well: monitoring ___ air injection ___ air sparging ___ groundwater recovery ___ SVE ___

8. Depth of Well: ___ feet 9. Diameter of Well: ___ inches

10. Method of Abandonment: _____

11. Remarks: _____

I do hereby certify that this well was abandoned in accordance with, and meets the requirements of, the Guilford County Well Rules in effect on this date, and that a copy of this record has been provided to the well owner.

Signature of Contractor or Agent

Date