

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

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(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: \_\_\_\_\_

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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: \_\_\_\_\_

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11. Remarks: \_\_\_\_\_

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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