



August 28, 2000

Rick Raines, EMD/IR
Building 58, AC/S, EMD IRD
PSC Box 20004
Camp Lejeune, N. C. 28542-0004

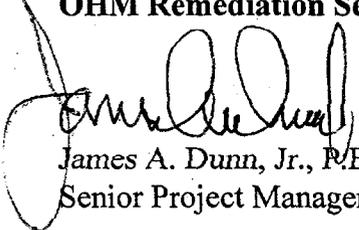
Re: Contract N62470-93-D-3032
Delivery Order 0100
Well Construction and Abandonment Details
MCB Camp Lejeune, N.C.

Dear Mr. Raines:

Attached hereto, please find an original and three copies of the well construction and well abandonment record for the recently completed activities at Site 3 at MCB Camp Lejeune. Please be advised that we have not submitted copies of these documents to the State.

Should you have any questions concerning the foregoing, please do not hesitate to contact us.

Yours truly,
OHM Remediation Services Corp.



James A. Dunn, Jr., P.E.
Senior Project Manager

pc: Mr. Kirk Stevens, Code 18
Mr. Brent Rowse, AROICC
Mr. Roland Moreau, OHM
Project File 918319

06.01-8/28/2000-02566

OHM Remediation Services Corp.

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Alpharetta, GA 30022-2424

Tel. 770.475.8994

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A Member of The IT Group

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

WELL ABANDONMENT RECORD

03-MW-2

CONTRACTOR MANN DRILLING COMPANY **REG. NO.** 1700

1. WELL LOCATION: (show a sketch of the location on back of form)

Nearest Town: CAMP LEJEUNE County: ONSLOW

SITE #3

(Road, community, Subdivision, Lot No.)

Quadrangle No.

2. OWNER: COMMANDING GENERAL

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

3. ADDRESS: AC/S.EMD.IRDMCB PSC BOX20004
CAMP LEJEUNE, NC 28542

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

5. USE OF WELL: MONITOR DATE: 8/15/00

6. TOTAL DEPTH: 15' DIAMETER: 2

7. CASING REMOVED:

Feet	diameter
<u>1</u>	<u>2</u>

8. SEALING MATERIAL:

Neat cement	sand cement
Bags of cement <u>1</u>	bags of cement _____
Gals. Of water <u>8</u>	yds. Of sand _____
	Gals. Of water _____

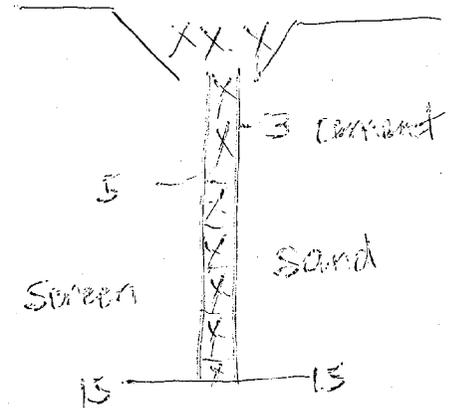
OTHER:

Type material _____

Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL:

TREMIE PIPE TO BOTTOM. PUMPED GROUT TO SURFACE.



I DO HEREBY CERTIFY THAT THIS WELL ABANDONMENT RECORD IS TRUE AND EXACT

SIGNATURE OF CONTRACTOR OR AGENT [Signature] DATE 8-17-00

WELL LOCATION:

Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

FOR OFFICE USE ONLY	
QUAD. NO. _____	SERIAL NO. _____
Lat. _____	Long. _____ RO _____
Minor Basin _____	
Basin Code _____	
Header Ent _____	GW-1 Ent. _____

WELL CONSTRUCTION RECORD

03-MW-2R

DRILLING CONTRACTOR: MANN DRILLING CO.

STATE WELL CONSTRUCTION

DRILLER REGISTRATION NUMBER: _____ 2156

PERMIT NUMBER: _____

1. WELL LOCATION: (Show sketch of the location below)

Nearest Town: CAMPLEJEUNE County: ONSLOW

SITE #3

(Road Community, or Subdivision and Lot No.)

2. OWNER COMMANDING GENERAL

ADDRESS AC/S,EMD,IRD.MCB PSC BOX 20004

(Street or Route No.)

CAMP LEJEUNE NC 28542

City or Town State Zip Code

3. DATE DRILLED 8/16/00 **USE OF WELL:** MONITOR

4. TOTAL DEPTH 15'

5. CUTTINGS COLLECTED YES NO

6. DOES WELL REPLACE EXISTING WELL? YES NO

7. STATIC WATER LEVEL Below Top of Casing: _____ FT

(Use "+" it Above Top of Casing)

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

*Casing Terminated at/or below land surface Is Illegal unless a variance Is issued

In accordance with 15A NCAC 2C .Oils

9. YIELD (gpm) _____ **METHOD OF TEST** _____

10. WATER ZONES (depth): _____

11. CHLORINATION: Type _____ Amount _____

12. CASING:

Depth		Diameter		Wall Thickness	Material
From	To	Ft	in	or Weight/Ft.	
From <u>+2.5</u>	To <u>5</u>	Ft <u>2</u>		<u>SCD 40</u>	<u>PVC</u>
From _____	To _____	Ft _____		_____	_____
From _____	To _____	Ft _____		_____	_____

13. GROUT:

Depth	Material	Method
From	To	Ft.
From <u>0</u>	To <u>3</u>	Ft. <u>CEMENT</u>
From _____	To _____	Ft. _____

14. SCREEN:

Depth	Diameter	Slot Size	Material
From	To	Ft	in
From <u>5</u>	To <u>15</u>	Ft <u>2</u>	in <u>.01</u>
From _____	To _____	Ft _____	in _____
From _____	To _____	Ft _____	in _____

15. SAND/GRAVEL PACK:

Depth	Size	Material
From	To	Ft.
From <u>3</u>	To <u>15</u>	Ft. <u>#2</u>
From _____	To _____	Ft _____

16. REMARKS:

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.

8-17-00

 SIGNATURE OF CONTRACTOR OR AGENT DATE
 Submit original to Division of Environmental Management and copy to well owner.