



Madison County Health Department Environmental Health

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Tammy Cody, MHS
Health Director

Melissa Robertson, MD
Medical Director

Permit # _____ Fee _____ Invoice # _____

Application for Well Abandonment Permit

APPLICANT INFORMATION

Applicant _____ Address (street, city, state, zip) _____ Phone _____

Owner _____ Address (street, city, state, zip) _____ Phone _____

Email Address: _____

PROPERTY INFORMATION PIN# _____ Acreage/Lot Size: _____

Date *current* parcel was originally deeded & recorded (date since last property line change – not change in ownership): _____

Address/City/Zip _____ Subdivision Name/Lot #/Phase _____ Gate Code _____

Well Type: Drilled; Bored; Hand Dug **Well Permit # (if known):** _____

Water Supply: New Well; Existing Well; Shared Well; Public/Community; Spring

Facility Type: House; Mobile Home; Modular; Business; Other: _____

Reason for Abandonment: _____

Well Driller Contact Information: _____

Date: _____

Property owner's or Owner's Legal Representative * Signature (required) *

Must provide documentation to support claim as owner's legal representative.

HEALTH DEPARTMENT USE ONLY

Well abandonment permit comments:

Pump/Wiring Removed: Y; N; N/A

Casing Type: _____

Casing Removed: Y; N; N/A

Partial; Complete

Form GW-30 Submitted: Y; N

Environmental Health Specialist: _____ Date: _____

Disinfected: Y; N

Concrete Cap: Y; N

Well Fill Type: _____

Grouted: Y; N; N/A

Depth (if known): _____ ft