



**Madison County Health Department**

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753  
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Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Invoice # \_\_\_\_\_

**Application for Well Abandonment Permit**

**APPLICANT INFORMATION**

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ 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 owners legal representative.

**HEALTH DEPARTMENT USE ONLY**

Well abandonment permit comments:

**HEALTH DEPARTMENT USE ONLY:**

Pump/Wiring Removed:  Y  N  n/a

Disinfected:  Y  N

Casing Type: \_\_\_\_\_

Concrete Cap:  Y  N

Casing Removed:  Y  N  N/A

Well Fill Type: \_\_\_\_\_

Partial  Complete

Grouted:  Y  N  n/a

Form GW-30 Submitted:  Y  N

Depth (if known): \_\_\_\_\_ ft

Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_