



Madison County Health Department

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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 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: _____