



COUNTY OF RANDOLPH
 Health Department
 204 E Academy St - Asheboro NC 27203

APPLICATION FOR WELL ABANDONMENT PERMIT

If the information in the application for a Well Repair Permit is falsified, changed or the site is altered, then the Well Repair Permit shall become INVALID. The permit is valid for 60 months from date of issuance.

Applicant: _____
 Address: _____
 City, ST ZIP _____

Date: _____
 Application #: _____
 Parcel number: _____

Owner: _____
 Address: _____
 City, ST ZIP _____

Contact name: _____
 Contact phone: _____
 Contact e-mail: _____

LOCATION INFORMATION:

Location: _____
 Subdivision: _____ Lot number: _____

FACILITY INFORMATION:

Well Type to be Abandoned: _____
 Reason for Abandonment: _____

COMMENTS: _____

AUTHORIZATION TO PROCEED:

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

 Signature of property owner/legal representative*

 Date

****You must provide documentation to support claim as owner's legal representative.***

LOCAL TELEPHONE NUMBERS
 Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262
<http://www.randolphcountync.gov>