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 Abandonment Permit is falsified, changed or the site is altered, then the Well Abandonment Permit shall become INVALID. The permit is valid for 60 months from date of issuance.

Applicant: _____ Date: _____
Address: _____ Application #: _____
City, ST ZIP: _____ Parcel number: _____

Owner: _____ Contact: _____
Address: _____ Contact phone: _____
City, ST ZIP: _____

LOCATION INFORMATION:

Address: _____
Subdivision name: _____ Lot number: _____

FACILITY INFORMATION:

Reason for abandonment: _____
_____
Well type to be abandoned: _____

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

- LOCAL TELEPHONE NUMBER -
Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4262 - Archdale/Trinity: (336) 819-3262
http://www.co.randolph.nc.us