

# Alexander County Health Department Application for Well Abandonment

Alexander County Environmental Health  
151 West Main Ave. Suite # 6 Taylorsville 28681  
(828) 632-1000 ext. 2

Fee: Receipt #: Date: Received by:
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Property/Parcel # \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR A WELL ABANDONMENT PERMIT IS FALSIFIED OR CHANGED, THEN THE WELL ABANDONMENT PERMIT SHALL BECOME INVALID.**

## **Applicant Information**

_____ Applicant	_____ Address	_____ Home/Cell/Work Phone
_____ Owner	_____ Address	_____ Home/Cell/Work Phone

## **Property Information**

_____ Street Address	_____ Subdivision Name	_____ Section/Phase/Lot #
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Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person responsible for abandonment of well (A certified well contractor must be used to abandon all wells in North Carolina. However, when an individual person owns the well, they may abandon their own well if done in accordance with 15 NCAC 2C .0100.)**

\_\_\_\_\_  
**Certified well contractor**

\_\_\_\_\_  
**Owner of property**

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 the applicable laws and rules.

\_\_\_\_\_  
Property Owner or owner's legal representative signature  
(Must provide documentation to support claim as owner's legal representative)

\_\_\_\_\_  
Date

4/12/2019