

Application for Well Abandonment

Owner information:

Name _____
Address _____
Phone Numbers _____
Home _____ Cell _____

Applicant Information:

Name _____
Address _____
Phone Numbers Home _____ Cell _____

Property Information:

PIN Number _____
Address _____
Directions to property: _____

• **Note to Applicant: Wells must be abandoned/repared in accordance with the provisions contained in 15A NCAC 02C**

• **The person abandoning/repairing the well must call the Yadkin County Environmental Health Monday 336-849-7905 opt 1– Thursday at least 24 hours prior to abandonment/repair to determine if a well grouting inspection will be required.**

• **Any person abandoning any well must submit a record of the abandonment to both the Division of Water Quality and the Yadkin County Environmental Health. The certified abandonment record must be submitted within 30 days of the completion of the abandonment. Abandonment form available at <https://www.deq.nc.gov/water-resources/pws/pws-well-abandonment-record/download?attachment>**

Well supplies water to: ____Residence ____Business ____Mobile Home Park
____Restaurant ____ Church
____ Other Specify: _____

Number of connections to the well: _____ (i.e. number of Residences, Apartments, Campers, Mobile Homes, etc. that receive water from this well.)

Proposed Date of abandonment/repair: ____/____/____

Site Sketch

Place a mark (X) beside each item that has been indicated on your site plan; incomplete site plans will be returned to you for completion. Enter N/A for items that do not apply to the property.

- ☐ Property lines and existing structures
- ☐ The location of the well to be abandoned or repaired
- ☐ Septic system location including tank and all tail lines
- ☐ The distance in feet from property lines, foundations, and sewage systems
- ☐ A North arrow or other sufficient directional indicator
- ☐ The location of any easement or right of way on the property

Please use the back of this sheet to draw your site sketch. It is the owner/applicant's responsibility to provide accurate information and measurements.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules.

The local health department may revoke a permit at any time if it determines that there has been a material change in any fact or circumstance upon which the permit is issued.

Property Owner/Applicant Signature

_____ Date _____