

COUNTY PIN#: _____ APPLICATION#: _____ FEE: _____ RECEIPT#: _____

**FOOTHILLS HEALTH DISTRICT
APPLICATION FOR WELL ABANDONMENT**

Owner: _____ County: Rutherford McDowell
 Current Mailing Address: _____
 Phone # 1: _____ Phone # 2: _____ Email address: _____
 Contact Person/Agent Name & Phone#: _____
 Property Location: _____
 Subdivision: _____ Lot#: _____ Gate Code: _____
 Directions to Property: _____

Reason for Abandonment: _____

Water Supply: Private Well Public/Community Spring Other: _____
 Type of Well: Drilled Bored Hand Dug Other: _____
 Facility Type: House Mobile Home Modular Business/Other: _____

Certified Well Contractor: _____ Certification #: _____

Location of well to be abandoned:	HEALTH DISTRICT USE ONLY: Pump/Wiring Removed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a Casing Type: _____ Casing Removed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> Partial <input type="checkbox"/> Complete Disinfected: <input type="checkbox"/> Y <input type="checkbox"/> N Concrete Cap: <input type="checkbox"/> Y <input type="checkbox"/> N Well Fill Type: _____ Over reamed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a Grouted: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a Form GW-30 Submitted: <input type="checkbox"/> Y <input type="checkbox"/> N Depth (if known): _____ ft.
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The undersigned person hereby agrees that he/she has read the foregoing application and that the contents of the same are true as submitted. Any alteration of the site, or submission of false information with this application may subject the application to suspension or revocation procedures. I understand that this is a formal application for a well abandonment and authorize Foothills Health District to go on this property for evaluation and inspection purposes.

A re-visit fee will be applied to the application if the requested services cannot be performed upon the initial visit due to incomplete preparation for the visit by the applicant, i.e. no power to well, site not marked, property overgrown.
 The application fee is non-refundable.

Owners Signature: _____ Date: _____

Well Abandonment Completion

Environmental Health Specialist: _____ Date: _____