COUNTY PIN#:_		APPLICATION	I#:		FEE:		RECEIPT#:	
			L LS HEALTH ON FOR WELL AB					
Owner:			Count	y: □	Rutherford		McDowell	
Current Mailin	g Address:							
Phone # 1:		Phone # 2:	Email add	ress: _				
		& Phone#:						
								-
Subdivision:			Lot#	:		G	ate Code:	
Directions to P								
Reason for Aba	andonment:							
Water Supply:	☐ Private	e Well	ommunity Spri	ng l	Other:			
Type of Well:	☐ Drilled	□ Bored □ Ha	and Dug Other	:				
		☐ Mobile Home						
Owners Signature	:				Date:			
HEALTH DISTR Well Abandon	ICT USE ONLY: ment Permit Coi	mments:						
Environmental H		:			Date: _			
		□ N □ n/a	Disinfected:	□ Y	□ N			
Casing Type:				□ . □ Y	□ N			
Casing Removed	I: 🗆 Y 🗆 N	I □ N/A	Well Fill Type:			_		
☐ Partial ☐	Complete		Grouted:	JΥ	□ N □ n/	a		
Form GW-30 Sul	-	′ □ N	Depth (if known):		•			

Date: _____