## **Forsyth County Department of Public Health Application for Well Abandonment**



## APPLICANT INFORMATION Home Phone **Applicant or Owner Name** Work Phone **PROPERTY INFORMATION** PIN# Site Address City/State Zip Directions to the Site: Brief Description of Well Location (ex. Backyard, front yard, basement, etc.): \*Please provide a Site Plan showing the location of well on your property. Please Complete the Following Information (if known): Grouted (yes/no): Date Constructed: Above/below ground: Total depth (feet): Pump removed (yes/no): Diameter (inches): 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 to conduct necessary inspections to

determine compliance with applicable rules.

## Property Owner / Owner Legal Representative / Municipality Legal Representative Signature

Date

Mail the application and fee to : Forsyth County Department of Public Health, Attn: Environmental Health, PO BOX 686, Winston Salem NC 27102-0686, or deliver in person to Environmental Health Division, 799 N. Highland Avenue, Winston Salem NC 27101 between the hours of 7:00-4:30

## **\*\*FOR OFFICE USE ONLY\*\***

Total depth	Diameter	Static level	Distance to closest structure	Grouted	Plumbing



