



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

Received date: _____
Amount rec'd: _____
Payment type: _____
Initials: _____

WATER SAMPLES

SERVICE	FEE
<input type="checkbox"/> Bacteriological Water Sample	\$65
<input type="checkbox"/> Inorganic Chemical Water Sample	\$110
<input type="checkbox"/> Nitrate/Nitrite Water Sample	\$70
<input type="checkbox"/> Full Inorganic Panel Water Samples (includes bacteriological, inorganic chemical, and nitrate/nitrite)	\$135
<input type="checkbox"/> Petroleum & Volatile Organic Chemical Water Sample	\$125
<input type="checkbox"/> Nitrogen-Phosphorous Pesticides Water Sample	\$125
<input type="checkbox"/> Chlorinated Pesticides Water Sample	\$125
<input type="checkbox"/> Chlorinated Acid Herbicides Water Sample (ex. 2,4-D) & Glyphosate (ex. Roundup)	\$125

Type of well: ☐ Drilled ☐ Bored/Hand dug ☐ Spring ☐ Public ☐ Unsure

Preferred sampling location: ☐ Wellhead ☐ Sink ☐ Outside spigot ☐ Other: _____

Preferred results sent via: ☐ Email ☐ USPS

Tax Map Number: _____ GPIN: _____

Applicant's Name: _____

Mailing Address: _____
City State Zip

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Mailing Address: _____
City State Zip

Telephone #: _____ Cell #: _____

Email Address: _____

Property Address: _____

Directions to Property: _____

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. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department personnel to perform the necessary evaluations, inspections, and services on the property. I understand if these conditions are not met, a site revisit fee of \$95 will be charged each time this office is requested to visit the property. In addition, your application for services will be placed in chronological order based on the date the site revisit fee is received in relation to all applications received.

*****PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT, YOU ARE AGREEING TO THESE TERMS AND CONDITIONS. *****

Owner/Agent Signature _____ Date _____
OWNER/AGENT IS SOLELY RESPONSIBLE FOR COMPLIANCE WITH ALL STATE AND LOCAL REGULATIONS.

Please submit applications to:
Environmental Health Section 209 N. Graham-Hopedale Road, Burlington, N.C. 27217
OR

Email to: EH.admin@alamancecountync.gov (We will call for payment)

Contact us via Email or Phone (336) 570-6367

We accept cash, checks, money orders & credit cards. Please make checks payable to: Alamance County Health Department



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APPLICATION FOR SERVICES**

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation- Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc., Food Service Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

FOR OFFICE USE ONLY

ID _____
(NC Driver's License or Photo ID)

Verified By: _____
(Initial)



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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the Alamance County Health Department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the Alamance County Health Department.

I _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Alamance County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application/permit for Improvement Permit (IP) / Construction Authorization (CA)
- Application/permit for Well Permit/Well Abandonment Permit/Well Repair Permit
- Application for Permit Revisit/Revision
- Application for Existing System Check
- Application for Water Samples
- Application for Well Camera/Thermoplastic Camera Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Alamance County Health Department, Environmental Health Section.

Signature of Owner(s)

Date

Signature of Witness

Date