



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

## WELL PERMITS - WELL CAMERA

Received date: \_\_\_\_\_  
Amount rec'd: \_\_\_\_\_  
Payment type: \_\_\_\_\_  
Initials: \_\_\_\_\_

SERVICE	FEE
<input type="checkbox"/> New or Replacement Well Permit (select intended use below) <div><input type="checkbox"/> Residential (serving one single family residence (SFR))    <input type="checkbox"/> Residential (serving more than one SFR) <input type="checkbox"/> Public (serving 15 or more connections/25 or more people)    <input type="checkbox"/> Agriculture/Farm</div>	\$410
<input type="checkbox"/> Irrigation <input type="checkbox"/> Geothermal	
<input type="checkbox"/> Well Repair Permit – With the use of Alamance County well camera	\$275
<input type="checkbox"/> Well Repair Permit – Without the use of Alamance County well camera	\$100
<input type="checkbox"/> Thermoplastic (PVC) Camera Inspection	\$145
<input type="checkbox"/> Well Abandonment Permit	\$0

***\*Prior to Environmental Health visiting the lot – call 811 to mark all utilities\****

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: \_\_\_\_\_

**Before Alamance County Environmental Health can proceed on this application, the following conditions must be met:**

1. All property lines and corners are properly marked on site and easily discernible.
2. The area to be evaluated is clear of thick vegetation, debris, etc. and is accessible.
3. All provided information is correct.

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](mailto:EH.admin@alamancecountync.gov) (We will call for payment)

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

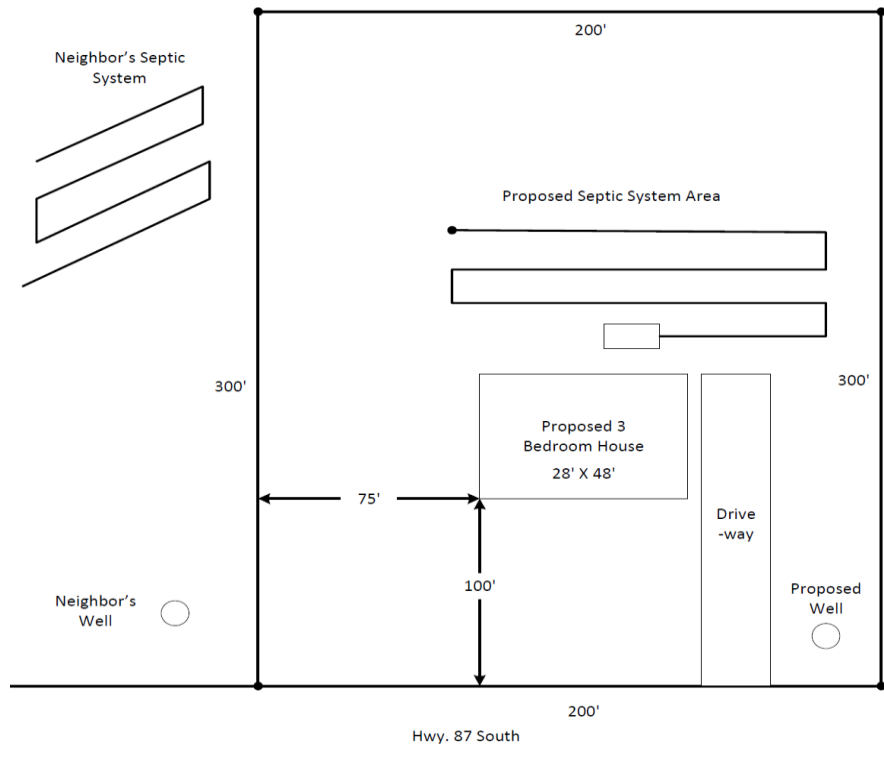
***We accept cash, checks, money orders & credit cards. Please make checks payable to: Alamance County Health Department***



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

## SAMPLE SITE PLAN

If applying for an Improvement Permit, Construction Authorization, Septic System Repair, Existing Septic System Inspection, or a Well Permit, you will be asked to provide a "Site Plan." See the sample below.



**Helpful Hint: Visit the Register of Deeds Office (570-6565) to see if a survey map of your property already exists.**



## ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

**PLEASE CHECK IF APPLICABLE:**

***\*PLEASE SHOW ON SITE PLAN ALL POTENTIAL CONTAMINATION SOURCES\****

- |   |  |
|---|--|
| <input type="checkbox"/> Site contains surface water bodies   | <input type="checkbox"/> Site contains existing wells, springs, or water lines   |
| <input type="checkbox"/> Property contains designated wetlands  | <input type="checkbox"/> Known underground contamination on this property  |
| <input type="checkbox"/> Site contains above-ground or below-ground chemical petroleum storage tanks  | <input type="checkbox"/> Site contains existing wastewater systems   |
| <input type="checkbox"/> Known landfills within 500 feet, or waste storage within 100 feet of this property                                 | <input type="checkbox"/> Site contains easements or rights-of-way  |
| <input type="checkbox"/> Areas on or adjacent to this property are used for industrial, municipal sludge spreading or wastewater irrigation | <input type="checkbox"/> Current or pending restrictions regarding groundwater use as specified in GS 87-88(a) for this property |
|   | <input type="checkbox"/> Variance(s) issued for this property regarding well construction or location                            |

## SITE PLAN

See Alamance County GIS Website



## ALAMANCE COUNTY ENVIRONMENTAL HEALTH 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)



## ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

### 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



## ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

### WELL CAMERA

#### ***For New Wells with Thermoplastic Casing Inspections Only:***

According to "Regulations Governing Construction, Repair, and Abandonment of Wells in Alamance County, North Carolina" Section V. C. 5.a. states the following:

The well contractor shall request a downhole camera inspection by the Health Department after the pump is installed in all new wells where thermoplastic casing is used. This request shall be made on a form provided by the Health Department and shall be accompanied by the established fee for downhole camera inspections of thermoplastic casings. A well contractor shall be on site during the downhole camera inspection with the Alamance County Health Department and shall provide means to operate the pump for inspection of the casing and provide means for removal of the pump and piping if needed.

#### **\*\*\* The Well Contractor must contact Environmental Health between 8-9am on the day of the Well Camera Inspection \*\*\***

I hereby request that thermoplastic casing be used in the construction of my water well. I understand that a downhole camera inspection will be conducted prior to release of power and an additional fee of **\$145.00** will be charged for the video inspection. I understand that: (1) I am responsible for obtaining a certified well contractor to break the wellhead seal and (2) The well contractor will be required to remain on site during the use of the camera to assist with draw down of the water, to remove the pump and/or pipe guards, if necessary, and to disinfect the well upon completion of the inspection and (3) It is the responsibility of the well contractor to determine what remedies are needed for any identified well problem(s) and (4) The Alamance County Health Department is not responsible for damage to the well or pump that may occur during the inspection.

Property Owner (Print name): \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

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#### ***For Well Repair Permits with the Use of the Well Camera Only:***

***\*Applicant/owner must understand that if a jet pump is being used in the well, the jet pump must be removed and a submersible pump must be installed prior to the camera inspection.***

Type of pump in well: ☐ submersible ☐ jet ☐ unknown/other: \_\_\_\_\_

If water quality problems are present, please describe \_\_\_\_\_

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Well contractor to be present \_\_\_\_\_