

ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
209 N. Graham-Hopedale Road
Burlington, NC 27217-2971

Fax: (336) 570-6362

Phone: (336) 570-6367

www.alamance-nc.com

APPLICATION FOR USE OF DOWNHOLE WELL CAMERA

Tax Map Number _____
GPIN _____
Property Owner _____
Property Owner's Mailing Address _____
City _____ State _____ Zip _____
Property Owner's Daytime Telephone _____
Address of Well Location _____
City _____ State _____ Zip _____
Subdivision and Lot Number _____
Person Requesting Sample _____
Requestee's Daytime Phone Number _____
Directions to Property: _____

There is a submersible pump jet pump don't know in the well to be inspected.
*****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.*****

Reason for requesting well camera inspection:

- New well with thermoplastic casing (\$105 fee in addition to well permit fee)(pump must be installed prior to camera inspection)(*complete other side of this form*)
- Water quality problems (\$210 well repair permit fee), please describe:

Well contractor to be present: _____

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 and (4) The Alamance County Health Department is not responsible for damage to the well or pump that may occur during the inspection.

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.

SIGNATURE _____ DATE _____
(Well owner or Legal Representative)

Please make checks payable to: Alamance County Health Department 7/5/2011

**ALAMANCE COUNTY HEALTH DEPARTMENT
THERMOPLASTIC WELL CASING REQUEST FORM**

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 of 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.

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 \$105.00 will be charged for the video inspection. I also understand that there may be a delay in the downhole camera inspection up to one month after a request is made due to the availability of the downhole camera.

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Property Owner (Print name): _____ Date: _____

Property Owner’s Signature: _____

I hereby request a downhole camera inspection of a well located on the property listed on this application. I can be reached at the following phone number to schedule an inspection:

Well Contractor (Print name): _____ Date: _____

Well Contractor’s Signature: _____

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

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. 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)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)