



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

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

WELL PERMITS - WATER SAMPLES - WELL CAMERA

SERVICE	FEE
<input type="checkbox"/> New or Replacement Well Permit	\$410
<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
<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

****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: _____

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.

*****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:

Mail application 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 by Email or Phone (336) 570-6367 or our website www.alamance-nc.com

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



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

WELL PERMITS - WATER SAMPLES - WELL CAMERA

SERVICE	
<input type="checkbox"/>	New or Replacement Well Permit
<input type="checkbox"/>	Well Repair Permit – With the use of the well camera
<input type="checkbox"/>	Well Repair Permit – Without the use of the well camera
<input type="checkbox"/>	Thermoplastic (PVC) Camera Inspection
<input type="checkbox"/>	Well Abandonment Permit
WATER SAMPLES (only complete the “For Water Samples Only” section below)	
<input type="checkbox"/>	Bacteriological
<input type="checkbox"/>	Inorganic Chemical
<input type="checkbox"/>	Nitrate/Nitrite
<input type="checkbox"/>	Full Inorganic Panel (includes bacteriological, inorganic chemical, and nitrate/nitrite)
<input type="checkbox"/>	Petroleum & Volatile Organic Chemicals
<input type="checkbox"/>	Nitrogen-Phosphorous Pesticides
<input type="checkbox"/>	Chlorinated Pesticides
<input type="checkbox"/>	Chlorinated Acid Herbicides (ex. 2,4-D) & Glyphosate (ex. Roundup)

For Well Permits Only:

PLEASE CHECK IF APPLICABLE:

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

INTENDED USE OF WELL:

- Residential (serving one single family dwelling)
- Residential (serving more than one single family dwelling)
- Public (serving 15 or more connections/25 or more people) or
- Irrigation
- Agriculture/Farm
- Geothermal

For Water Samples Only:

Type of Well: Drilled Bored/Hand dug
 Spring Public Unsure

Sample Collection Location: Wellhead Sink
 Outside spigot Other: _____

Prefer Results Emailed: Yes No

If yes, email address: _____

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

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

- All property lines and corners are properly marked on site and easily discernible.
- Proposed improvement (home, deck, pool, shop, or other structure) are properly marked and visible on site.
- The area to be evaluated is clear of thick vegetation, debris, etc. and is accessible.
- All provided information is correct.

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.

Signature

Date



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

WELL CAMERA

SERVICE	
<input type="checkbox"/>	New Well with Thermoplastic (PVC) Casing
<input type="checkbox"/>	Well Repair Permit (with the use of the County's 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: _____

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 _____

Well contractor to be present _____

Signature

Date



**ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR SERVICES**

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner or owner's legal representative, 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: Improvement Permit, Construction Authorization, Well Permit, Existing Wastewater System Inspection, Water Sample, Tattoo, Swimming Pool, Swimming Pool Plan Review, Food Services, Child Day Care, Rest Home, Food Service Plan Review and Permit, etc.

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

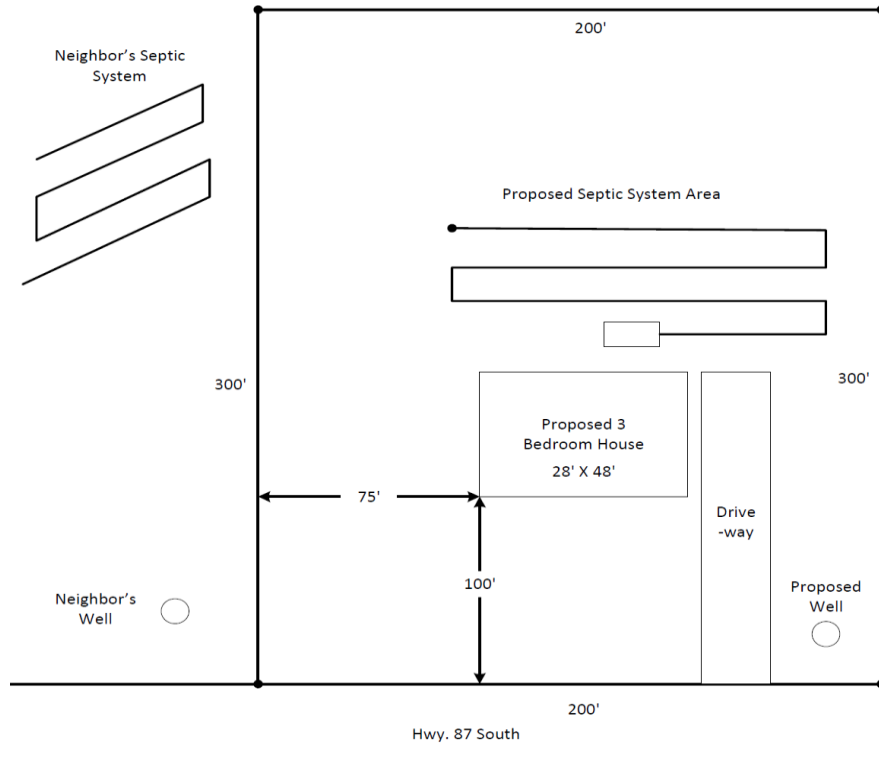
Date



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

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.



- 1) To obtain an Improvement Permit that is **valid for 5 years:**
 A site plan (does not have to be a scale) or a survey plat of the property that shows:
 - The dimensions of the property.
 - The proposed location of the structure(s) and its dimensions. Include setbacks from the road and the side property line. If the structure size is unknown, please show the MAXIMUM dimensions you anticipate the structure will cover.
 - The preferred driveway location.
 - Other or future improvements to the property such as a garage, workshop, pool, etc.
 - The location of existing septic systems and wells on property and neighboring properties within 100' of property line.
 - The location of any easement or rights of way on the property.
 - The location of any designated wetlands on the property.

- 2) To obtain a **non-expiring** Improvement Permit you must show either:
 - A) A survey plat of your lot prepared by a Registered Land Surveyor where a scale of one inch equals no more than sixty feet and shows:
 - The dimensions of the property.
 - The specific location of structure(s) to be put on the property.
 - The site for the proposed wastewater system.
 - The location of water supplies and surface waters.

OR
 - B) If your lot has already been recorded at the Registrar of Deeds Office(336-570-6565); a copy of the recorded plat along with a site plan that is drawn to scale, containing all the information requested in number 1 above.

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



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SITE PLAN

See Alamance County GIS Website