CHATHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
WELL CAMERA INSPECTION REQUEST
80 East St. /P.O. Box 130
Pittsboro, NC 27312

Phone 919-542-8208 **Fax 919-542-8288**

$50 fee for well camera inspection includes follow-up water samples as needed.

Property Owner* _____
Property Owner's Mailing Address_____
City_____**State**_____**Zip**_____
Property Owner's Daytime Telephone_____
Address of Well Location _____
Subdivision and Lot Number _____
Person Requesting Sample _____
Daytime Phone Number _____

*** If applicant for service is not the property owner, a signed Legal Representation Document is required to be submitted with this form.**

Reason for requesting well camera inspection:

- ☐ **Presence of total and/or fecal coliform (minimum of 2 positive samples after chlorination)**
- ☐ **Poor water quality. Describe**_____
  _____

DIRECTIONS TO PROPERTY WHERE WELL IS LOCATED	WELL LOCATION ON PROPERTY BE SPECIFIC

Well contractor or pump installer to be present_____

I understand that: (1) I am responsible for obtaining a certified well contractor and/or certified pump installer to break the wellhead seal. (2) The well or pump 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. (3) It is the responsibility of the well or pump contractor to determine what remedies are needed for any identified well problem. (4) The Chatham County Public Health Department is not responsible for damage to the well or pump that may occur during the inspection. (5) I must notify the Health Dept. when the chlorine has been purged from my water system so that the follow-up sample(s) can be collected.

SIGNATURE _____ **DATE** _____
(Well owner or Legal Representative)