



CABARRUS HEALTH ALLIANCE

Well Head Inspection Water Sample Collection

300 Mooresville Rd, Kannapolis, NC 28081
Office: 704-920-1207 fax: 704 933-3379
Email: Applications EHApps@cabarrushealth.org

Application is only valid 12 months from the date filed

Date ____/____/20____

File Number _____

Well Permit Number _____

OWNER: _____

EMAIL: _____

PHONE NUMBER: _____ - _____ - _____

PROPERTY SITE ADDRESS:

SUBDIVISION NAME: _____ LOT #/SECTION/PHASE: _____ PIN# _____

Well Head Inspection

WELL HEAD INSPECTION \$60

NOTES: _____

Well Water Sample

WELL WATER SAMPLE OPTIONS

INITIAL SAMPLE

REPEAT SAMPLE

FULL PANEL (bacteriological, inorganic, nitrate) **\$150**

FLUORIDE **\$55 / \$35**

PETROLEUM **\$100 / \$75**

BACTERIOLOGICAL **\$70 / \$25**

VOLATILE ORGANIC **\$100 / \$75**

SULFATE REDUCING **\$55 / \$35**

INORGANIC CHEMICAL **\$130**

NITRATE **\$55 / \$35**

PESTICIDE **\$100 / \$75**

READY FOR INITIAL FULL PANEL SAMPLE RELATED TO A NEW WELL \$ NO CHARGE

CERTIFICATE OF COMPLETION

Construction has been completed, a Residential Well Construction Record Form GW-1 has been submitted, and inspections have been completed in accordance with 15A NCAC 02C.

Authorized REHS.

Date Issued

Expiration Date