

## Residential Care Inspection Request Form

You can access a copy of the Rules Governing the Sanitation of Residential Care Facilities 15A NCAC 18A .1600 at the following website:

[DPH: Environmental Health Section: Rules \(ncdhhs.gov\)](http://ncdhhs.gov)

**Is the Residential Care:**

- Existing (has been inspected by Cabarrus Health Alliance (CHA))  
 New Facility (has never been inspected by CHA)

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**Applicant Name:** \_\_\_\_\_  
**Applicant Contact Phone Number:** \_\_\_\_\_  
**Applicant Email:** \_\_\_\_\_

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**Name of Facility:** \_\_\_\_\_  
**Site Manager:** \_\_\_\_\_  
**Site Telephone:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_  
**Water Supply:**      \_\_\_ Well                      \_\_\_ Municipal (city)  
**Waste Disposal:**      \_\_\_ Septic System      \_\_\_ Municipal (city)  
**Number of Proposed Residents:** \_\_\_\_\_  
**Age range of proposed residents:** \_\_\_\_\_

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**Owner of Facility:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Mailing Address (if different from physical address):** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_  
**Date** \_\_\_\_\_

Completed form can be emailed to [EHapps@cabarrushealth.org](mailto:EHapps@cabarrushealth.org) or can be mailed to:

Cabarrus Health Alliance  
Environmental Health  
300 Mooresville Road  
Kannapolis, NC 28081

If you have any questions, please contact CHA at 704-920-1207