



### WELL CAMERA REQUEST

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

Tax Map & Parcel Number : \_\_\_\_\_

I am requesting the use of Person County's well camera to investigate the well located at the above referenced property. Enclosed is the **\$150.00** fee for this service.

I understand that I am responsible for insuring that a licensed plumber or certified well contractor will be present when the camera is being used. The contractor will be responsible for dismantling the well head, observing the camera procedure, well chlorination, reassembly of the well head, and making repair recommendations.

I also understand that the Person County Health Department will provide and operate the well camera, complete a Well Camera Report, but cannot make repair recommendations.

Signature of Property Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: \_\_\_\_\_

Date: \_\_\_\_\_

Person County Environmental Health  
325 S. Morgan St., Suite C  
Roxboro, NC 27573  
Phone: 336-597-1790