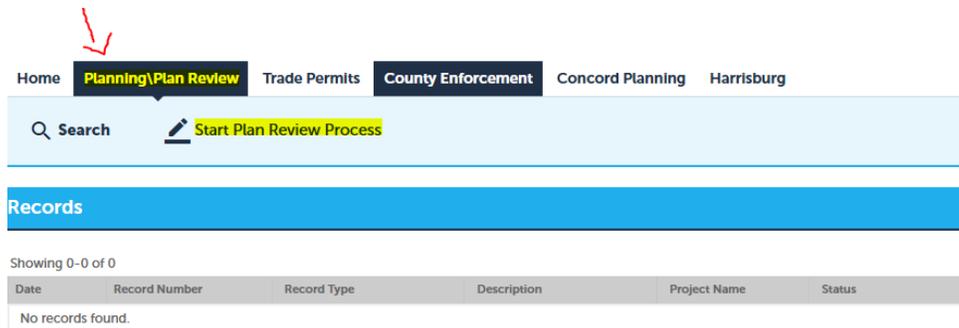


Well Head Inspection/Water Sample Collection Application

All of our applications are made through Accela Citizen Access

<https://citizenaccess.cabarruscounty.us/CitizenAccess/Default.aspx>

- Following the link above create an account before starting the application
- Once you have created the account, sign in with your **username** and **password**
- Once you have logged in. From the home page click, **planning plan review**, then click **start plan review process – see below**



- Read the **General Disclaimer**, acknowledge by clicking the little box and **continue the application**

Online Application

Welcome to our Online Permitting System. Using this system you can submit and update informal convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

[Continue Application »](#)

- On this page, enter work location of the property where the existing well is located at (when entering property address, do not include St, Rd, Dr, etc.) then **click search – example below**

Enter Work Location

For best results:

* Enter number in one box ("From" or "To") only

* Do not include Street Direction or Street Type (i.e. St, Rd, Dr, etc.)

Hide Map

Use map to select work location

*Street No.: - To

Search

Clear

Select one address(1 items):
Showing 1-1 of 1

Address	Description	City	State	Zip	Parcel	Owner	Action
300 MOOREVILLE RD. 189352.00000000, KANNAPOLIS CABARRUS NC 28081	189352.00000000	KANNAPOLIS	NC	28081	56144045270000	CITY OF KANNAPOLIS	Select

Search

Please Select ONE Service(44 services found):

- ▶ Kannapolis Permits
- ▶ Kannapolis Planning
- ▶ Perc Test / Septic / Well (Must contact 811 prior to completion)
Septic and Well Permit Applications and Inspection Requests for the Cabarrus Health Alliance
- ▶ Plans Review
- ▶ Residential Trade
- ▶ Commercial Trade

Continue Application

- Once the address shows up for you, click **Perc Test/Septic/Well – Don't need to call 811 for this service**
- From the display options, you will click on the application you need to fill out – **Well head inspection/water sample collection-** see example below

Select one address(1 items):
Showing 1-1 of 1

Address	Description	City	State	Zip	Parcel
300 MOOREVILLE RD. 189352.00000000, KANNAPOLIS CABARRUS NC 28081	189352.00000000	KANNAPOLIS	NC	28081	56144045270000

Search

Please Select ONE Service(44 services found):

- ▶ Kannapolis Permits
- ▶ Kannapolis Planning
- ▼ Perc Test / Septic / Well (Must contact 811 prior to completion)
Septic and Well Permit Applications and Inspection Requests for the Cabarrus Health Alliance
 - Soil Evaluation (Including new AOWE, NOI, EOP)
 - Additional Acreage
 - Septic Expansion or Repair (Specify in Application Name)
 - Well Application (Includes abandonment, repair, and variance)
 - Well Head Inspection / Water Sample Collection (Specify in Application Name)
 - Existing System Approval (sheds, swimming pools, etc.)
- ▶ Plans Review
- ▶ Residential Trade
- ▶ Commercial Trade

Continue Application

- Click continue application

- On this page, review all the information about the property, scroll all the way to the bottom, on the right, **click continue application**

Step 2 – Enter the applicant and the owner’s information. You need to provide both, the applicant’s contact information, and also the owner’s contact information if you are not the owner of the property. Click on the blue box where it says, **select from account**, if you are the applicant, click the circle that says, **associated contact**, and if you are the owner of the property, click on the circle **Associated Owner** and fill out the information requested, and click **continue, and continue application.**

Step 3

All these fields are required to provide description about your request. Ex: New well water sample, existing well water sample, etc.

Custom Fields – Choose the request type by clicking the blue arrow to display all the options.

Custom Fields

GENERAL

* Request Type: Existing Well Full Panel S

* Sample Type: -SELECT-

2nd Request Type: -SELECT-

2nd Sample Type: -SELECT-

3rd Request Type: -SELECT-

3rd Sample Type: -SELECT-

4th Request Type: -SELECT-

4th Sample Type: -SELECT-

5th Request Type: -SELECT-

5th Sample Type: -SELECT-

* Is this Inspection / Sample request associated to a Well Permit? Yes No

What is the Associated Well Permit number? (ex. CHA-WE-2022-12345):

Save and resume later

- At the bottom, **continue application.**

Step 4 - This page is requesting your signature on the **signature page form**, right-click the link, and click to open in new tab. That will open the signature page in a new tab to sign and date (If you are the applicant on behalf of the owner, sign and date this form), you need to save the document on your computer, and then attach it to the application by clicking on the blue button that says, **ADD**. (You can also skip this step, and email us the signature page separately at EHAPPS@CABARRUSHEALTH.ORG). You can continue the application by acknowledging the little box which is also for the site plan requirement. **Continue application**

1	2 Applicant	3 ASI	4 Attachments	5 Review	6 Record Issuance
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Step 4: Attachments > Documents

Please Attach a filled out Written Signature Form: (please right-click to open a new tab) <https://www.cabarrushealth.org/DocumentCenter/View/2837/Signature-Page>

Written Signature Form grants permission for County Personnel to visit the property to retrieve a water sample

* indicates a required field.

Attachment

The maximum file size allowed is 75 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;plf;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

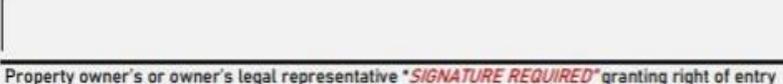
Name	Type	Size	Latest Update	Action
No records found.				

[Add](#)

[Save and resume later](#)

[Continue Application »](#)

I HAVE READ THIS APPLICATION & CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE & CORRECT. AUTHORIZED COUNTY & STATE OFFICIALS ARE GRANTED RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS TO DETERMINE COMPLIANCE WITH APPLICABLE LAWS AND RULES. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR THE PROPER IDENTIFICATION AND LABELING OF ALL PROPERTY LINES AND CORNERS AND MAKING THE SITE ACCESSIBLE SO THAT A COMPLETE SITE EVALUATION CAN BE PERFORMED.

 DATE: ___/___/___

Property owner's or owner's legal representative ***SIGNATURE REQUIRED*** granting right of entry
** Must provide documentation to support claim as owner's legal representation. **

Step 5 - Review all the information you have entered, make sure your email, phone number, property address is correct, and **continue the application at the bottom.**

Once you click continue application, you will get your application/permit number that will look like **CHA-WIS-2025-00XXX**. At this point your application has been submitted to the Health Department for review.

Once we have reviewed your application, we will follow up with you by email to request payment online.

How to make payment online – Follow the steps below

- Using the same email and password that you used to create the application, sign in to Accela Citizen Access - <https://citizenaccess.cabarruscounty.us/CitizenAccess/Default.aspx>

Once you have logged in - From the **HOME PAGE** click, **TRADE PERMITS**, and you should be able to see your application number, and a **BLUE LINK** that says, **PAY FEES DUE** and continue application to complete payment online. **See below**

<input type="checkbox"/>	03/14/2024	CHA-WE-2024-00044	Well Application	Test App	300 MOORESVILLE RD, KANNAPOLIS NC 28081	VOID	Pay Fees Due	New well
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Once you have submitted payment, please email us at EHAPPS@CABARRUSHEALTH.ORG to let us know payment was made to move your application forward.