

North Carolina
Department of Health and Human Services
Division of Public Health

Mail form to:
NC DHHS- Division of Public Health
Well Contractors Certification Commission
1653 Mail Service Center
Raleigh, NC 27699-1653

Well Contractor Certification Inspection Report

Well Site Location: _____
(Town, community, subdivision and Lot #)
Address: _____ County: _____
City/ST/Zip: _____ Date of Site Visit: _____

Site Supervisor Information

Well Contractor Company Information

Name: _____
Address: _____

Phone: _____
Certification # _____
Date site activities began: _____
Expected duration of activities: _____
Is Certification Card Present? YES or NO
Picture ID for verification? YES or NO

Contractor Company
Name: _____
Address: _____

Phone: _____
Well Contractor activities being performed:

Property Owner Information

Name: _____ **Address:** _____
Phone: _____ **City/ST/Zip:** _____

Other comments:

Complete and sign the appropriate section below.

I, _____ attest that on _____ well contractor activities were discovered in progress without the
(Name) (Date)
direct supervision of a North Carolina certified well contractor. **Signature:** _____

Was contractor advised to cease activities until certified contractor is present? YES or NO

I, _____ have obtained substantial evidence that well contractor activities were conducted after
(Name)
January 1, 2000 by uncertified/certified personnel. **Signature:** _____
(Circle one)