

WELL RECORD

Block _____ Lot _____ Location _____

Property Owner _____ Telephone # _____

Address _____

How many wells do you have on your property? _____

Type of Use: drinking water _____ irrigation (*only*) _____ industrial _____
abandoned _____ other _____

Type of Structure: Owner occupied single family home

Rental unit, single family home

*Multiple family dwelling

*Commercial _____ *provide description* _____

Industrial _____ Other _____

What is the average number of people daily using the well water?

Type of Well: Drilled _____ Dug _____

Depth of Well _____ Age of the Well _____

Well Driller _____

Are you the original owner of the well? Yes No

Do you have the water tested regularly? Yes No How often?

If possible, please enclose copies of laboratory reports for any tests done, especially the latest test. (We are interest in any well testing results even if they are not recent)

If you cannot send a copy of the last lab report, please list parameters and results.

Well Testing

Date _____ Name of Laboratory _____

Parameters	Results

Do you have a water treatment system for you well? Yes No

What is the type of treatment system?

Is the well visible from the surface of the ground?

If yes, please describe it

Below please sketch the general location of your well in relation to your home and the road.