

Private Well Inventory Survey Form

Date:	
Physical Address:	
Name (Owner):	
□ Legal owner	☐ Trust or Estate
Name (Occupant):	
Mailing Address (owner):	
Mailing address (occupant):	
Email: Owner:	Occupant:
	Occupant:
Preferred method of contact(circle): Email	
Number of persons residing at this location:	Adults (18 and over)
	Teenagers (13 to 17)
Years at this residence:Full-Time [Children (12 and under)
From where do you obtain your drinkin Residential (private) Well	g water? b) Community well
c) Bottled water	d) Other
2) If you have a private well, please answe	er the following questions:
	operty?
b) Is the well in use? Yes No	
3) If <u>no</u> , is the well usable, unusable, or pr	operly abandoned?
	andoned Method
If <u>ves</u> , please check all that apply regar	
☐ Drinking	□Vegetable/grain Gardening
□Cooking/ food preparation	-Size of Gardensq.feet/acres
□Other	Average watering frequency using well water? (daily, weekly, etc.)
a) When was the well installed?	
c) What is the well diameter?	
d) What is the well type?	Dug Well Driven
, -	Drilled Unknown
e) Do you have any treatment on you	r well (e.g. water softener)? Please describe.
4) Sample Permission	
	nission to sample your private water well?
Yes No	
Signature	
31611414116	Butc