

Private Well Inventory Survey Form

Date:	Parcel ID#:
Physical Address:	
Name (Owner):	
Name (Occupant):	
Mailing Address (Owner):	
Mailing Address (Occupant):	
Owner Email:	Occupant Email:
Owner Phone:	Occupant Phone:
Preferred method of contact (circle): Email Number of people residing at this location: Years at this residence: Full-Time	Adults (18 and over) Teenagers (13 to 17) Children (12 and under)
1) From where do you obtain your drinking water a) Residential (private) well c) Bottled water	r? b) Community well d) Other
 2) If you have a private well, please answer the following questions: a) Where is the well located on the property? b) Is the well in use? Yes \(\subseteq \text{No } \subseteq \) 	
3) If <u>no</u> , is the well usable, unusable, or properly Usable ☐ Unusable ☐ Abandone If <u>yes</u> , please check all that apply regarding the ☐ Drinking ☐ Cooking food preparation ☐ Other	ed Method
a) When was the well installed? b) What is the well depth? c) What is the well diameter? d) What is the well type? Drille e) Do you have any treatment on your well (Well Driven ed Unknown
4) Sample Permission Does the Shannon & Wilson, Inc. have permiss	sion to sample your private well?
Signature	 Date