

WELL SOURCE SURVEY

**Note: This form must be completed for each well that is
(or could be) used for drinking water purposes.**

Name of System: _____ PWS No.: _____

Well name or number: _____ Date well constructed: _____

WELL SOURCE INFORMATION

What is the ground elevation at the well? _____ (ft)

Note: Topographical information is available through the U.S. Geological Survey, North Dakota Geological Survey, and the North Dakota State Water Commission.

What is the total depth of the well (measured from the ground surface) including the screen or perforations? _____ (ft)

From the ground surface, what is the depth to the highest point of the screen or perforations? _____ (ft)

What is the outside diameter of the well? _____

What is the well casing material made of? _____

What type of well screen was installed? _____

What is the depth to the static water level? _____ (ft)

Is the top of the well casing or pitless unit above or below the ground surface?
_____ Above _____ Below

Distance above ground. _____ (ft) Distance below ground. _____ (ft)

Is the top of the well casing equipped with a sanitary well cover? ___ Yes ___ No

Is the annular opening surrounding the casing sealed with neat cement, concrete, bentonite, or other approved grouting material? ___ Yes ___ No

Type of grouting material: _____
Depth of grout (from ground surface to bottom of grout): _____ (ft)

Has flooding of the well site ever occurred? ___ Yes ___ No
If yes, attach a written description of each flooding event.

Is there any permanent or seasonal surface water within 500 feet of the well?
___ Yes ___ No If yes, describe each source of surface water (e.g., wetland, lake, river, etc.) and the distance from the well. _____

What type of pump was installed? _____

What is the pump base elevation measured from ground surface? _____

What is the pump make? _____

What is the pumping rate of the well? _____ (gallons per minute)

Estimate the volume of water pumped each month. _____ (gallons)

Have there been any known or suspected waterborne disease outbreaks attributable to the well? ___ Yes ___ No If yes, attach a written description of each outbreak.

Is a copy of the well driller's log on file? ___ Yes ___ No If yes, attach a copy of the log.

Name and address of company that drilled well. _____

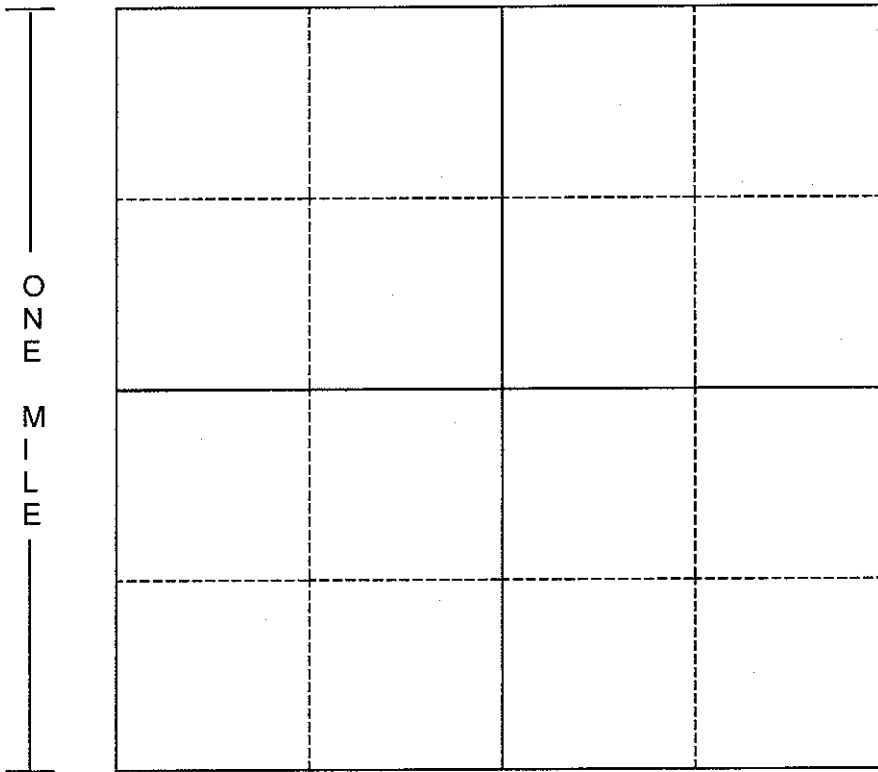
Source of well information: Records _____ Memory _____

Other (Specify) _____

Location of Well

On the section sketch below, show the location of the well. Also, show the location of all permanent or seasonal surface water bodies (even if they are outside of the section) that are within 1000 feet of the well using a direction-distance arrow (i.e., 1,000' →). The sketch location of the well must agree with the written location below.

___ 1/4 ___ 1/4 1/4 ___ 1/4 1/4 1/4 Sec. ___ TWP. ___ N RG. ___ W



Place the GPS on the wellhead for the reading or stand as close as possible to the pumphouse door for an accurate reading.



Latitude: _____

Longitude: _____

Date Collected _____

I certify that the above information, to the best of my knowledge, is true and accurate.

Signature: _____ Date: ___ / ___ / ___

Name (please print): _____ Telephone No. _____

Title: _____