



**Group B Public Water System  
Survey Checklist  
\$420.00 Survey Fee**

ENVIRONMENTAL HEALTH USE ONLY

DATE: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

BY \_\_\_\_\_

1. Name of System \_\_\_\_\_ 2. Date: \_\_\_\_\_  
 3. PWS ID #  4. County \_\_\_\_\_ 5. System Phone # \_\_\_\_\_  
 6. Contact Person \_\_\_\_\_ 7. Person @ Inspection \_\_\_\_\_

8. Describe source Well  Spring  Other   
 9 a. DOH Source ID# SO # \_\_\_\_\_ SO # \_\_\_\_\_  
 b. DOE unique well identifier number (if available) \_\_\_\_\_  
 c. Source GPS located?  Yes  No  Yes  No  
 10. Is this for permanent or seasonal use?  P  S  P  S  
 11. Are there biological contaminants located within 100 ft. (i.e. sanitary sewer, drainfield, surface water, waste lagoon, manure pile, storm water, irrigation canal)?  Yes  No  Yes  No  
 12. Are there obvious chemical contaminant hazards located within 100 ft (i.e. gasoline, diesel fuel, pesticides)?  Yes  No  Yes  No  
 13. Is there a known or obvious risk of the wellhead being covered by flood water?  Yes  No  Yes  No  
 14a. Is there a sealed well cap?  Yes  No  Yes  No  
 b. Is there a properly constructed screened well vent?  Yes  No  Yes  No  
 15a. Is the well located in a pit or is buried?  Yes  No  Yes  No  
 b. If yes, is the pit adequately drained?  Yes  No  Yes  No  N/A  
 16. Is the well house secure and rodent free  Yes  No  
 17. Is the distance from the floor or the ground to the top of the casing greater than 6"?  Yes  No  Yes  No  
 18. Is a water sampling tap provided at the wellhead?  Yes  No  Yes  No  
 19. Is the source metered?  Yes  No  Yes  No  
 Are source readings recorded?  Yes  No  Yes  No  
 20. Is this source chlorinated?  Yes  No  Yes  No  
 If yes, a. is chlorinator operational?  Yes  No  Yes  No  N/A  
 b. Has there been a problem with chemical addition (i.e. maintaining adequate residual, run out of solution, overfeeding)?  Yes  No  Yes  No  N/A  
 21. Are pressure tank(s) in use?  Yes  No  Yes  No  
 If yes, a. Is there a pressure relief valve located between tank and shutoff valve?  Yes  No  Yes  No  N/A  
 b. Does the well pump and pressure tank(s) appear to be functioning/operating properly (i.e. does the well pump cycle more than every 10 minutes)?  Yes  No  Yes  No  N/A  
 c. Does the pressure tank(s) appear to be waterlogged?  Yes  No  
 22. Is there atmospheric storage?  Yes  No  
 If yes, are all openings secured (i.e. locked, tight over-lapping cover on access; screened vents and overflow or hinged flap)?  Yes  No  N/A  
 23. Is Water Quality Monitoring (Bact., NO3) current?  Yes  No

**B**

Reviewed / revised WFI attached  Photos of wellhead and wellhouse labeled and attached

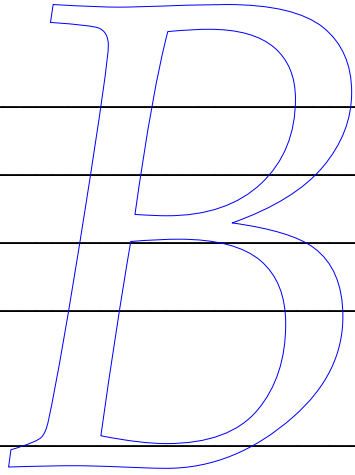
Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Group B Site Visit Checklist (page 2)

24. Please describe below any other significant concerns or hazards observed during site visit (i.e. existing source or storage facilities not listed on current WFI, to your knowledge were any items identified on the front of this form identified in a previous inspection, obvious leaks in distribution system, storage or pumping facilities, unlocked pumphouses, facilities at obvious risk from tampering or vandalism, etc.)

24 A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24 B. \_\_\_\_\_  
\_\_\_\_\_



24 C. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24 D. \_\_\_\_\_  
\_\_\_\_\_  
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