Home and Well Survey

Resident's Name:_____

Home Phone: _____Cell Phone: _____

Address:_____

Email address: _____

Owner Information (If Different):_____

_____

Number of Household Residents/Age Groups:

Infants (Under Age 1)_____ Toddlers (Age 1-6) _____

Children (Age 7-12) _____ Adolescents (Age 13-18) _____

Adults (Age 18-65) _____ Seniors (Age 66+) _____

Do you have a water treatment system? If so, please identify the components of the system (if any): _____

_____

Well Information:

Type: Dug ☐ Drilled ☐ Well Depth:_____ Well Age:_____

Driller log of the well installation (these are the detailed notes that the driller takes during the installation):_____

Name of Driller/Service Company (If Known):_____

_____

Total depth of well:_____

Depth of surface casing:_____ Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen (the screened interval of the well):_____

Depth of pump in relation to total depth of the well:_____

Well Repairs or Re-drilling in past 15 years:_____

Have you had your well water tested for contamination in the past?_____

If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically?_____

_____

_____

_____

_____

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Recent or past changes in water quality (taste, odor, appearance):_____

_____

_____

Do you currently use your well water for drinking? Yes ☐ No ☐

Cooking? Yes ☐ No ☐ Bathing? Yes ☐ No ☐

Other household uses?_____

If you do not use your well water, what water source do you use?_____

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐ When did this occur?_____

If so, who provides/provided the alternate water? _____

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water?_____

When did this occur?_____

_____

Lease with gas company: Yes ☐ No ☐

If so, what is the status of lease: _____

Is there any additional information you would like to provide to us:_____

_____

_____

_____

_____

_____

_____

_____