



West Central Health District Environmental Health

Water Well Evaluation Application

Section A: Owner Information

Property / System Owner:		Tel:	
Person Requesting Evaluation:		Tel:	
Property / System Address:		County:	
E-Mail Address:		Fax Number:	
Subdivision Name:		Block:	Lot:
Directions to the Property:			

Final Report:	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Fax Number:	_____
	<input type="checkbox"/> Mail to (include address if different than above):		_____
	<input type="checkbox"/> E-Mail to (include address if different than above)		_____

Section B: Purpose for Evaluation

<input type="checkbox"/> Loan or Refinance Letter	<input type="checkbox"/> Health Department regulated Non-Public System
<input type="checkbox"/> Owner Requested, Routine	<input type="checkbox"/> Illness Investigation (Include illness reporting form)
<input type="checkbox"/> Adoption, Foster, Day Care Letter	<input type="checkbox"/> Non-Public Well MOU Evaluation

Section C: Well Information

Number of Wells (sheet for each):	Type of Well:	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other:
Water Source	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Bored Well	<input type="checkbox"/> Spring	<input type="checkbox"/> Other:
Age of Well:	Well Contractor (if Known):			
Components Associated with System:	<input type="checkbox"/> Storage Tank	<input type="checkbox"/> Filter	<input type="checkbox"/> Disinfection Treatment	<input type="checkbox"/> Other:
Describe Any Recent Maintenance / Repairs Made To The System:				

Evidence Of Septic Failure:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Describe:		

Revised 2/12/19