



# REQUIRED INFORMATION FORM - INSPECTION REPORT

Inspected by (print name & company):

Date of Inspection:

Facility Name:  
Type of Facility:  
Occupant's Name:  
Street Address:  
City, State, Zip Code:

Present Well Owner:  
Street Address:  
City, State, Zip Code:  
Telephone Number:

## WELL DATA:

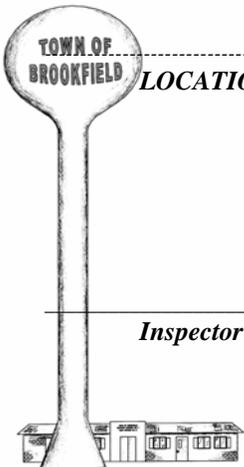
Well Type: \_\_\_\_\_ Casing Depth: \_\_\_\_\_ Depth to Water: \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
\_\_\_\_ Drilled \_\_\_\_ Driven Point \_\_\_\_ Dug \_\_\_\_ Other  
Date Well Constructed: \_\_\_\_\_ Constructed by: \_\_\_\_\_ Total Well Depth: \_\_\_\_\_  
Casing Diameter: \_\_\_\_\_ Well Terminates \_\_\_\_\_ (inches) \_\_\_\_\_ Above \_\_\_\_\_ Below \_\_\_\_\_ Floor \_\_\_\_\_ Outside Grade  
Well Properly Separated From Contamination Source on Well Property? \_\_\_\_ yes \_\_\_\_ no

## PUMP INSTALLATION DATA: \_\_\_\_\_ (X) if NON-COMPLYING

Cross Connections? \_\_\_\_ yes \_\_\_\_ no

Pump Type: \_\_\_\_\_  
\_\_\_\_ Submersible \_\_\_\_ Single Pipe Packer Jet  
\_\_\_\_ Shallow Well Pump \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Double Pipe Deep Well Jet Offset: \_\_\_\_ yes \_\_\_\_ no  
Pump Capacity/Manufacturer: \_\_\_\_\_  
Check Valve Location: \_\_\_\_\_  
Pressure Tank Type and Location: \_\_\_\_\_  
Sampling Faucet Location: \_\_\_\_\_  
Sampling Faucet Height: \_\_\_\_\_  
Misc. \_\_\_\_\_  
For Offset Pump Installation: \_\_\_\_\_ Diameter of Conduit: \_\_\_\_\_  
Is Buried Piping: \_\_\_\_\_ Height Conduit Above Floor: \_\_\_\_\_  
Pressurized \_\_\_\_ yes \_\_\_\_ no Sanitary Seal Present: \_\_\_\_ yes \_\_\_\_ no  
Concentric \_\_\_\_ yes \_\_\_\_ no Is Seal Vented & Screened \_\_\_\_ or Plugged \_\_\_\_  
Above Ground Discharge: \_\_\_\_ Yes \_\_\_\_ No  
Pump Wires Sealed: \_\_\_\_ Yes \_\_\_\_ No  
Well Enclosed or Housed: \_\_\_\_ Yes \_\_\_\_ No  
Well Seal/Cap Type: \_\_\_\_\_  
\_\_\_\_ Overlapping \_\_\_\_ Vermin Proof \_\_\_\_ Split Seal \_\_\_\_ Other: \_\_\_\_\_  
**Sanitary District and Town ordinances require vermin/bug-proof cap.**  
If more than 1 outside hose bib, is dedicated line color-coded? \_\_\_\_ Yes \_\_\_\_ No

CONCLUSIONS/RECOMMENDATIONS: Well and Pump Installation is in compliance with NR 812 \_\_\_\_ YES \_\_\_\_ NO  
If NO, explain what must be done to bring up to Code.



LOCATION DATA - Draw Sketch below depicting location of well (include distances from well to buildings and other landmarks)

Inspector's Signature

Phone Number

DNR License #

Signature