

**THE ALLEN COUNTY HEALTH DEPARTMENT
PRIVATE WATER SYSTEM INSPECTION REPORT**

() CASH () CK. NO. _____
RECEIPT NO. _____

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RECEIPT NO. _____

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RECEIPT NO. _____

NAME: _____ PHONE: _____

ADDRESS: _____ TOWNSHIP: _____

CITY & ZIP: _____ Parcel Number _____

Please list contaminants to be tested: _____

SAMPLE REASON: () 1-FAMILY () OTHER () MUNICIPAL () PUBLIC
() NEW WELL () ALTER. () ROUTINE () LOAN () ILLNESS () FLOOD

DISINFECTED: () NO () YES DATE DISINFECTED: _____

WELL LOCATION: () FRONT () REAR () SIDE () PIT () BASEMENT
() BURIED () UNKNOWN

WELL CASING: () 8" ABOVE GRADE () 12" ABOVE GRADE () _____ ABOVE GRADE
() STEEL () PLASTIC () RUSTED () WATERTIGHT () DAMAGED

WELL CAP: () "TURTLE" CAP SECURE: YES / NO () NO CAP () SUBJECT TO FLOODING

DOES PIT OR BASEMENT HAVE: () FREE OUTFALL DRAIN () SUMP PUMP () NO DRAIN () N/A

TREATMENT: () SOFTENED () FILTERED () CHLORINE () AERATION () R/O () OZONE

AIR VENT: () SCREENED () TURNED DOWN () SUBJECT TO CONTAMINATION

OUTSIDE FAUCET: () FRONT () REAR () SIDE () NONE () OTHER _____

NITRATE TEST RESULT: _____ PPM

PARTY TO RECEIVE RESULTS:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COMMENTS: _____

DATE REQUESTED _____

DATE COLLECTED _____

BY _____

DATE REQUESTED _____

DATE COLLECTED _____

BY _____

DATE REQUESTED _____

DATE COLLECTED _____

BY _____

<u>Distance Requirement</u>	<u>On-site Measurement</u>	<u>Requirement Met ("Y" or "No")</u>
Houses (10 ft.)	_____ ft.	_____
Property lines (10 ft.)	_____ ft.	_____
Existing or properly sealed wells (10 ft.)	_____ ft.	_____
Public roadways (25 ft.)	_____ ft.	_____
Driveways (5 ft.)	_____ ft.	_____
Sewer lines (10 ft.)	_____ ft.	_____
Sewage systems (50 ft.)	_____ ft.	_____
Closed-loop geothermal (25 ft.)	_____ ft.	_____
Streams, lakes, ponds & ditches (25 ft.)	_____ ft.	_____
Easements (10 ft.)	_____ ft.	_____
Sewer lines (10 ft.)	_____ ft.	_____
Barn/feed lots (100-500 ft.)	_____ ft.	_____
Outbuildings (50 ft.)	_____ ft.	_____
Oil & gas wells (100 ft.)	_____ ft.	_____
Manure ponds, lagoons or piles (50-300 ft.)	_____ ft.	_____