## ALLEN COUNTY PUBLIC HEALTH PRIVATE WATER SYSTEM INSPECTION REPORT

( ) CASH ( ) CK. NO RECEIPT NO		( ) CASH ( ) CK. NO RECEIPT NO	
NAME:		PHONE:	
ADDRESS:		TOWNSHIP:	
CITY & ZIP:		Parcel Number	
Please list contaminants to b	e tested:		
SAMPLE REASON: () NEW DISINFECTED: () NO WELL LOCATION: () FRO () BUR WELL CASING: () 8" ABON () STEEL WELL CAP: () "TURTLE" CA DOES PIT OR BASEMENT HAVE TREATMENT: () SOFTENED AIR VENT: () SCREEN	() YES DATE DISINFECTED: ONT () REAR () SIDE RIED () UNKNOWN /E GRADE () 12" ABOVE GRA () PLASTIC () RUSTED AP SECURE: YES / NO ( E: () FREE OUTFALL DRAIN ( D () FILTERED () CHLORINE ( ED () TURNED DOWN () SUBJ NT () REAR () SIDE ()	E ( ) LOAN ( ) ILLNESS ( ) FLOOD ( ) PIT ( ) BASEMENT DE ( ) ABOVE GRADE ( ) WATERTIGHT ( ) DAMAGED ) NO CAP ( ) SUBJECT TO FLOODING ) SUMP PUMP ( ) NO DRAIN ( ) N/A ) AERATION ( ) R/O ( ) OZONE	
PARTY TO RECEIVE RESULTS	: Best method of delivering resul	ts? ( ) Mail ( ) Fax ( ) E-mail	
NAME:		PHONE:	
ADDRESS:		FAX:	
CITY/STATE/ZIP:			
E-mail ADDRESS:			
DATE REQUESTED DATE REQUESTED DATE REQUESTED	DATE COLLECTED DATE COLLECTED	BY	

\*\* <u>Reverse side for Health Department use only</u> \*\*

Distance <u>Requirement</u>	On-site <u>Measurement</u>	Requirement <u>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.	