

Well Repair

RUTHERFORD-POLK-McDOWELL HEALTH DISTRICT

Homeowner Well Repair Application Questionnaire

- Drilled
- Bored
- Hand Dug
- Spring

Information taken from (Name): _____ Date: _____

Application Completed By (Name): _____ Date: _____

Owner/Legal Agent: _____ County: R P M

Home#: _____ Work#: _____ Cell#: _____ Fax#: _____

Tenant: _____ Contact #: _____

Property Location: _____

Subdivision: _____ Lot#: _____ Gate Code: _____

Directions: _____

Facility Type: House Mobile Home Modular Other: _____

Lot Size: _____ acres Number of Bedrooms: _____ Number of Occupants: _____

Water Supply: Private Well Public/Community Spring Other: _____

1. Whose name was the original well/septic permit issued under? _____

2. When was the well installed? Year? _____

3. Was the well constructed with a variance? Y N

4. Has the well ever been video taped? Y N When? _____

5. Has the well ever mechanically malfunctioned? Y N How? Pump Pressure Switch Vent
 Well Seal Bladder Tank Spigot
 Other: _____

6. How long has the well been having problems? All the time When it rains When used a lot Other: _____

7. Has the well ever been repaired? Y N What was repaired? _____

Whose name is on the repair permit? _____

Who repaired the Well? _____

8. Where is your well located? _____

9. Are there any neighboring wells, springs, or underground storage tanks nearby? Y N How close (ft)? _____

10. Is the septic system entirely on the current property? Y N Unknown

11. Where is the septic system for the property located? _____

12. Describe the water quality:

Odor: Y N What Kind? Rotten Egg Metallic Sewage Earthy Other _____

Is there an odor with either the hot or cold water or both? Hot Cold Both

Clarity: Clear Milky Muddy Other _____

Color: Colorless White Red Brown Other _____

Is there any grit in the water? Y N What color is it? _____

Taste: Y N Describe: _____

13. Do you have any filters or softeners on the well system? Sediment Charcoal Softener Other _____

14. Do any of your plumbing fixtures have stains on them? Y N Color? _____

What Fixtures? (i.e. sink, washer, tub, toilet) _____

15. Has your water ever been tested? Y N For What? _____

16. Please draw the property to the best of your ability on the back of this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, and any other pertinent structures or features.

Owner/Legal Agent: _____ Date: _____