CONTRACTOR INFORMATION

Well contractor name _________________________________________________________
Date ___________________________ Time ______________________ a.m / p.m.

CLIENT INFORMATION

Name ________________________________________________________________
Phone ___________________________ Email ________________________________
Mailing address _________________________________________________________
City ___________________________ Zip ________________________________

Well location, if different from above:
Physical address _________________________________________________________
City ___________________________ County ___________________________ Zip __________

Referral source
☐ Virginia Cooperative Extension Drinking Water Clinic (County _________________ )
☐ Well drilling contractor (name _________________________________ )
☐ Friend or Neighbor (name _________________________________ )
☐ Advertisement (source _________________________________ )
☐ Website (source _________________________________ )
☐ Other (please specify _________________________________ )

Ownership of property
☐ Own this property ☐ Rent this property
☐ Plan to sell this property ☐ Consider purchasing this property

Client problems with / concerns about water well or pump (specify____________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________)

WellCheck is a partnership of Virginia Cooperative Extension and Virginia Water Well Association.
www.wellwater.bse.vt.edu/wellcheck
VISUAL INSPECTION

1. Well construction
   Drilled / bored / coastal plain or sand / other (specify______________________)

2. Availability of well records? (attach a copy to the report)
   - Well Completion Report
     a. Year constructed ____________
     b. Depth _______________ ft
     c. Static water level ___________ ft
     d. Well class IIIA / IIIB / IIIC / IV
   - Water Test (date of most recent ______________________)
   - Maintenance Records (date of last service ______________________)
   - Shock Chlorination (date of last chlorination ______________________)
   - Other (please specify ______________________)

3. Well location on the property (provide GPS coordinates, a description, or sketch)
4. Inspection of wellhead and casing (check all that apply)
   - Buried well – no pitless adaptor
   - Casing adapter accessible
   - Well in pit – no pitless adaptor
   - Wellhead visible above ground
   - Casing at least 12” above ground surface
   - Area around well casing buried or sloped to prevent pooling or runoff of surface water around the wellhead
   - No cracks in or corrosion/damage to casing
   - No voids or spaces around casing
   Comments

5. Inspection of well cap (check all that apply)
   - Approved sanitary, sealed, water-tight well cap in place; bolts tight and secure
   - Approved sanitary, sealed, water-tight well cap, but needs repair or replacement
   - Old, conduit-style well cap (“shoe-box” fit; unsealed)
   - Presence of insects or other vermin around well cap (specify__________)
   Comments

6. Permanent structures within 10 feet of the wellhead?
   - Yes (specify ____________________________________________ )
   - No

7. Well easily accessible for future repairs and service?
   - Yes
   - No (specify ____________________________________________ )
8. Based on the site inspection, does the well meet the minimum distance from contamination sources as outlined in the Virginia Well Water Regulations?

<table>
<thead>
<tr>
<th>Structure or Topographic Feature</th>
<th>Class III-C or IV</th>
<th>Class III-A or B</th>
<th>Presence and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building foundation</td>
<td>10'</td>
<td>10'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Building foundation (termite treated)</td>
<td>50'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>House sewer line</td>
<td>50'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Sewer main or system</td>
<td>50'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Pretreatment system (e.g., septic tank, aerobic unit)</td>
<td>50'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Sewage disposal system / other source (drain field, underground storage tank, barnyard, feed lot)</td>
<td>100'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Cemetery</td>
<td>100'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Stream</td>
<td>100'</td>
<td>50'</td>
<td>□ Yes □ No □ N/A</td>
</tr>
</tbody>
</table>

Comments / other nearby sources of potential contamination:

9. Are potentially hazardous materials stored near the well?

□ No □ Yes (specify)

- Hazardous materials are stored in sealed original and labeled containers
- Hazardous materials are stored on impervious surface
- Hazardous materials are properly disposed of at household collection days
- Hazardous materials are never dumped on the ground, down a storm drain, or in an abandoned well or sinkhole
- Hazardous products are not stored within 50 feet of the well
- Machinery is fueled on a concrete floor; spills are cleaned up immediately
10. According to the homeowner and/or well completion report, are there any abandoned wells on the property?  
☐ Yes  ☐ No  
Have they been properly abandoned or do they currently pose a threat to groundwater quality or other wells nearby?  (specify____________________________)  

11. Inspection of pump  
a. Type of pump (____________________________)  
b. Horsepower of pump (____________________________)  
c. Voltage rating (____________________________)  
d. Properly grounded ☐ Yes  ☐ No

12. Inspection of pressure tank  
a. Are there any leaks or corrosion?  ☐ No  ☐ Yes (____________________________)  
b. Size of the pressure tank (____________________________)  
c. Properly plumbed?  ☐ Yes  ☐ No (____________________________)  
d. Properly wired?  ☐ Yes  ☐ No (____________________________)  
e. Has bladder been serviced?  ☐ Yes  ☐ No (____________________________)  

Comments  

WATER TESTING

1. Water treatment devices  
a. Are there water treatment devices installed in the home?  ☐ No  ☐ Yes  
b. What types of devices are installed? (____________________________)  

2. According to homeowner records, has water been tested recently?  ☐ No  ☐ Yes  
(summary of results/problems____________________________)  

____________________________  
____________________________

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3. Recommended water testing
   - [ ] None
   - [ ] Bacteria
   - [ ] Nitrate
   - [ ] pH
   - [ ] Metals (specify ____________________________)
   - [ ] VOCs
   - [ ] Other (specify ____________________________)

4. Water sample collected?  [ ] Yes  [ ] No
   Date ____________  Time ____________  Date results ready ________________

SUMMARY AND RECOMMENDATIONS FROM VISUAL INSPECTION

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Contractor signature ___________________________  Date ______________

TECHNICAL AND DIAGNOSTIC INSPECTION ADDENDUM

1. Voltage (_________________________ volts)
   - [ ] Fused properly
   - [ ] System components are compatible

2. Amperage (_______________________ amps/amperes)
   - [ ] Appropriate for pump rating

3. Pre-charge on the pressure tank (___________________)

4. Pump cut-in pressure (__________________________)

5. Pump cut-out pressure (__________________________)

6. Pressure differential (__________________________)
7. Correct drawdown for tank size provided? □ Yes □ No (specify __________________________)

8. Valves working properly? □ Yes □ No (specify __________________________)

9. Condition of pressure switch / sensor
   □ Good      □ Needs replacement

10. Relief valves installed and sized correctly □ Yes □ No (specify __________________________)

11. Amount of time for the pump to go from the low limit to the high limit with no water running in the house (______________________________)

SUMMARY FROM TECHNICAL INSPECTION

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

RECOMMENDATIONS FOR ADDITIONAL DIAGNOSTICS OR REPAIRS

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Contractor signature ___________________________ Date ___________