

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?

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

_____)



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 _____

