MY DRY WELL
KINGS SUBBASIN

Well Assessment Form

Contractor Information

Well Assessment Contractor Name or Company

Contact Name

Contractor Address

Contractor Phone Number

Contractor License #

Contractor Email Address

Well Assessment Information

Assessment Date

Well Diameter (inches)

Depth to Groundwater (feet)

Depth to Bottom of Well (feet)

Wellhead Condition (please describe)

Is there a Wellhead Treatment System?

Pump Size

Pump Condition

Supplemental Information

Septic System Location (Please Describe)

Distance from Well (feet)

Overhead Obstructions

Well Access Issues (Please Describe)

Pressure Tank Condition

Are electrical controls working?

Does the well have power?

Other Well Information

Cause of the well failure (please describe)

Other relevant information

Contractor Name

Contractor Signature

Date

Please include relevant photos and any other pertinent forms, reports or information.