

	Check items Measured	Meets Min. Standards		Remarks
		Yes	No	
Well Test				
Duration				
Frequency/Accuracy of measurements				
Other (_____) .				
Disinfection				
Chlorination				
Other (_____) .				
Cuttings				
Reports				
Construction (GW-1)				
Abandonment (GW-30)				
Well Head Completion				
Access port				
Hose bib				
Pitless Adaptor				
Pitless Adaptor Unit				
Suction line				
Tee (jet)				
Valved flow				
Vent				
Water tight pipe entry				
Well entry				

Applies to wells constructed after December 1, 1992

Date Well Constructed _____

Pump Installation

Pump Installation Contractor _____
Name Address Reg. #

PUMP CONTRACTOR I.D. PLATE PRESENT ? (Y/N) _____ **Date Pump Installed** _____

Violations noted attributable to the pump installation contractor are as follows:

- (1) _____
- (2) _____
- (3) _____

INSPECTOR _____
Name Office

Witness(es) _____
(If Available) Name Address Type

Name Address Type