

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number _____

F.H.A. or V.A. Case Number
If Applicable

Date _____ Local Health Department _____

Owner _____ Address _____ Phone _____

Exact Location of Premises _____

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well. 1) Class III A _____
2) Class III B _____
3) Class III C _____
Date of installation _____ 4) Other _____

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by Sec. 2.18 Yes No
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
Building Sewer _____ Pretreatment Unit _____
Conveyance System _____ Subsurface Soil Absorption System _____
(nearest point). Property Line _____ Other _____
Site graded where necessary to divert water away from well? Yes No N/A
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Total depth of well _____ feet. Type of casing _____
Depth of casing _____ feet. Diameter of casing _____ inches.
Casing extends inches above ground _____. Exterior space sealed with neat cement grout to a depth of _____ feet. Screens constructed of _____
free of rough edges and irregularities, with positive watertight seal between screen and casing?
Yes No N/A Well head and opening to the interior protected? Yes No
Type of well seal _____ Pitless adapter used? Yes No N/A
Properly installed? Yes No N/A Proper venting? Yes No N/A
4. Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet. Yield _____ GPM. Type of storage _____
5. Quality: Sample tap provided at entry into system? Yes No Samples(s) collected? Yes
No Results of samples. Satisfactory Unsatisfactory (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets does not meet the requirements of the Private Well Regulations.

Remarks: _____

Date _____ Signed _____
Sanitarian

Date _____ Signed _____
Supervisory Sanitarian

Date _____ Signed _____
Regional Sanitarian (If V.A. or F.H.A.)