



PREDRILL WATER SUPPLY

PART A: General Information

O & G Well name & # _____		<input type="checkbox"/> N/A No Sample
Permittee: _____	Sampled by: _____	Date sampled: _____
Person Interviewed: <input type="checkbox"/> Spouse <input type="checkbox"/> Owner <input type="checkbox"/> Resident <input type="checkbox"/> Other: _____		<input type="checkbox"/> None
Name of Person Interviewed: _____		
WATERSUPPLY OWNER		RESIDENT <input type="checkbox"/> Property Owner <input type="checkbox"/> Renter/Leasee
Name: _____	Name: _____	
Address: _____	Address: _____	
Address: _____	Address: _____	
Phone #: _____	Phone #: _____	

PART B: Water Quality

Reported Quality (Prior to Treatment)	Observed Quality			Treatment		PUMP DATA
	Yes	NO	Yes	No	N/A	
Staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None
Bad Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas piston
Odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Submersible
Cloudiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Windmill
Oily Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jet
Bubbly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> None	<input type="checkbox"/> ph Adjust	
				<input type="checkbox"/> Softening	<input checked="" type="checkbox"/> Other: _____	
				<input type="checkbox"/> Chlorination		
				<input type="checkbox"/> Iron removal		
				<input type="checkbox"/> In-line sediment filter		
				<input type="checkbox"/> Charcoal filter		
				<input type="checkbox"/> UV light		

PART C: Water Source Information

GPS (deg/min/sec): Lat. _____ Long _____ Elevation _____ Datum if other than NAD 83: _____			
Course and Distance of water source from residence: _____ Ft.; Compass course of water source to proposed O/G well: _____ Ft.			
SUPPLY TYPE	WATER USE	WELL DATA	SPRING DATA
<input type="checkbox"/> Well: # _____	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> bailed from spring
<input type="checkbox"/> Spring # _____	<input type="checkbox"/> Husbandry	Depth: _____	<input type="checkbox"/> Pump
<input type="checkbox"/> Cistern	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Dug Well	<input type="checkbox"/> Spring House
<input type="checkbox"/> Pump GPM _____	<input type="checkbox"/> Other: _____	Static Level: _____	<input type="checkbox"/> Underground Vault
SAMPLED		SAMPLING POINT LOCATION	
<input type="checkbox"/> Before Treatment	<input type="checkbox"/> Inside faucet: _____	<input type="checkbox"/> bailed from spring	
<input type="checkbox"/> After Treatment	<input type="checkbox"/> outside faucet: _____	<input type="checkbox"/> wellhead	
<input type="checkbox"/> No Treatment	<input type="checkbox"/> pressure tank	<input type="checkbox"/> overflow pipe	
<input type="checkbox"/> Not Sure	<input checked="" type="checkbox"/> bailed from well	<input type="checkbox"/> pump house	
Was the water source purged before sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, volume (gal) and/or time(mm) purged: _____			
Was portion filtered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the filter pore size? _____ μ			
Is it possible to run water for 30 minutes to complete a timed flow test? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____			
How many water sources are there? _____ Does this source supply any other properties? _____			
Please list all sources: _____			
Is water source or sources located on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No If No explain: _____			
Combustible gas reading in well headspace/springhouse: _____			

PART D: PERSON COMPLETING FORM: _____

SIGNATURE: _____

Last Name:	First Name:	Date of Sampling:
Address:		Phone:

PART E: DESCRIPTION OF WATER SOURCE

- Loose, missing, or damaged well cap (circle one if applicable)
- Evidence of insects, spiders, animals on well cap
- Well cap flush with ground/buried casing
- Cracked/damaged well casing
- Missing/damaged pit-less adaptor
- Water source open to surface water
- Additional storage or holding tank/coyote system
- Malfunctioning water treatment system

Number of person using this water source? _____

Gallons/day if metered: _____

Depth to water level: _____ ft Pump Depth: _____ ft Date drilled? _____

Size of cistern of Pressure Tank _____ gallons. Actual Size Estimated Size Unknown

PART F: DESCRIPTION OF AREA SURROUNDING WATER SOURCE (check all that apply)

- Ground sloping toward water source
- Water source down gradient of septic system
- Signs of failing septic, soggy ground, foul odor (circle one)
- Proximity to garden, orchard, greenhouse, Approximate distance: _____
- Proximity to junkyard, dumping area, landfill. Approximate distance: _____
- Proximity to fuel storage tanks, equipment storage areas, garage. Approximate distance: _____
- Proximity or located in field with livestock, barn, barnyard, other out building. Approximate Distance: _____
- Proximity to salt storage area, salted roadway. Approximate distance: _____

ADDITIONAL REMARKS & COMMENTS

FIELD
ANALYSIS

PART G: PHOTOGRAPHS

Attach image to this form:

Any related comments



Water sample results from Predrill analysis

County: _____

Township/Borough _____

Related Farm Name (for proposed well site predrill is provided): _____

Related Well # (s): _____

Permit # If Given: _____

Lab Name: _____

Water Supply Owner: _____

Water Supply Address/Lat/Long/Sampling point: _____

Time/Date: _____

Accreditation #: _____

Analysis Completed	Standard Laboratory Reporting Units	Holding Time (collection/analysis)	Result	Exceeds MCL
Field Analysis/Wet Methods				

Analysis Completed	Standard Laboratory Reporting Units	Holding Time (collection) analysis	Result	Exceeds MCL
Inorganics/Metals				
Organics/Volatile				

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