

EFFINGHAM COUNTY HEALTH DEPARTMENT
Sample Request/Well Inspection

Sample Date _____
Time _____

Resident _____ Phone _____

Address _____

Directions _____

Property Owner _____

Has supply been recently chlorinated? _____

Is this a resample? _____ Has well been updated, if applicable? _____

Reason for sample _____

DRILLER _____ Year Constructed _____ PUMP INSTALLER _____

Well Inspection

Drilled _____ Ft.
Diameter _____ In.
Casing Material _____
Pitless Adapter _____

Dug _____ Ft. Bored _____ Ft.
Diameter _____ In.
Buried Slab _____ Pitless Adapter _____
Casing Material _____
Annular Space Sealed _____ Material _____
Suction Line Exits Well Above Ground _____

Pump Location _____

Well Top Sealed _____

Casing Distance Above Ground _____ In.

Adequate Slope Around Well _____

DISTANCE FROM NEAREST:

- Abandoned Well _____
- Building _____
- Septic Tank _____
- Sand Filter _____
- Seepage Field _____
- Aeration Unit _____
- Barnyard _____
- Manure Pile _____
- Ponds _____
- Fuel Storage _____

REMARKS OR SKETCH

BY:

Environmental Health Inspector

Date _____