

## Well Treatment, Rehabilitation, and Water Levels

During the last year, have any of your wells had treatment or rehabilitation work? (Examples would include surging, jetting, acidizing, shock chlorination, etc.)

Yes \_\_\_ No \_\_\_ If yes, please list which well numbers and the type of treatment(s) within the following table.

Well no.	Treatment(s)

If known, please provide the following water level information:

Well No.	*Airline length (ft)	Water Levels							
		Water level date	Nonpumping			Pumping			
			Hours off	Gage** reading (ft)	Depth to water (ft)	Hours on	Gage** reading	Depth to water (ft)	Pumping Rate (gpm)

**Notes:** \*Same as pump setting

\*\*If gage reading is in pounds per square inch (psi), add "psi" to the number. If gage is direct reading, the gage reading and the depth to water should be the same.

During the last year, were water conservation practices requested or imposed?

No \_\_\_\_\_  
Yes \_\_\_\_\_

If yes, due to a limited treatment capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, due to limited water availability?	<input type="checkbox"/>	<input type="checkbox"/>
Other reason? _____		

Type of restriction: \_\_\_\_\_

Date: \_\_\_\_\_

Are there any plans to increase treatment or supply capacity?

No \_\_\_\_\_ Yes \_\_\_\_\_ What are they? \_\_\_\_\_

Do you discharge water? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: To a municipal wastewater treatment system? \_\_\_\_\_ System name \_\_\_\_\_

If yes: To a stream or other surface water body? \_\_\_\_\_ Your NPDES permit # \_\_\_\_\_

If yes: To a septic system? \_\_\_\_\_

If yes: To other? \_\_\_\_\_