

Well Treatment, Water Levels, Conservation, and Discharge

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

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

Well No.	Treatment(s)
_____	_____
_____	_____
_____	_____

If your wells were tested during the last year, please provide the following water level information.

Well No.	Airline Length (feet)*	Test Date	Nonpumping (Static) Level			Pumping (Dynamic) Level			
			Hours Off	Gauge Reading**	Depth to Water (feet)	Hours On	Gauge Reading**	Depth to Water (feet)	Pumping Rate (gpm)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

*Same as pump setting

**If gauge reading is in pounds per square inch (psi), indicate that in the column. If the gauge is direct reading, indicate feet (ft).

During the last year, were water conservation practices requested or imposed? Yes ___ No ___

If Yes: Because of limited treatment capacity ___ Because of limited water availability ___

Other: _____

Type of restriction: _____ Dates: _____

Success or estimated amount of savings: _____

Are there plans to increase treatment or supply capacity? No ___ Yes ___ Plans: _____

Do you discharge wastewater? Yes ___ No ___

If Yes: To a municipal wastewater treatment system ___ Name of system: _____

To a stream or other surface water body ___ Your NPDES permit #: _____

To a septic system ___

Other: _____