

NWLEPG

Information Form for Water Testing ~ Private Wastewater & Domestic Water Well

Inspection Date: _____ Inspected By: _____
Legal: _____ Tract: _____¹/₄ _____¹/₄ _____¹/₄ _____¹/₄ _____¹/₄ Sc: _____ Tw: _____ Rn: _____ Co: _____
2.5 ac 10 ac 40 ac 160 ac
County/Town/Subdiv: _____ Lot: _____ Blk: _____

GPS Info:
LAT (dm): _____ LONG (dm): _____ GPS Altitude (SE): _____
LAT (dd): _____ LONG (dd): _____ Map Altitude (WSE): _____

System Owner's-Name: _____ Ph: _____
Address: _____ City: _____ State & Zip: _____
E-mail Address: _____

Inspection Requested by: _____ Ph: _____
Address: _____ City: _____ State & Zip: _____
Site Address (if different): _____
Site or Lot Size: _____ No. of Bedrooms of Residence: _____
Directions to System from town: _____

Water Supply Well Data: Public Private Not Observed
WNo. **& WDate:** **Dist. to S Fld.(ft):** **DBR #:**

WSeal: Y / N **WScnd:** Unsat. Sat. KDHE Approved Seal
WType: 1. Drilled 2. Bored 3. Hand Dug 4. Spring 5. Other _____
WUse: 1. Domestic 2. Livestock 3. Irrigation 4. Abandoned 5. Other _____
WLoc: 1. Well Pit 2. Basement 3. Pumphouse 4. Outside 5. Other _____
WCase: 1. PVC/ABS 2. G. Tin 3. Steel & PVC 4. Steel 5. Other _____
WPump: 1. Submer. 2. Jet 3. Pumpjack 4. Centrif. 5. Other _____
WDRN: Unsat. Sat. **WCD:** _____ (in) **WCHt:** @ ⁺/ _____ (in) grade
WTDepth (WTD) ft: **SWLDepth (SWL) ft:** **SWL Elev (SWLE):**

Comments, Potential or Suspected Contamination Sources: _____

W.W. System Data: Public S. Code App'd Sat App'd Substd. Not Observed/Unkn

SUse: 1. Residential 2. Commercial 3. Industrial 4. Other: _____
SysType: 1. Tk w/ fld 2. Tk w/o fld 3. Tk w/CP or S. PIT
 4. Cesspool(s) 5. No System 6. Other: _____
Tank: Size or Capacity: _____ Gal. **TkCMat'l:** _____
Absorption Field Type: _____
FldType: 1. Std. Rock 2. Rockless Pipe 3. Std. Chamber 4. Improved Chamber 5. System Waiver Required
 6. Wetlands 7. Sand Filter 8. CP-/S. Pits 9. NONE 10. Other (describe): _____

SysDate: _____
SMapN: **SSType:** **Deperc:** **DFlow:(g/d)** **DBR #:**

Site & System Drawing: (please draw to the best of your ability)

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|
N

Comments: _____

