

# Time of Transfer Water Well System Inspection Checklist/Report

Submit this form along with application and fee to CMDHD.

Property Address: \_\_\_\_\_

<b>WELL LOCATION</b>	Properly isolated from all contamination sources?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Accessible for maintenance/repair?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Subject to flooding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Above Grade <input type="checkbox"/> Buried Well <input type="checkbox"/> Well Pit <input type="checkbox"/> Inside Building <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House <input type="checkbox"/> Other _____	
	Casing Diameter: <input type="checkbox"/> 5" <input type="checkbox"/> 4" <input type="checkbox"/> 2" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> Other _____	
<b>WELLHEAD</b>	Minimum 12 inches above grade?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Proper well cap/seal and secure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Approved electrical conduit and secure?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Any apparent damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is this a flowing well?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PUMP</b>	Is there a suction line from well to pump?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Suction line has outer casing pressurized or drains to basement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Location: <input type="checkbox"/> Well <input type="checkbox"/> Basement <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House <input type="checkbox"/> Crawl Space <input type="checkbox"/> Well Pit <input type="checkbox"/> Other _____	
	Pump Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow Well <input type="checkbox"/> Deep Well Jet <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other _____	
<b>PRESSURE TANK</b>	Location: <input type="checkbox"/> Basement <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House <input type="checkbox"/> Buried <input type="checkbox"/> Crawl Space <input type="checkbox"/> Well Pit <input type="checkbox"/> Other _____	
	Pressure relief valve installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sample tap provided at pressure tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ABANDONED WELLS</b>	Abandoned wells on property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Abandoned wells properly plugged?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>MISCELLANEOUS</b>	Frost free hydrant present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WATER SAMPLES</b>	Bacteria: <input type="checkbox"/> Absent or Non-Detect <input type="checkbox"/> Present	Result Attached
	Nitrate: <input type="checkbox"/> Absent or Non-Detect <input type="checkbox"/> Present	Result Attached
	Other: _____	Result(s) Attached
<b>MINIMUM REQUIRED PHOTOS</b>	<input type="checkbox"/> Wellhead <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Pump (not submersible) <input type="checkbox"/> Sewage Disposal Area	

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COMMENTS	

## AS-BUILT DRAWING

Provide measurements to all sources of contamination such as: septic tanks, sewage disposal areas, drywells, sewer lines, fuel tanks, refer to Michigan Well Construction Code, Part 127.