FOOTHILLS HEALTH DISTRICT

Well Installer Repair Application/Pump Installer Repair Notification

COUNTY PIN#: ______________________ Application#: ______________________

☐ Well Repair ☐ Pump Repair Notification ☐ Drilled ☐ Bored ☐ Hand Dug ☐ Spring

Well Installer Repair Application/Pump Installer Repair Notification

Application Completed By (Name): ______________________________________________ Date: _____________________

Owner/Legal Agent of Well/Pump: ______________________________________________ County: ☐ R ☐ M

Home#: ______________________ Work#: ______________________ Cell#: ______________________ Fax#: ______________________

Property Location: ___________________________________________________________

Subdivision: ________________________________________________________________ Lot#: ______________________ Gate Code: ______________________

Directions: ________________________________________________________________________________________________

Facility Type: ☐ House ☐ Mobile Home ☐ Modular ☐ Other: ______________________

Water Supply: ☐ Private Well ☐ Public/Community ☐ Spring ☐ Other: ______________________

Describe Problem: ____________________________________________________________________________________

Pump Repair Action Taken:

☐ Replaced Pump ☐ Repaired Pump ☐ New Pipe ☐ New Wire ☐ New Sanitary Seal

☐ Other: ________________________________________________________________

Well Repair Installer Recommendation:

☐ Install Liner ☐ Drill Deeper ☐ Hydro Fracture Well ☐ Camera Inspection ☐ New Well

☐ Other: ________________________________________________________________

NOTE: Environmental Health Specialist (EHS) to approve course of action to repair well. EHS to inspect well repair when grouting is required, when well head is reconstructed, and when required to ensure a proper repair. A new well will require an application, fee, and permitting prior to installation.

Well Chlorination: ☐ Yes ☐ No Type: ______________________ Amount: ______________________

Date of Repair/Installation: ______________________

New Pump Identification: ___________________________________________ New Pump Plate: ☐ Yes ☐ No

Pump Brand: ______________________ Model #: ______________________ Voltage: ___________ HP: ___________

Depth of Pump: ______________________

Name of Business: ______________________

Well Installer Name: ______________________ Driller Registration #: ______________________

Pump Installer Name: ______________________ Pump Registration #: ______________________

Pump Installer Driller Registration #: ______________________

Installer Signature: ___________________________________________ Date: ______________________

FH 4001.018 March 2009