

COUNTY PIN#: _____

APPLICATION#: _____

- Well Repair
- Pump Repair Notification

**FOOTHILLS
HEALTH DISTRICT**

- 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: _____