



8.0 Source – Well <i>Use one sheet per active groundwater source</i>					
Source Name:				Source ID:	
Assessment Elements For any shaded box checked, it should be considered an issue and a description must be included.	Issue and/or Description *If any element has not been reviewed, you must include an explanation.				
		Yes	No	Not Reviewed*	
8.1 Any unsanitary conditions observed in or around the well (insect or animal activity)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2 Are there any potential cross connections or interconnections impacting the source?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3 Where is the raw water sample tap located in relation to the well? Is it prior to storage, treatment, and all other system components (including check valves)?				<input type="checkbox"/>	
8.4 Has sampling of the raw water indicated total coliform in the well? If yes, answer the additional questions below.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5 Has there been a change in the pumping conditions of the well (volume or rate)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6 Is the well cap properly sealed and water tight? Are there any observable failures in the cap, conduit, or well casing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7 Is the well cap vented and is the vent screened?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.8 Do the vent and any discharges terminate in an approved air gap?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.9 How far does the casing extend above grade?	Height:			<input type="checkbox"/>	
8.10 Was there evidence of standing water or flooding having occurred near the wellhead?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.11 Is the ground properly graded to shed water away from the wellhead?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.12 Is the wellhead secured to prevent unauthorized access?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.13 Have there been any activities or land uses in the Zone I that may have contributed to positive bacteria samples?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.14 Is the well in a pit? If yes, is the pit gravity drained, or is there a sump? If it is an automated pump, is it functional?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.15 If the well is a flowing artesian well, is the discharge directed downgradient from the wellhead?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.16 Is there an abandoned well nearby that may be impacting this well?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



8.17 Was the line pressure-tested to determine if there was a failure in the service line or pitless adapter?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.18 Has the well construction been evaluated (i.e. by camera in the well)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.19 Other comments on the well.				
List all well corrective actions taken (including date). Include assessment element number.				