

O.W.L. Foundation P. O. Box 747-3030 Penngrove, CA 94951

PLEASE FILL OUT SEPARATE FORMS FOR EACH WELL

1. How many wells are on your property? _____

This form refers to a: Domestic Well _____ Irrigation well _____

2. Age of well? _____ years Don't know _____

3. Depth of well? _____ ft Don't know _____

Do you measure the depth regularly? Yes _____ How often? _____
No _____

4. Depth of water table? _____ ft Don't know _____

5. What kind of pump? Submersible Jet _____ Don't know _____

6. Depth of pump? _____ ft Don't know _____

7. Has water table lowered? Yes (by _____ ft) No Don't know

8. Lowered pump because water table dropped?

Yes _____ by _____ ft, when: _____ No _____

9. Have you drilled a new well(s) because water levels dropped?

Yes _____ (How deep? _____ ft) No _____

10. Overall water quality?

Great _____ Good _____ Fair _____ Poor _____ Terrible _____

11. Ever have bacterial contamination? Yes _____ No _____ Don't know _____

12. Excess iron (over 0.3 mg/L)? Yes _____ No _____ Don't know _____

13. Hardness? Soft _____ Moderate _____ Hard _____ Don't know _____

14. Hydrogen sulfide (rotten egg) smell? Yes _____ No _____

15. Do you rely on a well for daily household use? Yes_____ No_____

16. Do you rely on a well for agricultural use? Yes_____ No_____

17. Would you be interested in participating in an on-going monitoring program?

Yes_____ No_____ Maybe_____

Property Owner's Name:

Property Address:

Phone Number:

Email address:

Signature of Property Owner: _____

Additional Comments: