



Nevada County Raw Water Well Inspection Form

This template is available for public use and/or duplication. The information herein should be included if a different format is used

Date: Wellhead Inspection Performed by:

Address: APN:

Property Owner: Phone Number:

Mailing Address:

Well Head Inspection

- Presence of cracks or other damage
Missing caps and/or screens
Potability results attached? (required)
Diagram of the well location on parcel attached? (required)
Other observations or recommendations related to flooded areas, animal enclosures, rodent activity, hazardous material storage, etc:

Four horizontal lines for additional notes or observations.

I hereby acknowledge that this completed form lists the visible conditions of the well on the property described above at the time of inspection, and does not imply or give any guarantee of water quality or well operation. I further acknowledge that the information provided above is correct to the best of my knowledge.

Inspection By (print name)

Business Name

Signature

Date