

	MUN	YEAR	SERIAL
BCDH#	W		

BUCKS COUNTY DEPARTMENT OF HEALTH

7321 New Falls Road, Levittown, PA 19055 – Phone: 267-580-3510 – Fax: 215-949-5819
 1282 Almshouse Road, Doylestown PA 18901 – Phone: 215-345-3336 – Fax 215-340-8456
 261 California Road, Quakertown, PA 18951 - Phone: 215-529-7000 – Fax: 215-529-7032

WELL WORK SHEET

Property Owner:		Municipality:	
Site Address:		Tax Parcel #:	
City:	Zip:	Use of Well: (check one)	
Subdivision:		<input type="checkbox"/> Domestic <input type="checkbox"/> Other	
Owner Phone #:		Number of Residential Connections:	
Well Drilling Co.:		Estimated average daily water use per day period:	
Address:		gpd.	
Phone:		Metered <input type="checkbox"/> Yes <input type="checkbox"/> No	
License #		Wastewater disposal:	
Driller's Signature:		<input type="checkbox"/> Public (locate on site plan)	
		<input type="checkbox"/> Private on-lot (locate on site plan)	
		<input type="checkbox"/> Other (specify)	
Bacteriological Samples Submitted Date:		Pump Information Pump Manufacturer and Type: Installation date: Motor capacity: Pump capacity: Pump intake setting (ft. bls) Pump installer: Current water level (ft. bls) Estimated total yield: (gpm)	
Method of Treatment (if used)			
For Department Use			
Field verified all isolation distances:		Date:	Name:
Field verification of grout placement:		Date:	Name:
Field verification of pit-less inspection:		Date:	Name:
Grout Information (ft. below land surface)(BLS)		Well Location	
Grout type:		Latitude:	
<input type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Hole Plug		Longitude:	
No. of bags of material used:			
Above grade	Depth to bottom	Diameter (inches)	Material
Casing 1)			
Casing 2)			
Sleeved 3)			