

Nelson Aggregate Co.
Well Survey, Visit Questionnaire and Data Request

1 Name _____ Phone Number: _____

Address _____

2 Is this property in use year round? Yes _____ No _____

3 Use of well water. (Please circle) Drinking _____ Washing _____ Cooking _____ Garden/Irrigation _____

4 a) How many adults live in this home _____

b) How many children live in this home _____

5 How many years have you occupied this home. _____

6 Please describe water usage. (# of Showers/Pool/Cooking) _____

7 Is the water treated at all? (Filters, UV system, water softeners, etc). Please state treatment type. Yes _____ No _____

8 Do you know if this well a drilled well with a casing or a dug well? Yes _____ No _____ Don't Know _____

Is it a rock well or an overburden well?

9 Are there any other significant uses of water onsite besides household use, i.e. washing equipment, large scale irrigation, etc.? Yes _____ No _____

Please provide details, including estimated amounts of water.

10 Is your property serviced? Yes _____ No _____

11 May we have a copy of your well record? Yes _____ No _____

12 Do you have any further information regarding your well? Yes _____ No _____

e.g. general information about any pumps or equipment hooked up to the well. _____

13 Water Sample Obtained. Yes _____ No _____ Sample # _____

Thank you very much for your cooperation!