

MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU
WATER SYSTEM FIELD INSPECTION/COLIFORM INVESTIGATION REPORT



Water System Name:
 Inspection Completed by:

Date:

Well Site:

1. **Well Head Intact** (Any openings that are not downturned and screened can allow rain water to carry debris into the well and cause contamination)

a. Are there any openings? <input type="checkbox"/> no <input type="checkbox"/> yes, seal	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
b. Is electrical wiring encased in sealed conduit? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
c. Are bolts and washers secure and tightened? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
d. Is chlorine port secure? <input type="checkbox"/> yes <input type="checkbox"/> no, fix <input type="checkbox"/> n/a	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
e. Does well head rubber gasket make a complete water tight seal? <input type="checkbox"/> yes <input type="checkbox"/> no, fix -Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no	
f. Well plate or casing rusting? <input type="checkbox"/> no <input type="checkbox"/> yes, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no

2. **Clean of debris:** Is well and slab clean and free from encroaching vegetation?

<input type="checkbox"/> yes <input type="checkbox"/> no, clean/remove vegetation	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
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3. **Drainage:** Is runoff/drainage diverted away from well head?

<input type="checkbox"/> yes <input type="checkbox"/> no, divert runoff away from well as far uphill as feasible	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
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4. **Located in Vault/Pit:** yes no
 If yes, is there adequate drainage in pit? yes no, fix

	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
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5. **Well Slab:** Is well slab at least 4 inches thick, extended at least 2 feet away from well, sloped away from well, and in good condition (intact/no cracks)?

<input type="checkbox"/> yes <input type="checkbox"/> not present, install acceptable slab installation <input type="checkbox"/> present, but inadequate (see below)	
a. At least 4 inches thick? <input type="checkbox"/> yes <input type="checkbox"/> no, fix/replace	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
b. Extends at least 2 feet away from wellhead? <input type="checkbox"/> yes <input type="checkbox"/> no, fix/replace - Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no	
c. Sloped away from wellhead? <input type="checkbox"/> yes <input type="checkbox"/> no, fix/replace	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
d. Good condition, free of cracks? <input type="checkbox"/> yes <input type="checkbox"/> no, fix/replace	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no

6. **Check Valve:** Is a check valve present and adequately functioning to help protect the well from potential backflow contamination?

<input type="checkbox"/> yes <input type="checkbox"/> no, recommend installation <input type="checkbox"/> no, installed, but failing and needs to be replaced	
	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no

7. **Vent:** Is a vent present? yes no, recommend installation

a. Down turned? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
b. Screened with a 10 gauge mesh or finer? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
c. Terminates at least 18 inches above grade? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
d. Protected from windy/dusty environment? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no

8. **Secure:** Is well safely contained within a locked fence or rodent proof enclosure to discourage vandalism?

<input type="checkbox"/> yes <input type="checkbox"/> no, recommend locked fence/rodent proof enclosure	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
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9. **Sample Tap:** Is a sample tap present? yes no, recommend installation

	Repairs completed? <input type="checkbox"/> yes <input type="checkbox"/> no
a. Located between well head and check valve (recommended location)? <input type="checkbox"/> yes <input type="checkbox"/> no	
b. Unthreaded (only required if located between well head and check valve)? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	
c. Downturned? <input type="checkbox"/> yes <input type="checkbox"/> no, fix	

10. **Meter:** Is a meter present? yes no, recommend installation

	Repair completed? <input type="checkbox"/> yes <input type="checkbox"/> no
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11. **Abandoned well:** Is an abandoned well present? yes no, must destroy -Applied for permit.? yes no

Storage Tank: present not present
 Number of tanks: 1 2 3 4
 Size: 1000 gal 2500 gal 5000 gal 10,000 gal 20,000

12. Tank Sealed:

Are there any openings that are not downturned and screened or otherwise protected from animals or rainwater carrying debris into tank? (i.e., float gauge opening, tank access)? no yes, fix Repair completed? yes no

13. Clean of vegetation/debris: Is tank clean and free from encroaching vegetation?

yes no, clean/remove vegetation Repair completed? yes no

14. Adequately maintained: Is tank free from leaks and corrosion/rust?

yes no, fix/protect Repair completed? yes no

15. Vent: Is a dedicated vent present? yes no, recommend installation (unless overflow present)

a. Down turned? yes no, fix Repair completed? yes no

b. Screened with a 10 gauge mesh or finer? yes no, fix Repair completed? yes no

c. Terminates at least 18 inches above grade? yes no, fix Repair completed? yes no

16. Overflow: Is a dedicated overflow present? yes no, recommend installation

a. Down turned? yes no, fix Repair completed? yes no

b. Screened with a 10 gauge mesh or finer? yes no, fix Repair completed? yes no

c. Terminates at least 18 inches above grade? yes no, fix Repair completed? yes no

17. Secure: Is tank safely contained within a locked fence or enclosure to discourage vandalism?

yes no, recommend locked fence/enclosure Repair completed? yes no

18. Sample Tap: Is a sample tap present? yes no, recommend installation Repair completed? yes no

Pressure Tank: present not present
 Number of tanks: 1 2 3 4

19. Secure: Is tank safely contained within a locked fence or enclosure to discourage vandalism?

yes no, recommend locked fence/enclosure Repair completed? yes no

20. Clean of vegetation/debris: Is tank clean and free from encroaching vegetation?

yes no, clean/remove vegetation Repair completed? yes no

21. Adequately maintained: Is tank free from leaks and corrosion/rust?

yes no, fix/protect Repair completed? yes no

Other**22. Leaks visible in piping:** yes no If yes, describe:

yes no, fix/protect Repair completed? yes no

23. Cross Connections visible (private storage tanks/wells, unprotected irrigation system, unprotected animal troughs): yes no If yes, describe:

See www.mtyhd.org/waterforms - Cross connection abated yes no If yes, how:

Operations History (The following situations can allow coliform to enter the system. If they do occur, the system needs to be disinfected and tested for coliform after the chlorine has been flushed from the system.)

24. Loss of pressure: yes no

25. Main break or repair: yes no

26. Well maintenance which involved opening wellhead sanitary seal (well cap): yes no

27. Tank maintenance: yes no

28. Other maintenance: yes no If yes, describe: