

HIGH CAPACITY WELL INVENTORY

ADDITIONS

(include house wells)

WELL OWNER INFORMATION	WELL OPERATOR INFORMATION
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
E-Mail _____ Phone _____	E-Mail _____ Phone _____

WELL INFORMATION

Well Name: _____ County: _____ Municipality: _____
Location: _____ ¼ of the _____ ¼ of Section _____ T _____ N R _____ E/W
Latitude: _____ deg _____ min N Longitude: _____ deg _____ min W
Permanent High Cap Well Number: _____ WUWN: _____ PWS ID: _____
Well Depth: _____ ft Approved date: _____ Construction Completion Date: _____
Status : _____ Pump Capacity: _____ GPM Water used for: _____

WELL INFORMATION

Well Name: _____ County: _____ Municipality: _____
Location: _____ ¼ of the _____ ¼ of Section _____ T _____ N R _____ E/W
Latitude: _____ deg _____ min N Longitude: _____ deg _____ min W
Permanent High Cap Well Number: _____ WUWN: _____ PWS ID: _____
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