



WELL SYSTEM INSPECTION REPORT

Name _____ **Date** _____
Address _____ **Phone** _____
Location _____ **APN** _____
1.)Submersible Pump: Model #: _____ HP: _____

Volts (idle): _____ Volts(running): _____
 Amps: _____ Nameplate amps: _____
 Flow rate: _____ gpm @ _____ ft/psi
 Depth of setting: _____

Resistance	
Ohms to ground	
G to B:	_____ Mohms
G to R:	_____ Mohms
G to Y:	_____ Mohms

2.)Static Water Level: _____

3.)Electrical Inspection: Control box, contactors, capacitors, connections, etc.

4.)Storage Tank: Size: _____ Type: _____ Overflow: Y _____ N _____
 Float Valve or switch and condition: _____

5.)Plumbing Inspection: Leaks, corrosion, pipe insulation, check valve function, etc.

6.)Booster Pump: Model: _____ HP: _____ Voltage: _____
 Volts (idle): _____ Volts(running): _____ Amps: _____ Nameplate Amps: _____
 Pressure Switch type: _____ Setting: on _____ off _____

7.)Pressure Tank: Brand: _____ Model: _____ Capacity: _____
 PSI in tank before service: _____ After: _____ Cycle time: _____

Comments / Recommendations _____

Work Performed _____
