



# WELL WATER SOLUTIONS, INC.

P.O Box 67 Highland MD  
20777

## Well Inspection Sheet

PLEASE: Complete as much information as possible

### Basic Information

Contact: Cindy Bowman Who will be there? \_\_\_\_\_

Phone (day): 410-296-8440 Request dates: \_\_\_\_\_

Property Address: 4035 Osborn Rd

City: Reisterstown State MD Zip 21136

County: Baltimore Please answer Yes or No

Well information to be completed	Outside faucet available?	Yes	Notes: <i>No Full Yeild</i>
Well Permit # <u>BA</u>	Is well pipe above ground?	Yes	
Well Depth <u>155</u>	Is this a property transfer?	Yes	

Current yield (if known) \_\_\_\_\_

### Potability

Tests Requested : Potability yes Real Estate Yield Test NO Modified Yield Test NO Basic Report YES

Bacteria Yes Nitrate Yes pH 5 Turbidity Yes Sand Yes

Iron No Lead No Radium \_\_\_\_\_ Chlorine No Hardness No

Other Water Analysis Tests: \_\_\_\_\_

Laboratory to be Used: Environmental Testing Labs Water Sampler Certificate # 0130jem

Assigned To: John Moseman Date Scheduled \_\_\_\_\_ Date Completed 10/12/2018

If information unavailable state ..unknown

### Well EQUIPMENT

Age of Well: 58 Well Obstructions? If Yes, Buried Side Yard

Well Report (based on visual observations)

Well Type: Drilled Casing Type: Steel Well Cap OK? \_\_\_\_\_ Replace? \_\_\_\_\_

Est. Static Water Level: 35 Pressure Switch/Gauge OK? \_\_\_\_\_ Replace? \_\_\_\_\_

Pump - Type Sub Model Unknown HP 1/2 Cycle Time 2 Min Condition OK? Ok

Tank - Type Well-x-trol Model Wx 202 YR 8 PSI Setting 35-50 Condition OK? Ok

Control Box Condition: OK  Replace  Concerns \_\_\_\_\_

Water Conditioning Equipment: NONE

Pitless Adapter leaking

### WATER

Time Water Drawn: 2:00 Location: Bathroom Sample Iced? YES

### Description of Water (Check all that apply):

Clear  Sediment  Field PH  Other Tests Requested \_\_\_\_\_

Colored  Stains  Leaks

Collected By: John E Moseman Signed: on file

Released By: John E Moseman Signed: on file

Notes/Comments: Ran kitchen and bathroom sink



*Board of Realtors*

**YIELD TESTING**

	Time	Cycle Time	PSI	Pumping Rate*	Total Gal	Calc. Flow	WL change	Yield	Minutes
Interval	0:15			5 Gal					
1	12:30 PM			145	2	2.07	-	2.07	1
2	12:45 PM			145	31	2.07	0.00	2.07	15
3	1:00 PM			145	31	2.07	0.00	2.07	15
4	1:15 PM			145	31	2.07	0.00	2.07	15
5	1:30 PM			145	31	2.07	0.00	2.07	15
6	1:45 PM			145	31	2.07	0.00	2.07	15
7	2:00 PM			145	31	2.07	0.00	2.07	15
8	2:15 PM			145	31	2.07	0.00	2.07	15
9	2:30 PM		Stopped	145	31	2.07	0.00	2.07	15
10	2:45 PM				0	0.00	0.00	2.07	15
11	3:00 PM				0	0.00	0.00	2.07	15
12	3:15 PM				0	0.00	0.00	2.07	15
13	3:30 PM				0	0.00	0.00	2.07	15
14	3:45 PM				0	0.00	0.00	2.07	15
15	4:00 PM				0	0.00	0.00	2.07	15
16	4:15 PM				0	0.00	0.00	2.07	15
17	4:30 PM				0	0.00	0.00	2.07	15
18	4:45 PM				0	0.00	0.00	2.07	15
19	5:00 PM				0	0.00	0.00	2.07	15
20	5:15 PM				0	0.00	0.00	2.07	15
21	5:30 PM				0	0.00	0.00	2.07	15
22	5:45 PM				0	0.00	0.00	2.07	15
23	6:00 PM				0	0.00	0.00	2.07	15
24	6:15 PM				0	0.00	0.00	2.07	15
25	6:30 PM				0	0.00	0.00	2.07	15
					248	Please exceed 200 gallons for all tests if possible			

\* Time (sec) to fill 5 Gal

Well Water Solutions, Inc. (WWS) will perform requested services; Technicians performing these services require access to the property for such purpose. WWS will not be held responsible for damages to the well components, or pump resulting from normal test procedures. Signer (if not the current owner) agrees to allow WWS to perform testing and inspection and not be responsible for any such claims, should they arise.

Customer: Cindy Bowman Signed: \_\_\_\_\_ Date \_\_\_\_\_

*Well Water Solutions, Inc.*

5163 Darting Bird Lane Columbia, MD 21044