INVENTORY FORM FOR SINGLE-FAMILY CLOSED-LOOP AIR CONDITIONING RETURN FLOW AND SWIMMING POOL DRAINAGE CLASS V INJECTION WELLS

Type of Well (check one):

        Air conditioning return flow: (Must be closed-loop with no provisions for additives)

        Swimming pool drainage:

Owners Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Operators Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Driller's Name: _____

Drilling Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ License Number: _____

Location: Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ '

Township: _____ Range: _____ Section: _____ ¼ _____ ¼ _____ ¼

DEP Form No: 62-528.900(9)
Form Title: Inventory Form for
Single- Family Closed-Loop Air
Conditioning Return Flow and Swimming
Pool Drainage Class V Injection Wells
Effective Date:_____.
DEP Application No,:_____.
WACS#_____ (Filled in by DEP)

Well Information:

    Return Flow Well:

        Total Depth: _____ ft.   Cased Depth: _____ ft.

        Type of Completion: Screened: _____   Open Hole: _____

        Other (Specify): _____

        Casing Type: _____ PVC _____ Steel

        _____ Other (specify): _____

    Supply Well:

        Total Depth: _____ ft.   Cased Depth: _____ ft.

Location Map: (attach or draw)

Well Construction Diagram: (draw on back)