



Well / Pump Inspection Field Report

Inspection Done By: _____ Well ID: _____ Date: _____

Contact Information:

Name: _____ Phone: _____

Email: _____

Address: _____ City/Zip Code: _____

Location / Physical Description: _____

Type of well: ___ Residential ___ Commercial Community (how many households on well? _____)

Power Supply: ___ Utility Company ___ Solar ___ Generator Other: _____

Is well located: ___ Outside ___ Pump House ___ Shed ___ Garage Other: _____

Are there any obstacles for accessing the well for service? ___Yes ___ No

If yes, please explain: _____

Pump Information:

Pump 1 – Type: ___ Submersible ___ Jet/Booster Pump Make / Model: _____ HP: _____

___ AC Power ___ DC Power Volts: _____ Phase: _____ Hertz: _____ Pump Capacity (gpm): _____

Control Box Make / Model: _____ Any Pump-tec/Protection Device: _____

Mag Contactor: ___Yes ___ No Wire Size from Pump: _____ Appear to be properly grounded? ___Yes ___ No

Starting Amps: _____ Running Amps: _____ Date Installed: _____

Pump 2 – Type: ___ Submersible ___ Jet/Booster Pump Make / Model: _____ HP: _____

___ AC Power ___ DC Power Volts: _____ Phase: _____ Hertz: _____ Pump Capacity (gpm): _____

Control Box Make / Model: _____ Any Pump-tec/Protection Device: _____

Mag Contactor: ___Yes ___ No Wire Size from Pump: _____ Appear to be properly grounded? ___Yes ___ No

Starting Amps: _____ Running Amps: _____ Date Installed: _____

Pump Depth: _____ Depth to Water: _____ Well Depth: _____

Pressure Switch / Starter Condition: ___ New ___ Good ___ Fair ___ Bad ___ Damaged

Is there a pressure gauge: ___Yes ___ No Pressure Switch Cut in (psi): _____ Cut out (psi): _____

Is there adequate pressure ___Yes ___ No

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Pressure Tank:

Tank Make / Model: _____ Type: ___ Standard Captive Air ___ None (*gravity flow*)

How many tanks: _____ Tank Size (gallons): _____ Date on Tank(s): _____

Pressure Tank Check: Air Pressure (psi): ___ Is tank heavy or possibly waterlogged/damaged: ___ Yes ___ No

Is there any Holding Tank(s): ___ Yes ___ No Holding Tank Size (gallons): _____

Is there a Pump inside the Tank? ___ Yes ___ No Any Floats / Shutdown Device: ___ Yes ___ No

Size of water pipe from well: _____ Pipe Material: ___ PVC ___ Steel ___ Poly ___ Other

(explain): _____

Is system insulated for cold weather? ___ Yes ___ No

Any areas that need to be insulated? ___ No ___ Yes (explain): _____

Recommendations for System / Notes:

The information on this well inspection report is a Field Report. This information is gathered from running tests and diagnostics from the pump. Some information on this report might be incomplete if Triple L Well & Pump Service, LLC does not have this information already on file. It can only be obtained from the homeowner or the company that originally installed the system. A Complete Well Inspection Report can be done by removing the pump from well and then doing diagnostics; this is not necessary in most situations. If you wish to know more information that what is stated on this Field Report, please contact our office during normal business hours at (520) 456-9377 or via email at triplelwell@gmail.com. You can also visit the Arizona Department of Water Resources at <https://new.azwater.gov/> to find more information that may be on file for this well.