Date:	

Private Well Inventory Survey Form Eielson Air Force Base

Map	Parcel	Town:
Name (O	Owner):	
Name (O	Occupant):	
Physical	Address:	
Mailing A	Address:	
Email Ad	ldress (optional):	
Contact I	Number: (owner)	(occupant)
	of persons residing at this location: this residence:Full-TimeSeaso	Adults (18 and over) Teenagers (13 to 17) Children (12 and under) nal
a) M b) N	n where do you obtain your drinking water? Municipal Water Supply Well Water	
a) \ b) c) d) e) \ f) \ g) \	 a) Where is the well located on the property?	
i) [3) Samı	Do you have any treatment on your well (e.g. soft ple Permission wes the Air Force have your permission to sample your	urden 🗌 Unknown ener)? Please describe