

MODOC COUNTY WELL PROBLEM QUESTIONNAIRE

Citizens of Modoc County have expressed concerns and problems with their wells during one of the worst droughts on record in California. To help Modoc County understand the impacts of this drought locally, and to improve our service to Modoc, we request this form be completed and submitted.

PLEASE SUBMIT COMPLETED FORM TO MODOC COUNTY ENVIRONMENTAL HEALTH
202 W 4th STREET ALTURAS CA 96101 (530) 233-6310 f(530) 233-6342

NAME: _____ DATE: _____

RELATIONSHIP TO PROPERTY: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PARCEL NUMBER: _____ TOWNSHIP: _____ RANGE: _____ SECTION: _____

****WELL INFORMATION****

Please attach or use space on reverse for any additional information.

DATE WELL INSTALLED (IF KNOWN): _____ PERMIT NUMBER(IF KNOWN): _____

WELL USE: _____ WELL DEPTH(IF KNOWN): _____ PUMP DEPTH(IF KNOWN): _____

DESCRIBE WELL PROBLEM: _____

HAS THE PROBLEM EVER HAPPENED BEFORE? _____

IF SO, WHAT YEAR/TIME OF YEAR AND WHAT WAS THE REMEDY? _____

HAS A LICENSED CONTRACTOR EVALUATED YOUR PROBLEM? _____ IF SO, WHO? _____

IF SO, WHAT WERE THEIR RECOMMENDATIONS? _____

Thank You for your time completeing this form. We will contact you shortly .

***** OFFICE USE ONLY *****

DATE REC: _____ DATE CONTACTED: _____ BY WHOM: _____

WATER QUALITY: _____ HISTORY: Y/N

WATER QUANTITY: _____ HISTORY: Y/N

GW BASIN: _____

FURTHER ACTION: _____

