Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 1

SITE MONITORING WELLS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
MONITORING WELLS:	Check for proper operation of pumps.				
	Check for insect infestation of casing.				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO