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| **Source Name** |  | **Date:** |
| **Inspection Report** |
| **Well Field****Security****Checked** | **Well Seal****Checked** | **Casing****Checked** | **Pump****Inspected** | **Electrical****Checked** | **Pump****Controls****Checked** | **Water Quality****Checked** | **Piping Checked** | **Action Required** | **Date Action****Completed** |
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REVIEWED:

Operator: Date:

Town Manager: Date:

Council: Date: