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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: