



# Water Well

## Maintenance Plan Checklist

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Bladder Air Pressure     | Comments: _____ |
| <input type="checkbox"/> Check Valve Holding      | Comments: _____ |
| <input type="checkbox"/> Snifter Valve            | Comments: _____ |
| <input type="checkbox"/> Air Volume Control       | Comments: _____ |
| <input type="checkbox"/> Bleeder Valve            | Comments: _____ |
| <input type="checkbox"/> Pump Check Valve         | Comments: _____ |
| <input type="checkbox"/> Capacitor                | Comments: _____ |
| <input type="checkbox"/> Pump Amperage            | Comments: _____ |
| <input type="checkbox"/> Gauge                    | Comments: _____ |
| <input type="checkbox"/> Wiring                   | Comments: _____ |
| <input type="checkbox"/> Pressure Switch Points   | Comments: _____ |
| <input type="checkbox"/> Rusted Parts             | Comments: _____ |
| <input type="checkbox"/> Water Logged Tank        | Comments: _____ |
| <input type="checkbox"/> Control Box              | Comments: _____ |
| <input type="checkbox"/> Pressure Release Valve   | Comments: _____ |
| <input type="checkbox"/> Chlorine (if applicable) | Comments: _____ |
| <input type="checkbox"/> Pump Cycle Time          | Comments: _____ |

### Repairs/Upgrades Completed During Inspection Visit

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Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_