

of system

Name of well

Camp Lutherhaven

Same

cation of well

Section 10 & 11 T46N R4W

Descriptive Information

ll log

☐ Attached

☒ Unavailable

umping equipment

up depth	Pump type	Horsepower	Rated Capacity	Head
170 ft.	Jet Jacket Submersible	5 Hp	64+ gal/min.	Unknown

scription of well house

The well is a 9" drilled well located in the parking area. Depth of well reported drilled to 185 ft. A pitless adaptor and well cap are installed on the well. The well is protected with wooden posts installed around the well casing.

scription of water treatment

A ratio feed type hypochlorinator is installed on system.

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The well pumps up to a pump house installed over a concrete reservoir, housing a 500 gallon pressure tank that flows through the system, the chlorinator, a 3 Hp centrifugal booster pump that pressurizes the system and a 3 Hp gas powered standby pump.

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Sanitary Defects

Is site properly sloped away from well and protected from flooding? Note deficiencies.

☐ Yes

☐ Distances from well to sources of contamination

Dry well	Septic tank	Seepage pit	Drainfields	Sewer lines	Surface water	Other
Unknown	Approx. 200 ft.	Unknown	Approx. 100-150 ft.	Unknown	300 ft.	

☐ Sanitary control area

Owned by purveyor ☒	Dimensions of control area	Minimum distance well to property line
Easement ☐	50'x50'+	unknown - believed 50 ft. +
Not provided ☐		

Adequacy and description of well seal or cover (pitless unit, overlapping pump base, watertight sanitary well s

☐ Pitless adaptor with sanitary well cap

☐ Height of casing above well house floor N/A

Height of casing above grade 2 ft.

Is air vent installed, elbowed down, screened? Describe deficiencies.

☒ No air vent installed on top of well cap.

☐ Are air relief valves, pressure relief valves, pump control valves, etc., discharge locations correct? Describe deficiencies.

WATER SUPPLY SURVEY

Water System: Camp Lutherhaven

Date: 9-2-78 Inspector: Sh. Th.

County: Kodumai City: _____ Population: _____ Design _____

Owner: _____ Phone: _____

Operator: Bill Muthens Phone: 664-6220

SUPPLY:

Star Rt.

Name or Number _____ Township _____ Range _____ Section _____

Type Supply: _____ Spring ☒ Well _____ River _____ Lake _____

Describe: _____

Discharge: _____ Max. Discharge _____

Treatment Required: _____ Describe _____

Comment: _____

WELL:

_____ Dug _____ Driven ☒ Drilled Date: 1971

Depth of well 185 ft Depth to water _____ Drawdown _____

Depth to intakes 170 Depth of Casing _____ Size 9"

Height of Casing _____ Sanitary Seal _____

Pitless Adapter yes Vented _____ Screened _____

Depth of Water, Measurement _____ How: _____

Copy of Well Log Available _____ Water Rights Obtained _____

Comment: _____

PUMP & PLUMBING:

Horsepower: 5 Hp installed ¹⁹⁷⁸ Tuly Type Pump Red Jacket + Submersible

Capacity: 75 gal/min TDH _____ Lubrication _____

Flow meter: _____ Pressure Gage _____ Gate Valve yes

Check Valve ? Blowoff _____ Surge Tank _____

Vents & Discharge Points Screened? _____ 12" above floor _____