

GWUDISW DETERMINATION CHECKLIST
For Public Water Systems

Public Water System

Well Number

County

PWS ID Number

1. Is the well constructed into a consolidated formation? (Y/N)_____

2. How much casing does the well have? _____

A. Is the well a state approved community well? (Y/N)_____

B. Does the well construction meet DGLS Regulations? (Y/N)_____

(Area 1, Sensitive Area B, or Sensitive Area C)? (Y/N)_____

If yes to 1 and either 2A or 2B, then stop. Source is not GWUISW.

3. A. Is well at least 200 feet from any surface water? (Y/N)_____

B. If no, then list name of surface water. _____

If yes to 3, then stop. Source is not GWUISW.

4. A. Does the well have a chlorination system? (Y/N)_____

B. Does the PWS have a safe bacteria history? (Y/N)_____

If no to 4A and yes to 4B, then stop. Source is not GWUISW.

5. Is static water level influenced by the surface water level? (Y/N)_____

If no to 5, then stop. Source is not GWUISW.

Any wells not eliminated as GWUISW by this checklist require further investigation.

Determination completed by _____

Date _____