



Private Well Questionnaire

City of Fernley
Public Works Department

Street/Sorm Drains
Fleet & Facilities
Parks & Vector
Water/Wastewater
Water Utility

First Name:	Last Name:	
Well Address:	Mailing Address:	
City:	State:	Zip:
Phone Number:	Email:	

When did you start noticing issues with your well?	
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Example - June 2020.

Please describe issues:	<i>Ex. - Pressure loss, No water, etc..</i>

How deep is your well now?

Ex. - 50 ft.

Have you extended your well?	
Date extended	

Ex. - June 2021.

If so, how deep was your well initially?

Ex. - 25 ft.

Do you have plans to extend your well?

If yes, to what depth?

Ex. - 60 ft.

Do you need to drill a new well?

Ex. - Yes, No, I don't know.

Additional Comments	