



**UIC CLASS V HEAT PUMP-AIR CONDITIONING
 RETURN WATER WELLS INVENTORY (UICV-F03)**

(All questions concern the receiving (injection) well except where indicated)

OWNER OF WELL(S):	CONTACT PERSON:
MAILING ADDRESS:	TELEPHONE NO:
LOCATION OF WELL(S) (STREET ADDRESS OR LEGAL DESCRIPTION):	
COUNTY:	LATITUDE, LONGITUDE (decimal degrees):
NAME AND ADDRESS OF INDIVIDUAL OR COMPANY THAT CONSTRUCTED THE WELL(S) IF KNOWN:	
TOTAL DEPTH BELOW GROUND SURFACE OF THE WELL(S):	
DIAMETER OF WELL CASING OR LINING MATERIAL:	(inches) TYPE:
DEPTH TO GROUNDWATER:	
DATE OF CONSTRUCTION:	
LIST ANY CHEMICALS ADDED TO THE SUPPLY WATER:	
TEMPERATURE OF RETURN WATER DURING COOLING CYCLE IF KNOWN:	°F
TEMPERATURE OF RETURN WATER DURING HEATING CYCLE IF KNOWN:	°F
ESTIMATED GALLONS OF WATER PER DAY DIRECTED TO THE WELL(S):	
MANUFACTURERS OF GROUNDWATER HEAT PUMP AND AIR CONDITIONER:	
DISTANCE AND DIRECTION OF WATER SUPPLY WELL(S) FROM THE RECEIVING WELL(S) IS:	
COMMENTS (attach additional paper if necessary):	

I certify, under penalty of law, that this document was prepared under my guidance and supervision, and that I am assured that qualified personnel properly gathered and evaluated the information reported here. To the best of my knowledge, the information presented above is true, accurate and complete.

Signature

Title

Date