

_____ Levee System
RELIEF WELL INSTPECTION DATA SHEET

RELIEF WELL NO. _____ STATION _____ OFFSET _____

If no station/offest given, provide gps lat/long reading. Photograph number: _____

AS BUILT DEPTH _____

MEASURED DEPTH _____

RELIEF WELL TYPE (CIRCLE ONE)

M(manhole)

D (vertical discharge)

T (tee discharge)

RELIEF WELL OUTLET CONDITIONS:

(remarks)

Missing/Damaged bolts ____ of ____

Missing/Damaged washers ____ of ____

GENERAL CONDITIONS:

(remarks)

Easily accessible Y N

Good condition Y N

Good rust protection Y N

Good drainage around the well Y N

CONDITION OF VERTICAL DISCHARGE

CHECK APPLICABLE BLOCK (v)

ITEM	N/A	Good	Fair	Poor	Missing	comment
Lid						
Screen						
Standpipe						
Checkvalve						
Checkvalve gasket						

CONDITION OF HORIZONTAL (TEE) DISCHARGE

CHECK APPLICABLE BLOCK (v)

ITEM	N/A	Good	Fair	Poor	Missing	comment
Lid						
Flapgate						
T-stub						

REMARKS

(DATE)	(INSPECTOR)