



**IOWA DEPARTMENT OF NATURAL RESOURCES
PRIVATE WELL WATER TESTING
BACKGROUND INFORMATION**

1. Well User: (contact person)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2. Location of Well:

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, T _____ N, R _____ East West
 County: _____ Longitude: _____ Latitude: _____

3. Well Identification:

- a. Only well on property: Yes No (if no, fill in "b")
 b. Identify well tested: _____

4. Well Description:

Well depth: _____ ft
 Casing depth: _____ ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: _____ in.
 Year or decade constructed: _____ Type of Construction: Drilled Driven Bored Augured Dug
 Years used by present user: _____

5. Well Assessment:

Is wellhead sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<50' from septic tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is wellhead covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<100' from absorption field?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is wellhead in pit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<100' from any livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is visible casing intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<100' from fuel tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is casing >1' above grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<300' from chemical storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is cistern in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<100' from abandoned well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other adverse conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other potential contaminants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Describe: _____		Describe: _____	

> means "greater than"

< means "less than"

6. List water treatment systems used: _____
 7. Where was sample taken? _____ Before OR After Treatment?
 8. Mention any historical contamination of which the owners are aware:

9. Form filled out by: _____ Date: _____

10. Water Testing Record:

Date Sampled:					
Sample Collector:					
Laboratory:					
Coliform: (present/absent)					
E. coli: (present/absent)					
Nitrate: (as N or NO3?)					
Arsenic:					
Other Constituents?:					