Iowa Department of Natural Resources

PRIVATE WELL WATER TESTING

BACKGROUND INFORMATION

1. **Well User**: (contact person)

Name: _____ City: _____ State: _____

Address: _____ Zip: _____ Phone: ( )

2. **Location of Well**: ____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section ____, T ____ N, R ____ West/East, (circle one)
_____ County

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 material:	steel, plastic, concrete, clay, brick, stone (circle one)
Casing depth:	ft.		
Casing diameter:	in.	Type of construction:	drilled, driven, bored, augered, dug (circle one)
Year or decade constructed:			
Years used by present user:			

5. **Well Assessment:**

	yes	no	unk		yes	no	unk
is wellhead sealed?				<50' from septic tank?			
is wellhead covered?				<100' from absorption field?			
is wellhead in pit?				<100' from any livestock?			
is visible casing intact?				<100' from fuel tanks?			
is casing >1' above grade?				<300' from chemical storage?			
is cistern in use?				<100' from abandoned well?			
other adverse conditions				other potential contaminants?			
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: ($^{present}/_{absent}$)						
Nitrate: (as N or NO_3?)						
Other constituents?:						