Iowa Department of Natural Resources

Existing Private Well Inspection/Assessment Form

Homeowner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Inspector Information

Date: _____ Time: _____ ☐ am ☐ pm

Well Driller: _____ Date: _____

Pump Installer: _____ Date: _____

Well Contractor Signature: _____

Well Information (if known)

DNR Well # (PWTS): _____ DNR Permit #: _____ County Permit #: _____

Is this well shared by other users at a separate address? ☐ Yes ☐ No Number of users: _____

Address of Well: _____

City: _____ County: _____ State: _____ Zip: _____

Well Location or Parcel No.: _____

Latitude: _____ Longitude: _____

Well Type: _____ Well Depth: _____ ft.

Date Constructed: _____ Date Pump Installed: _____

Does this existing well meet new well setbacks? {Iowa Administrative Code 567-49}

Minimum Lateral Separation Distances, Private Wells

Meets Setback?		Structure or Source of Contamination	Minimum Lateral Distance (feet)	
Yes	No		Shallow Well[1]	Deep Well[1]
☐	☐	Public water supply well	400	200
☐	☐	Animal waste storage tanks, animal waste stockpiles, formed manure storage structure, confinement building, feedlot solids settling facility, open feedlot	200	100
☐	☐	Transmission pipelines (including, but not limited to, fertilizer, liquid petroleum, or anhydrous ammonia) if a more restrictive setback is not set by the pipeline owner	200	100

Meets Setback?		Structure or Source of Contamination	Minimum Lateral Distance (feet)
Yes	No		All Private Wells
☐	☐	Animal waste storage basin or lagoon, earthen manure storage basin, runoff control basins and anaerobic lagoons (see subrule 49.6(2) below)	1000
☐	☐	Drainage wells	1000
☐	☐	Solid waste landfills and disposal sites[2]	1000
☐	☐	Treatment Works/Domestic wastewater lagoon	400

Meets Setback?		Structure or Source of Contamination	Minimum Lateral Distance (feet)
Yes	No		All Private Wells
☐	☐	Preparation or storage area for spray materials, commercial fertilizers or chemicals that may result in groundwater contamination	150
☐	☐	Existing wells that do not conform to this chapter	100
☐	☐	Liquid hydrocarbon storage tanks, except for liquid propane gas (LPG)	100
☐	☐	Private sewage disposal systems – open portion of treatment system[3, 4]	100
☐	☐	Private sewage disposal systems – closed portion of treatment system[3, 4]	50
☐	☐	Public sanitary sewers (gravity or force mains) made with standard sewer materials	50
☐	☐	Public sanitary sewers (gravity or force mains) made with water main materials	25
☐	☐	Flowing streams or other surface water bodies	25
☐	☐	LPG storage tanks	15
☐	☐	Roadside ditch and road rights-of-way	15
☐	☐	Existing wells that conform to this chapter	10
☐	☐	Building sewer service lines and laterals, storm sewers, sewer of cast iron with leaded or mechanical joints, sewer of plastic pipe with glued or compression joints, independent clear water drains, cisterns, well pits, or pump house floor drains	10
☐	☐	Yard hydrants	10
☐	☐	Frost pit	10
☐	☐	Property lines (unless a mutual easement is signed and recorded by both parties)	4

Note any changes in contamination sources since well construction or last inspected:

WELL CASING: {IAC 567-49}

Height above ground or pit floor _____ ☐ inches ☐ feet (check one)

Can you determine casing diameter? _____ ☐ inches ☐ feet (check one)

What material is the casing made of? ☐ Steel casing ☐ PVC or plastic casing ☐ Clay tile
☐ Cement or concrete ☐ Fiberglass ☐ Brick or Fieldstone
☐ Other _____
☐ Unknown _____

Is the casing unobstructed for service? ie. overhead power lines, trees, buildings? ☐ Yes ☐ No

Is the casing out of plumb? ie. not vertical? ☐ Yes ☐ No

Is there any visible damage to the casing? ☐ Yes ☐ No

Note obstructions, damage, or deterioration to the casing:

WELL CAP: {IAC 567-49}

Does the cap fit properly, casing square, cap on tight, properly sized, etc.? ☐ Yes ☐ No

Does the cap appear to have gaskets/seals in place and is it water tight? ☐ Yes ☐ No

Does the cap include a vent? ☐ Yes ☐ No Does the vent include a proper screen? ☐ Yes ☐ No

Electrical conduit present? ☐ Yes ☐ No Good condition? ☐ Yes ☐ No secured? ☐ Yes ☐ No
water tight? ☐ Yes ☐ No

Does the cap appear to be altered from original construction? ☐ Yes ☐ No If yes, describe:

PITLESS CONNECTION: {IAC 567-49}

Type: ☐ Adapter
☐ Unit
☐ No pitless - if so, note condition of pump pipe entering wellhead

_____

FROST PIT (if present):

Does the frost pit contain: ☐ Well(s)? Number of wells _____
☐ Abandoned wells? Number of abandoned wells _____
☐ Pressure tank(s)? ☐ Yard hydrants?
☐ Sump pump? ☐ Sump?
☐ Other electrical devices, ie. space heater, heat lamps etc.

Are there any problems with the frost pit structure, ie. broken, missing, or caving walls, improper cover, standing water, etc.

LANDSCAPING AROUND WELL:

Soil mounded and sloped away from the well casing? ☐ Yes ☐ No
If vegetated, is the cover grass and is it mowed? ☐ Yes ☐ No
Are there any obvious problems with wells landscaping? ☐ Yes ☐ No, If yes, what?

WELL PUMP

Pump type: ☐ Submersible ☐ Jet ☐ Rod pump ☐ Other _____
Note age or condition (if known) _____
Does this pump have a control box? ☐ Yes ☐ No Location? _____
Type of pump drop pipe (if known) ☐ PVC ☐ Galvanized Steel ☐ Black steel ☐ Black plastic
Type of pump wire (if visible) ☐ Twisted ☐ Double jacketed
☐ Flat ☐ Other _____

WIRING/ELCITRICAL

Is the wiring in conduit? ☐ Yes ☐ No If no, continue below
Are there strain relief clamp devices on all wiring knock-out openings? ☐ Yes ☐ No
Is there any heat discoloration on exposed wiring jacket? ☐ Yes ☐ No
Is the choice of wire proper for intended use, ie. UG wire for underground use? ☐ Yes ☐ No

Note quality, condition and location of wiring installation

Type of electrical disconnect ☐ Circuit breaker ☐ Fuse panel/box ☐ Other _____

Location of disconnect: _____

PRESSURE SYSTEM

☐ Pressure Tank (check all that apply)

☐ Steel ☐ Galvanized ☐ Fiberglass

☐ Painted ☐ In-the-well style tank ☐ Other types _____

Size _____

Visible Condition _____

☐ Pressure switch Does the switch have a cap? ☐ Yes ☐ No

Is the wiring secured? ☐ Yes ☐ No

Condition _____

Is there a pressure gauge installed? ☐ Yes ☐ No

Does the gauge appear to operate? ☐ Yes ☐ No

Does the pressure gauge have a readable face? ☐ Yes ☐ No

Is there a lens on the gauge? ☐ Yes ☐ No

Does the well maintain at least 20 PSI? ☐ Yes ☐ No

Is there a pressure relief valve installed? ☐ Yes ☐ No

Are there any visible leaks in the pressure system?

WATER TREATMENT

☐ Softener

Size and condition _____

☐ Iron Filter

Size and condition _____

☐ Chlorination or Peroxide at well

Installation details _____

Condition _____

☐ Other _____

WATER FILTERS

Is there a water filter present in the water distribution line? ☐ Yes ☐ No

Type: ☐ Smaller inline filter ☐ Larger size - canister style

Condition/comments _____

INTERIOR PLUMBING

Type of piping: ☐ Black plastic (PE or PB) ☐ White plastic (PVC) ☐ Galvanized steel
☐ Copper ☐ Black steel ☐ Other _____

Condition _____

Are there any visible leaks in the pressure system?

SHOCK-CHLORINATION/DISINFECTION: {IAC 567-49}

Was the well shock chlorinated during the well assessment? ☐ Yes ☐ No

If yes, please also complete DNR Form 542-0503

Prior to this assessment when was the last time the well was chlorinated? _____

WATER SAMPLING: {IAC 567-49}

Is sampling tap available for raw well water? ☐ Yes ☐ No

Threaded outlet? ☐ Yes ☐ No OR Smooth (non-threaded) outlet? ☐ Yes ☐ No

Is sampling tap turned downward? ☐ Yes ☐ No

Is the sampling tap at least 12" above the floor? ☐ Yes ☐ No

Is the sampling tap easily accessible? ☐ Yes ☐ No

Location: _____

Are there any signs of chlorine in the system when sample was drawn? ☐ Yes ☐ No, if yes, describe

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Test results? Total coliform bacteria ☐ Present ☐ Absent ☐ HPC

Nitrates _____ (mg/l) as ☐ N OR ☐ NO_3

Arsenic _____ ☐ mg/l ☐ ppb

Any additional testing performed? _____

Test results _____

Interpretation _____

INSPECTOR COMMENTS: Date: _____

Any work that will be claimed under the Grants-to-Counties (GTC) Well Program grant must be approved by the local County Agent before work is performed, and Well Inspections/Assessments are only eligible for GTC if they are performed by a certified Well Driller or Certified Pump Installer.

An itemized, paid, invoice must be provided in order to be eligible for GTC funds.

This well will be submitted for cost share assistance payment under the Grants-to-Counties Well Program.

☐ Yes ☐ No

I have inspected this well in accordance with the IAC 567-49 construction standards (where applicable), and I verify that the information provided is true.

Signature of Contractor	**Cert. No.**
And Well Owner	**Date Inspected**

Complete one form for each well and submit within 30 days to the local county agent

☐ Yes ☐ No This well qualifies for Grants-to-Counties grant payment

Amount eligible for Grants-to-Counties payment: $ _____