



# Iowa Department of Natural Resources Private Well Shock Chlorination Form

## Homeowner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Inspector Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Inspector: \_\_\_\_\_  
Signature: \_\_\_\_\_

## Well Location

\_\_\_\_\_ ¼ of, \_\_\_\_\_ ¼ of, \_\_\_\_\_ ¼ of, Section \_\_\_\_\_, Twp \_\_\_\_\_ N, Range \_\_\_\_\_  E  W  
(Check One)  
County: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Describe well location on property: \_\_\_\_\_

## Well Details

Well Depth: \_\_\_\_\_ ft  
Depth to Water: \_\_\_\_\_ ft Casing Material:  steel  plastic  concrete  
Casing Diameter: \_\_\_\_\_ in  clay  brick  stone  
Yr or Decade Constructed: \_\_\_\_\_ Type of Construction:  drilled  driven  bored  
Depth of Casing: \_\_\_\_\_ ft  dug  augered

## Disinfection/Shock Chlorination Information

All shock chlorination must meet the IAC 567-49 rules for Well Disinfection

Disinfection Date: \_\_\_\_\_ Well Depth: \_\_\_\_\_ ft Depth to Water: \_\_\_\_\_ ft  
Casing Diameter: \_\_\_\_\_ in Volume of Water: \_\_\_\_\_ gallons  
Chemical Used (check one):  Liquid Chlorine 5.25%  Pelletized Chlorine Tablets 70%  
Amount of Chemical Used: \_\_\_\_\_ Units (check one):  gal  pints  pounds  ounces  
Other Chemicals Used (optional): \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**Any work that will be claimed under the Private Well Grants (PWG) Well Program grant must be approved by the local County Agent before work is performed.**

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

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

Yes  No

If yes, the shock chlorination of this well was performed with the oversight and assistance of the designated county agent and conforms to the requirements stated in Iowa Administrative Code 567 Chapter 49.

\_\_\_\_\_  
**Signature of County Agent**

\_\_\_\_\_  
**Date Approved**

I have performed the shock chlorination that conforms to the requirements stated in IAC 567-49.

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Cert. No.**

\_\_\_\_\_  
**Or Well Owner**

\_\_\_\_\_  
**Date Renovated**

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

Yes  No This well qualifies for Private Well Grants grant payment

**Amount eligible for Private Well Grants payment: \$** \_\_\_\_\_