



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 Grants-to-Counties (GTC) 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 GTC funds.

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

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