



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:	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Clay <input type="checkbox"/> Brick <input type="checkbox"/> Stone
Casing diameter: _____	in.		
Year or decade constructed: _____		Type of Construction:	<input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input type="checkbox"/> Augured <input type="checkbox"/> 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: _____
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10. Water Testing Record:

Date Sampled:						
Sample Collector:						
Laboratory:						
Coliform: (present/absent)						
E. coli: (present/absent)						
Nitrate: (as N or NO ₃ ?)						
Arsenic:						
Other Constituents?:						