

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,
 _____ County (circle one)

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
 Casing depth: _____ ft. (circle one)
 Casing diameter: _____ in. Type of construction: drilled, driven, bored, augered, dug
 Year or decade constructed: _____ (circle one)
 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?:						