

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, (circle one)
County _____

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