



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 _____ ☐ E ☐ W

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 Material: ☐ Steel ☐ Plastic ☐ Concrete

Casing depth: _____ ft. ☐ Clay ☐ Brick ☐ Stone

Casing diameter: _____ in.

Year or decade constructed: _____ Type of Construction: ☐ Drilled ☐ Driven ☐ Bored

Years used by present user: _____ ☐ Augured ☐ Dug

5. Well Assessment:	Yes	No	Unknown
Is wellhead sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is wellhead covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is wellhead in pit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is visible casing intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is casing >1' above grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cistern in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other wells on property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

> means "greater than"

Describe: _____

Meets Setback?		Structure or Source of Contamination	Minimum Lateral Distance (feet)	
Yes	No		Shallow Well ¹	Deep Well ¹
<input type="checkbox"/>	<input type="checkbox"/>	Public water supply well	400	200
<input type="checkbox"/>	<input type="checkbox"/>	Animal waste storage tanks, animal waste stockpiles, formed manure storage structure, confinement building, feedlot solids settling facility, open feedlot	200	100
<input type="checkbox"/>	<input type="checkbox"/>	Transmission pipelines (including, but not limited to, fertilizer, liquid petroleum, or anhydrous ammonia) if a more restrictive setback is not set by the pipeline owner	200	100

Meets Setback?		Structure or Source of Contamination	Minimum Lateral Distance (feet)
Yes	No		All Private Wells
<input type="checkbox"/>	<input type="checkbox"/>	Animal waste storage basin or lagoon, earthen manure storage basin, runoff control basins and anaerobic lagoons (see subrule 49.6(2) below)	1000
<input type="checkbox"/>	<input type="checkbox"/>	Drainage wells	1000
<input type="checkbox"/>	<input type="checkbox"/>	Solid waste landfills and disposal sites ²	1000
<input type="checkbox"/>	<input type="checkbox"/>	Treatment Works/Domestic wastewater lagoon	400
<input type="checkbox"/>	<input type="checkbox"/>	Preparation or storage area for spray materials, commercial fertilizers or chemicals that may result in groundwater contamination	150
<input type="checkbox"/>	<input type="checkbox"/>	Existing wells that do not conform to this chapter	100
<input type="checkbox"/>	<input type="checkbox"/>	Liquid hydrocarbon storage tanks, except for liquid propane gas (LPG)	100
<input type="checkbox"/>	<input type="checkbox"/>	Private sewage disposal systems – open portion of treatment system ^{3, 4}	100
<input type="checkbox"/>	<input type="checkbox"/>	Private sewage disposal systems – closed portion of treatment system ^{3, 4}	50
<input type="checkbox"/>	<input type="checkbox"/>	Public sanitary sewers (gravity or force mains) made with standard sewer materials	50
<input type="checkbox"/>	<input type="checkbox"/>	Public sanitary sewers (gravity or force mains) made with water main materials	25
<input type="checkbox"/>	<input type="checkbox"/>	Flowing streams or other surface water bodies	25
<input type="checkbox"/>	<input type="checkbox"/>	LPG storage tanks	15
<input type="checkbox"/>	<input type="checkbox"/>	Roadside ditch and road rights-of-way	15
<input type="checkbox"/>	<input type="checkbox"/>	Existing wells that conform to this chapter	10
<input type="checkbox"/>	<input type="checkbox"/>	Building sewer service lines and laterals, storm sewers, sewer of cast iron with leaded or mechanical joints, sewer of plastic pipe with glued or compression joints, independent clear water drains, cisterns, well pits, or pump house floor drains	10
<input type="checkbox"/>	<input type="checkbox"/>	Yard hydrants	10
<input type="checkbox"/>	<input type="checkbox"/>	Frost pit	10
<input type="checkbox"/>	<input type="checkbox"/>	Property lines (unless a mutual easement is signed and recorded by both parties)	4

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)						
E. coli: (present/absent)						
Nitrate: (as N or NO ₃ ?)						
Arsenic:						
Other:						
Other:						
Other:						
Other:						