



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: _____

Structure or Source of Contamination	Yes	No	Unknown
Did you notice any violations to the well setback distances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 1000 feet from animal waste lagoon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 400 feet from domestic wastewater treatment works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 200 feet from a public water supply well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 150 feet from chemical storage or fertilizers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 100 feet from non-conforming wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 100 feet from PSDS (septic) - open portion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 100 feet from transmission pipeline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 100 feet from hydrocarbon storage tanks (except LP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structure or Source of Contamination	Yes	No	Unknown
Less than (<) 100 feet from animal enclosures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 100 feet from animal waste storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 50 feet from PSDS (septic) - closed portion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 25 feet from streams, ponds, lakes, wetlands, or drainage channels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 15 feet from LPG tanks or roadside ditch or road right of ways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 10 feet from cisterns, frost pits and yard hydrants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 10 feet from storm sewers and building sewer service lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than (<) 4 feet from property lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:						