

WATER TEST APPLICATION

Date: _____

X _____
(signature)

Address: _____

Email: _____ Phone: _____

Email: _____ Phone: _____

Location: Township: _____ (Township) _____ (1/4 1/4 1/4) Sec.: _____ (Sec. #)

TEST FOR:

Bac. & Nitrate: XX Arsenic: _____ Manganese: _____ Bac. Only _____ Nitrate Only _____

WELL DESCRIPTION: (please complete in detail)

| | |
|---|--|
| Location: _____ <small>(example: 30' N of the house)</small> | Parcel #: _____ |
| Depth/Diameter: _____ | Treatment: _____ <small>(example: softener, filter, etc.)</small> |
| Const. Date: _____ | Years at this address: _____ |
| Other/Notes: _____ | |
| | |
| | |

WELL ASSESSMENT:

Yes No Unk

Yes No Unk

| | Yes | No | Unk | | Yes | No | Unk |
|-----------------------------|-----|----|-----|---------------------------------------|-----|----|-----|
| Is wellhead sealed? | | | | Less than 50' from septic tank? | | | |
| Is wellhead covered? | | | | Less than 100' from absorption field? | | | |
| Is wellhead in a pit? | | | | Less than 100' from any livestock? | | | |
| Is visible casing intact? | | | | Less than 100' from fuel tanks? | | | |
| Is casing > 1' above grade? | | | | Less than 300' from chemical storage? | | | |
| Is cistern in use? | | | | Less than 100' from abandoned well? | | | |
| Other adverse conditions | | | | Other potential contaminants? | | | |

Describe: _____

Unk - Unknown

RESULTS WILL NOT BE RELEASED WITHOUT WRITTEN CONSENT

Return a signed & completed form to:

Clayton Co. Env. Health Dept.
 600 Gunder Rd
 Elkader, IA 52043
 Phone: 563-245-2451

FOR OFFICE USE ONLY:

PWTS #: _____