

Private Water Well REHABILITATION APPLICATION

Owner:

Name:	Phone Number: ()		
Address:	City:	State:	Zip:

Well Location:

¼ of,	¼ of,	¼ of,	Section	Twp.	N	Range	W
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of Johnson County, Iowa

Describe the well location on the property: _____

Well Description

Well Depth: _____ft	Type of Construction (Circle One): Drilled, driven, bored, dug, augered
Diameter of Casing: _____in	Casing Material (Circle One): Steel, plastic, concrete, clay, brick, stone
Depth of Casing: _____ft	
Year or Decade Constructed: _____	Year or decade constructed: _____
Years used by present owner: _____	Well usage: _____

Water Quality:

Date Sampled:	Results: Total Coliform	Results: Nitrate
Other: _____		
Water treatment system(s) installed: _____		
Describe type of well rehabilitation being requested: _____		
Reason for well rehabilitation request: _____		
Well Contractor to conduct work: _____		
ITEMIZED BID ESTIMATE MUST BE INCLUDED WITH THIS APPLICATION.		
SIGNATURE OF APPLICANT: _____		DATE: _____

Well Assessment

	Yes	No	Unknown		Yes	No	Unknown
Wellhead sealed?				<25' from ditch, stream, or lake?			
Wellhead covered?				<50' from septic tank?			
Wellhead in pit?				<100' from absorption field?			
Visible casing in tact?				<100' from livestock yard?			
Casing >1' above grade?				<150' chemical storage?			