**Existing Private Well Inspection Checklist**

<table>
<thead>
<tr>
<th>Homeowners Information</th>
<th>Inspector Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>Date: __ /__ /______</td>
</tr>
<tr>
<td>Address: ___________________</td>
<td>Time: _________ AM PM</td>
</tr>
<tr>
<td>City: __________ State: _____ Zip: ________</td>
<td>Inspector: __________</td>
</tr>
<tr>
<td>Phone: <strong><strong><strong>-</strong>__-</strong></strong> or <strong><strong><strong>-</strong>__-</strong></strong></td>
<td>Signature: ________________</td>
</tr>
</tbody>
</table>

**Well Information (if known)**

<table>
<thead>
<tr>
<th>IDNR Well # (PWTS): __________</th>
<th>IDNR Permit #: __________</th>
<th>County Permit #: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this well shared by other users at a separate address? <strong>YES</strong> <strong>NO</strong></td>
<td>Number of users: __________</td>
<td></td>
</tr>
<tr>
<td>Address of Well: ___________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: ___________________ State: ____ Zip: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Location or Parcel No.: ___________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latitude: ________________ Longitude ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well type: ___________________ <strong>{IAC 567-49.8}</strong></td>
<td>Well Depth: _____ ft.</td>
<td></td>
</tr>
<tr>
<td>Date constructed: <strong>/</strong>/____</td>
<td>Date pump installed: <strong>/</strong>/____</td>
<td></td>
</tr>
<tr>
<td>Well Contractor: ___________________ ID#: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pump Installer: ___________________ ID#: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOES THIS EXISTING WELL MEET NEW WELL SETBACKS?** **{IAC 567-49.6}**

- [ ] Other wells
- [ ] Property lines
- [ ] Open portion of septic system
- [ ] Closed portion of septic system
- [ ] Hydrant(s)
- [ ] Ditches, streams, lakes
- [ ] Manure storage (earthen/formed)
- [ ] Sewer
- [ ] Domestic waste lagoons
- [ ] Sanitary landfills
- [ ] Fertilizer/Chemical preparation or storage area

Note any changes in contamination sources since well construction or last inspected: __________

__________________________

**WELL CASING:** **{IAC 567-49.9}**

Height above ground or pit floor: __________ inches feet (circle one)

Can you determine casing diameter? __________ inches feet (circle one)

What material is the casing made of? __________ Steel casing __________ PVC or plastic casing

- [ ] Clay tile
- [ ] Cement or concrete
- [ ] Fiberglass
- [ ] Brick or Fieldstone
- [ ] Other
- [ ] Unknown

__________________________
__ Is the casing unobstructed for service? ie. overhead power lines, trees, buildings?
__ Is the casing out of plumb? ie. not vertical?
__ Is there any visible damage to the casing?
Note obstructions, damage, or deterioration to the casing, ______________________________

WELL CAP: {IAC 567-49.7(2)}
__ Does the cap fit properly, casing square, cap on tight, properly sized, etc.? 
__ Does the cap appear to have gaskets/seals in place and is it water tight?
__ Does the cap include a vent? __ Does the vent include a proper screen?
__ Electrical conduit present? __ Good condition? __ secured? __ water tight?
__ Does the cap appear to be altered from original construction? If yes, describe: ______

PITLESS CONNECTION: {IAC 567-49.9(4)}
Type:
__ Adapter
__ Unit
__ No pitless – if so, note condition of pump pipe entering wellhead __________________

FROST PIT (if present):
Does the frost pit contain __ Y N Well(s) If yes, the how many? _____
__ Abandoned wells __ Number of abandoned wells
__ Pressure tank(s) __ Yard hydrants
__ Y N Sump pump? __ Y N Sump?
__ Other electrical devices, ie. space heater, heat lamps etc.
Are there any problems with the frost pit structure, ie. leaks, broken, missing, or caving walls, improper cover, standing water, etc. ________________________________

LANDSCAPING AROUND WELL:
__ Soil mounded and sloped away from the well casing?
__ If vegetated, is the cover grass and is it mowed?
__ Are there any obvious problems with wells landscaping? If yes, what? _____________

WELL PUMP
Does the well pump operate? Y  N
How long did you run the well pump for this inspection? Hrs
____________________ Mins
Pump type: __ Submersible __ Jet __ Rod pump __ Other _________________________
Note age or condition (if known)
__ Does this pump have a control box? If yes, please note the box location and the horsepower rating ____________________________
Type of pump drop pipe (if known)

- PVC
- Galvanized Steel
- Black steel
- Black plastic

Type of pump wire (if visible)

- Twisted
- Flat
- Double jacketed
- Other

**PUMP CONTROL ELECTRICAL WIRING**

- Does the pump have a control box? If yes, what is the horsepower rating?
- Is the pump control box discolored or scorched? Any noticeable odor?
- Does the control box make any unusual sounds while engaged?
- Is the wiring in conduit? If not, continue below:
- Are there strain relief clamp devices on all wiring knock-out openings?
- Is there any heat discoloration on exposed wiring jacket?
- Is the choice of wire proper for intended use, ie. UG wire for underground use?

Note quality, condition and location of wiring installation

- Type of electrical disconnect
  - Circuit breaker
  - Fuse panel/box
  - Other

Location of disconnect:

**PRESSURE SYSTEM**

- Pressure Tank (check all that apply)
  - Steel
  - Galvanized
  - Fiberglass
  - Painted
  - In-the-well style tank
  - Other types

Size __________

Visible Condition

- Pressure switch
  - Does the switch have a cap?
  - Is the wiring secured?
  - Condition

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Is there a pressure gauge installed?</th>
<th>Y</th>
<th>N</th>
<th>Gauge operates?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Does the pressure gauge have a readable face?</th>
<th>Y</th>
<th>N</th>
<th>Gauge lens intact?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Does the well maintain at least 20 PSI?</th>
<th>Y</th>
<th>N</th>
<th>Relief valve installed?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Are there any visible leaks in the pressure system? If yes, note where:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Does the well pump cycle on and off predictably?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Gauge pressure when the pump turns on?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Gauge pressure when the pump turns off?</th>
</tr>
</thead>
</table>

**WATER TREATMENT**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Softener</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Size and condition</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Iron Filter</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Size and condition</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Chlorination or Peroxide injection?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>At the well</th>
<th>Y</th>
<th>N</th>
<th>In home</th>
<th>Y</th>
<th>N</th>
<th>Other</th>
</tr>
</thead>
</table>

Installation details

-
**WATER FILTERS**

Y  N  Is there a cartridge water filter present in the water distribution line?
Type:  __ Small inline filter   __ Larger size - canister style
Condition/comments

**INTERIOR PLUMBING**

Type of piping:  __ Black plastic (PE or PB)  
__ White plastic (PVC)  
__ Copper  
__ Galvanized steel  
__ Black steel  
__ Other
Condition
Are there any visible leaks with the interior plumbing?

**WELL CAPACITY**

Y  N  Is the water pressure adequate at all points in the water system?
Y  N  Is there a water test port? If yes, is outlet threaded or smooth?
Y  N  Is sampling tap turned downward?
Y  N  Is the sampling tap at least 12” above the floor?
Y  N  Is the sampling tap easily accessible?  Location:
Y  N  Are there any signs of chlorine in the system when sample was drawn? If yes, describe:

**SHOCK-CHLORINATION/DISINFECTION:**  {IAC 567-49.13}

__ When was the last time the well was chlorinated?__________________________
__ Procedure: ______________________ (dry pellets, liquid, dissolved & poured, other?)
__ Was the pH of the water checked
__ Was the appropriate amount of chlorine used?
__ Were all water outlets purged until chlorine was detected?
__ Was the system allowed to stand with chlorine residual for proper amount of time?

**WATER SAMPLING:**  {IAC 567-49.14}

__ Is sampling tap available for raw well water?
__ Threaded outlet?  or  __ Smooth (non-threaded) outlet?
__ Is sampling tap turned downward?  __ Is the sampling tap at least 12” above the floor?
__ Is the sampling tap easily accessible?  Location:
__ Are there any signs of chlorine in the system when sample was drawn? If yes, describe:
__ Test results?

<table>
<thead>
<tr>
<th>Test</th>
<th>Present</th>
<th>Absent</th>
<th>Safe</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total coliform bacteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.coli or Fecal bacteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrates mg/l as N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arsenic mg/L or µg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manganese mg/L or µg/l</td>
<td></td>
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</tbody>
</table>

Any additional testing performed? ________________________________

Test results ____________________________________________________

Is the well currently safe to use for drinking purposes? ________________

________________________

FLOOD ASSESSMENT

Is the well located in or near the area that was flooded?  Y  N
If not, how far away is the well from the flooded area? ____________________

Are any of the neighboring wells in an area affected by the flooding?  Y  N

What is the elevation of the wellhead relative to the elevation of the historical high flood level? ____________________

What were the dates of the most recent flooding? ____________________

What was the height of the water at the wellhead during the recent flood event? ______

Is there evidence of once floating debris and sand, silt, or mud in the area of the well, or stains/discoloration on the well or nearby structures that indicate a high water line?  Y  N

Is the ground surface around the well intact and stable?  Y  N

Are there any eroded areas that post a threat to the wellhead by channeling water to well or allowing water to pool around the well?  Y  N

Does it appear that the well area retained water for an extended period of time?  Y  N

Is there damage that appears to be flood related - ie. bent casing, missing or broken well head parts like well cap, well vent, or wiring conduit?  Y  N

Has well owner contacted a IDNR certified well contractor to schedule a well assessment and shock chlorination?  Y  N

INSPECTOR COMMENTS (Please provide an explanation of any items above which could not be reviewed during the well assessment):

Date: ________________

________________________