

Existing Private Well Inspection Checklist

Homeowners Information	Inspector Information:
Name: _____	Date: ____ / ____ / ____
Address: _____	Time: _____ AM PM
City: _____ State: _____ Zip: _____	Inspector: _____
Phone: _____ - _____ - _____ or _____ - _____ - _____	Signature: _____

Well Information (if known)
IDNR Well # (PWTS): _____ IDNR Permit #: _____ County Permit #: _____
Is this well shared by other users at a separate address? YES NO Number of users _____
Address of Well: _____
City: _____ State: _____ Zip: _____
Well Location or Parcel No.: _____
Latitude: _____ Longitude _____
Well type: _____ {IAC 567-49.8} Well Depth: _____ ft.
Date constructed: ____/____/____ Date pump installed: ____/____/____
Well Contractor: _____ ID#: _____
Pump Installer: _____ ID#: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Other wells | <input type="checkbox"/> Manure storage (earthen/formed) |
| <input type="checkbox"/> Property lines | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Open portion of septic system | <input type="checkbox"/> Domestic waste lagoons |
| <input type="checkbox"/> Closed portion of septic system | <input type="checkbox"/> Sanitary landfills |
| <input type="checkbox"/> Hydrant(s) | <input type="checkbox"/> Fertilizer/Chemical preparation or storage area |
| <input type="checkbox"/> Ditches, streams, lakes | |

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 _____

Y N Is there a pressure gauge installed? Y N Gauge operates?

Y N Does the pressure gauge have a readable face? Y N Gauge lens intact?

Y N Does the well maintain at least 20 PSI? Y N Relief valve installed?

Y N Are there any visible leaks in the pressure system? If yes, note where: _____

Y N Does the well pump cycle on and off predictably?

Y N Gauge pressure when the pump turns on? _____ psi

Y N Gauge pressure when the pump turns off? _____ psi _____

WATER TREATMENT

Softener

Size and condition _____

Iron Filter

Size and condition _____

Chlorination or Peroxide injection? At the well In home Other

Installation details _____

Condition _____

Other treatment _____

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?

Total coliform bacteria ___ Present ___ Absent ___ Safe ___ Unsafe

E.coli or Fecal bacteria ___ Present ___ Absent ___ Safe ___ Unsafe

Nitrates _____ mg/l ___ as N ___ Safe ___ Unsafe

Arsenic _____ mg/L or µg/l ___ Safe ___ Unsafe

Manganese _____ mg/L or µg/l ___ Safe ___ Unsafe

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 pose 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: _____

