

WATER ANALYSIS REQUEST

Anamosa, IA 52205

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\$25 FEE PAYABLE TO JONES COUNTY ENVIRONMENTAL SERVICES

Sample Address: _____ (please print or type)

(House #) (Street) (Apt #) (City) (State) (Zipcode)

Owner: _____ Property Legal Description: Sec _____ Twp _____ Rg _____

Individual Requesting Sample: _____ **Phone #** _____
(Last) (First)

Owner User Agent Other

Mailing Address: _____

Water Test Information: Please read important sampling instructions on back

Date Sample Collected _____ **Time Sample Collected:** _____ AM / PM

Point of Collection: _____ **Collected By:** _____

Well Data: Well Number _____

Depth: _____ ft (Please circle one) ☞ Known Estimate Unknown

Diameter: _____ in (Please circle one) ☞ Known Estimate Unknown

Yr Const: _____ (Please circle one) ☞ Known Estimate Unknown

Casing: Steel Plastic Other (Please circle one) ☞ Known Estimate Unknown

Source Description: New Well (Driller _____) Existing Well Chlorinated

Date Chlorinated: _____ Softened Rev Osm Filtered Distilled None

Well Assessment Details:

Is wellhead sealed?	Yes	No	Unknown
Is wellhead covered?	Yes	No	Unknown
Is wellhead in pit?	Yes	No	Unknown
Is visible casing intact?	Yes	No	Unknown
Is casing >1' above grade	Yes	No	Unknown
Is cistern in use?	Yes	No	Unknown
<50' from septic tank?	Yes	No	Unknown
<100' from absorption field?	Yes	No	Unknown
<100' from livestock?	Yes	No	Unknown
<100' from fuel tanks?	Yes	No	Unknown
<300' from chemical storage?	Yes	No	Unknown
<100' from abandoned well?	Yes	No	Unknown
Has this well been tested previously?	Yes	No	Unknown
Recheck due to a bad sample?	Yes	No	Unknown

Describe other adverse conditions _____

Describe other potential contaminants _____

INSTRUCTIONS

Sample Address: (THIS BLOCK MUST BE FILLED OUT)

Street: This is the street address of the sample source.

City: The city or town related to the above address.

Legal: The legal description of the location of the sample source. The first three blanks contain the quadrant identifiers such as: NE, SE, NW, or SW. The last three blanks contain Section, Township, and Range numbers.

Individual Requesting Sample: Please check the appropriate box to identify the relation of the individual requesting the analysis to the sample address. Enter the last name and then the first name of the individual requesting the analysis.

Mailing Address: Address of the individual expecting to receive the sample results. Also include the city, state and zip code.

Water Test Information: *Standard tests for wells are Coliform and Nitrate*

Date: Fill in the date the sample was collected.

Time: Fill in the time the sample was collected, and circle whether it was AM or PM.

Point of Collection: This is a description of where the sample was collected.

Collected By: Enter the name of the person who collected the sample.

Well Data:

Public Water Supply #: If the sample was collected from a public water supply, provide the PWS number.

If the sample source is a well, please fill in the blanks in this block as indicated and circle one of the three descriptions that indicate the reliability of each piece of information. Note that depth is measured in feet and diameter is measured in inches. The well case will probably be steel, plastic or concrete.

Source Description:

Check one box per line that is appropriate for the source of the water sample.

If this well has had a previous water sample analyzed by the Health Department, put a check on the Yes line.

If this is a recheck due to a previous bad sample, put a check on the Yes line.

\$25 FEE

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Environmental Services**

WATER SAMPLING PROCEDURE

*Sampling technique is very critical for collecting a sample that is representative of the well water condition
False positive/negative results may occur if proper sampling is not performed*

1. Remove & discard plastic wrap around lid. Do not contaminate inside of sterile bottle with fingers, faucet, or splashing water.
2. Pick an appropriate cold water tap from which to collect the sample (preferably unsoftened). **Avoid swing arm kitchen-type faucets.** **Remove aerators.** Also avoid leaky taps & outside hydrants.
3. Turn on cold water for 2-3 minutes to clear service line. Note: For outside collection longer flushing 10-15 min.
4. Reduce water flow to avoid splashing. Insert bottle into stream of water and **fill to top**. Replace cap tightly.
5. Please return by 3:30 p.m. Monday-Wednesday. **We must receive sample same day of collection.**

DO NOT COLLECT SAMPLES ON THURSDAY THRU SUNDAY

ANALYSIS WILL BE COMPLETE WITHIN 7-14 DAYS

A COPY OF THE REPORT WILL BE MAILED OUT