Iowa Department of Human Services

Foster Care Private Water Supply Survey

Applicants' Names						
Address						
A.	Well Location					
	Distance from:	bistance from: House Barnyard Septic tank/cesspool/privy Abandoned wells Other				
	Drainage: Groun	nd surface slo	oped away	from well	☐ Yes	□ No
	On back of this form, sketch house with location of wells, garage, barn, septic tank, roads, ponds, streams, and any other relevant features. Mark approximate distances and note direction of slope.					
B.	Well Condition					
	Well top or cover tight with no signs of contamination entry ☐ Yes ☐ No Comments:					
C.	Water Quality or Laboratory Report (Attach Report)					
	Coliform bacteria Nitrate level Comments:	ı level	□ Safe □ Safe	☐ Unsafe☐ Unsafe		
D.	Water Treatment or Alternate Source					
	If water is boiled or obtained from a source other than the well, i.e. bottled or carried into the home, explain the reason and describe source of water and method of storage					
Sign	ature of Contractor	Licensing Wo	orker			Date

470-0693 (Rev. 9/09) Copy 1: DHS Licensing File Copy 2: Contractor