

Iowa Department of Natural Resources

**Abandoned Water Well
Plugging Record**

1. Owner:

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

2. Well (Cistern) Location:

____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section _____, Twp. ____ N, Range ____ West/East(circle one)
____ County, Describe well location on property: _____

3. Description:

Well depth: _____ ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: _____ ft. (circle one)
Casing diameter: _____ in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: _____ (circle one)
Depth of casing: _____ ft. Check if this is a Monitoring Well Well I D.: _____

Check if Cistern depth: _____ ft. diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: _____ **Date Plugged:** _____

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: _____ **Cert. No.** _____

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ **Date Approved:** _____

Eligible for Grants-to-Counties cost share: YES NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

O'Brien County Public Health PO Box 525 155 S. Hayes Primghar, IA 51245 Phone: 712-957-0105	Water Supply Section Department of Natural Resources 900 East Grand Avenue Des Moines, IA 50319-0034
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