



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

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

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, T _____ N, R _____ East West
 County: _____ Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: _____ ft
 Depth to water: _____ ft
 Casing depth: _____ ft Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: _____ in.
 Year or decade constructed: _____ Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: _____

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 (IAC) 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:

Monona County Zoning & Environmental Health 610 Iowa Avenue Onawa, Iowa 51040	Water Supply Section Iowa Department of Natural Resources 401 SW 7th St Ste M Des Moines IA 50309-4611
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