Iowa Department of Natural Resources

Private Water Well Rehabilitation Record

1. **Owner**:

Name: _____ City: _____ State: _____

Address: _____ Zip: _____ Phone: _____

2. **Well 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.
Depth to water: _____ ft.
Casing diameter: _____ in.
Yr. or decade constrd.: _____
Depth of casing: _____ ft.

Casing material: ☐ steel, ☐ plastic, ☐ concrete, ☐ clay, ☐ brick, ☐ stone (check one)

Type of construction: ☐ drilled, ☐ driven, ☐ bored, ☐ dug, ☐ augered (check one)

Briefly describe the work done: _____

_____

_____

_____

Well Rehabilitation done under this grant program must be approved by the County Agent before any work commences!

This well has been rehabilitated as defined by rule 567- 47.5 "Well Sealing" of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent:_____Date Approved:_____

I have rehabilitated this well as defined by rule 567- 47.5 "Well Sealing" of the Iowa Administrative Code (IAC).

Signature of Contractor:_____Cert. No._____

Or well Owner:_____Date Rehabilitated:_____

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

Mills County Public Health 403 Railroad Ave. P.O. Box 209 Glenwood, Iowa 51534	**Amount of grant funds paid by the county for this renovation: $_____**