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:

Mills County Public Health
212 Independence
Glenwood, Iowa 51534

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

Water Supply Section
Iowa Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034