



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):

\_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 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:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th St Ste M
Des Moines IA 50309-4611