



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
502 E 9th St
Des Moines IA 50319-0034