



**IOWA DEPARTMENT OF NATURAL RESOURCES**  
**Water Supply Section**  
**Request for Reclassification of a Public Water Supply**

File PWSID # \_\_\_\_\_  
 WS ES II \_\_\_\_\_  
 FO # & Intl \_\_\_\_\_

(please print CLEARLY)

PWSID #: \_\_\_\_\_ Name of PWS: \_\_\_\_\_

Manager/Superintendent: \_\_\_\_\_

Address of PWS: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner Address (if different from above): \_\_\_\_\_

1. Has this or will this property be sold?  Yes  No If yes, date of sale: \_\_\_\_\_

New Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

2. Is this system connecting to a MUNICIPALITY, a RURAL WATER ASSOCIATION, or OTHER?  Yes  No

Name of New Supplier: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Connection: \_\_\_\_\_

3. Attach a copy of the bill of sale, or water bill, or the agreement between seller and water user.

4. In regards to this water source, do you plan to:

- Use only this source
- Blend (see item 2)
- Re-meter water and sell to residents

5. Is (was) the distribution system (water lines)

- OWNED by this facility
- SOLD to the new supplier (see item 2)

6. Well Information - List all wells (attach additional pages if necessary).

Well Number	Date of Construction	Status	Number of Buildings Served Per Well	Date Removed From Service

7. Please answer the following questions:

How many persons are employed, by the PWS, at this location? \_\_\_\_\_

Throughout the year, what are your open and close dates for your business? Or, is your business open year-round? \_\_\_\_\_

8. Will this system be using bottled water for human consumption? (Human consumption includes, but is not limited to, washing countertops, dishcloths, handwashing, mixing soda pop, cooking, etc.)  Yes  No

If there is any other information not covered in this application that you wish to give to explain the circumstances of this reclassification request (such as population, # of service connections, etc.) please explain. Attach additional pages when submitting.

Name of Person \_\_\_\_\_

Filling out Form: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

All water quality requirements continue to be enforced until you are directed otherwise in writing by the Department. Return the completed form to your local field office and to: **Department of Natural Resources, Water Supply Section, 502 E 9<sup>th</sup> St, Des Moines IA 50319-0034.** Telephone 515-725-0282 for questions.



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