



# 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:

Plugging 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), and will provide an itemized paid invoice to the owner if seeking PWG funds:

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 Private Well Grants (PWG) 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**  
**6200 Park Ave St 200**  
**Des Moines IA 50321**