Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner: PW	/TS Well Number:
Name: City:	State:
Address: Zip:	Phone: ()
If this was a Public Water Supply Well, please provide:	
PWSID Name:	PWSID Number:
2. Well (Cistern) Location: 1/4 of, 1/4 of, Section , Twp. N, Range West/East (circle one)	
1/4 of,1/4 of,1/4 of, Section	, Twp N, Range West/East (circle one)
County, Describe well location on property:	
GPS Well Location: Latitude	Longitude
3. Description:	
Well depth: ft. Casing mate Depth to water: ft. Casing diameter: in. Type of construct Year or decade constructed: Depth of casing: ft. Check ☐ if th Check ☐ if Cistern depth: ft.	(circle one) is is a Monitoring Well Well ID
	rule 567-39.8 of the Iowa Administrative Code (IAC). I unty or department may need concerning this well.
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 lowa Administrative Code 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 (Private Wells Only - 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:
Monona County Zoning / Environmental Health 610 Iowa Avenue Onawa, Iowa 51040	Water Supply Section lowa Department of Natural Resources 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611