

# Iowa Department of Natural Resources

## Private Water Well Renovation/Rehab Record

**1. Owner:****PWTS No.**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Well Location:** \_\_\_\_\_ County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

\_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, Section \_\_\_\_, Twp. \_\_\_\_, N, Range \_\_\_\_ West East

Describe well location on property:

**3. Description:**

Well depth:	ft.	Casing material:	steel	plastic	concrete tile
Depth to water:	ft.		clay tile	brick	stone
Casing diameter:	in.				
Yr. of decade const.		Type of construction:	drilled	driven	
Depth of casing:	ft.		bored/augered	dug	

Briefly describe the work done:

**Well Rehabilitation done under Grants to Counties funding must be approved by the County Environmental Health Specialist before any work is completed!**

This well has been rehabilitated using the standards as defined in Chapter 49 of 567 Iowa Administrative Code (IAC) with the oversight and assistance of a designated County Environmental Health Specialist.

**Signature of County Agent:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

I have rehabilitated this well using the standards as defined in Chapter 49 of 567 Iowa Administrative Code (IAC.)

**Signature of Contractor:** \_\_\_\_\_ **Cert. No.** \_\_\_\_\_

**Or well Owner:** \_\_\_\_\_ **Date Rehabilitated:** \_\_\_\_\_

Complete one form for each well and submit within 30 days to the local county health department:

	<b>Qualifies for Grants to Counties</b>
	<b>Amount of grant funds paid by the county for this renovation: \$</b>