

# 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.	Type of construction: drilled	driven	
Yr. of decade const. _____	bored/augered	dug	
Depth of casing: _____ ft.			
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>