

Story County, Iowa

Lucy Martin, Auditor
Nevada, IA 50201

BILL MUST BE FULLY ITEMIZED

WITH INVOICE ATTACHED

FOR AUDITOR'S OFFICE USE ONLY

Claim Number _____

Warrant Number _____

Date Paid _____

APPROVED BY BOARD OF
SUPERVISORS ON CLAIM
REGISTER PAGE # _____

IN ACCOUNT WITH (Claimant) _____
ADDRESS: _____
(to mail check to) _____

INVOICE DATE	INVOICE NO.	DESCRIPTION	AMOUNT
		Request for reimbursement** for expenses associated	
	<input type="checkbox"/>	Plugging an abandoned well	
	<input type="checkbox"/>	Rehabilitating a water well	
		Address where well is located:	
		Parcel Number:	
		PWTS Number:	
		*ATTACH ORIGINAL RECEIPT AND DNR FORM	
		*PERSON PERFORMING WORK MUST EITHER BE THE PROPERTY OWNER OR A STATE OF IOWA CERTIFIED CONTRACTOR AS DEFINED IN IAC 567-82	
		*Maximum payment of grant money allowed by IAC Public Health 641-24.5(5) is \$400 per plugged well and \$600 per rehabilitated well.	
		Please allow sufficient time for well inspection and claim processing.	
		TOTAL CLAIM	

FY

01000-03020-442-23

(Well Rehabilitation Fund)

AMOUNT CLAIMED _____

CLAIMANT SIGNATURE (well owner/agent)

DEPARTMENT APPROVAL