

STORY COUNTY, IOWA

LUCINDA MARTIN, AUDITOR

Nevada, Iowa

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)

INVOICE DATE	DESCRIPTION	AMOUNT
	Request for reimbursement** for expenses associated	
	<input type="checkbox"/> Plugging an abandoned well or cistern	
	<input type="checkbox"/> Rehabilitating a water well	
	<input type="checkbox"/> Well shock chlorination	
	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 CONTRACTOR AS DEFINED IN IAC 567-82	
		AMOUNT CLAIMED
	*Maximum payment of grant money allowed by IAC Public Health 641-24.5(5) is \$500 per plugged well, \$300 per plugged cistern, \$300 for shock chlorination, and \$1000 per rehabilitated well.	
	Please allow sufficient time for well inspection and claim processing.	
	TOTAL CLAIM	

FY
01000-03020-442-23
(Well Rehabilitation Fund)

CLAIMANT SIGNATURE (if applicable)

DEPARTMENT APPROVAL