

Iowa Department of Natural Resources

**Private Water Well
Rehabilitation Record**

1. Owner Info: PWTS No. Geo. Parcel No. 85-
Name: _____ City: _____ State: _____
Address: _____ Zip: _____ Phone: () _____

2. Well Location: Latitude: _____ Longitude: - _____
____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section _____, Twp. ____ N, Range ____ West
_____ County, Describe well location on property: _____

3. Description:
Well depth: _____ ft. Casing material: steel, plastic, concrete, clay, brick, stone
Depth to water: _____ ft. (circle one)
Casing diameter: _____ in. Type of construction: drilled, driven, bored, dug, augered
Yr. or decade constrd.: _____ (circle one)
Depth of casing: _____ ft. Briefly describe the work done: _____

NOTICE: All Well Rehabilitation done under grant programs must be approved by the Story County Health Department before any work commences!

This well has been rehabilitated as defined by rule 567- 47.5 “Well Sealing” of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ Date Approved: _____

I have rehabilitated this well as defined by rule 567- 47.5 “Well Sealing” of the Iowa Administrative Code (IAC).
Signature of Contractor: _____ Cert. No. _____
Or well Owner: _____ Date Rehabilitated: _____

Complete one form and detailed bill for each well and submit within 30 days to Story County Health

Story County Health Department 900 6th Street Nevada, Iowa 50201 (515) 382-7240	Amount of grant funds paid by the county for this renovation: \$ _____
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