



Iowa Department of Natural Resources

Private Water Well Reconstruction Record

1. Owner

Name: _____ City: _____ State: _____
 Address: _____ Zip: _____ Phone: _____

2. Well Location

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, Twp _____ N, Range _____ E W
(Check One)

County: _____

Latitude: _____ Longitude: _____

Describe well location on property: _____

3. Well Details

Well Depth: _____ ft
 Depth to Water: _____ ft Casing Material: steel plastic concrete
 clay brick stone
 Casing Diameter: _____ in
 Yr or Decade Constructed: _____ Type of Construction: drilled driven bored
 dug augered
 Depth of Casing: _____ ft

Briefly describe the well reconstruction: _____

Any work that will be claimed under the Iowa Department of Public Health Grants-to-Counties Well Program grant must be approved by the local County Agent before any work is performed on the well.

This well will be submitted for cost share assistance payment under the Grants-to-Counties Well Program.
 Yes No

If yes, the reconstruction of this well was performed with the oversight and assistance of the designated county agent and conforms to the requirements stated in Iowa Administrative Code 567 Chapter 49.10.

Signature of County Agent

Date Approved

I have reconstructed this well in a manner defined by Iowa Administrative Code 567.49.10.

Signature of Contractor

Cert. No.

Or Well Owner

Date Renovated

Complete one form for each well and submit within 30 days to the local county agent

Yes No **This well qualifies for Grants-to-Counties grant payment**

Amount eligible for Grants-to-Counties payment: \$ _____