

Iowa Department of Natural Resources

**Private Water Well
Rehabilitation Record**

1. Owner:

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

2. Well Location:

____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section ____, Twp. ____ N, Range ____ West/East(circle one)
____ County, Describe well location on property: _____

3. Description:

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

Well Rehabilitation done under this grant program must be approved by the County Agent 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 for each well and submit within 30 days to the local county agent:

Mills County Public Health 212 Independence Glenwood, Iowa 51534	Amount of grant funds paid by the county for this renovation: \$ _____
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