

Iowa Department of Natural Resources

**Abandoned Water Well  
Plugging Record**

**1. Owner:** PWTs Well Number: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

If this was a Public Water Supply Well, please provide:

PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

**2. Well (Cistern) Location:**

\_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, Section \_\_\_\_ , Twp. \_\_\_\_ N, Range \_\_\_\_ West/East (circle one)  
\_\_\_\_ County, Describe well location on property: \_\_\_\_\_  
GPS Well Location: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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  
Year or decade constructed: \_\_\_\_\_ (circle one)  
Depth of casing: \_\_\_\_\_ ft. Check  if this is a Monitoring Well Well ID \_\_\_\_\_  
Check  if Cistern depth: \_\_\_\_\_ ft. diameter: \_\_\_\_\_ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

**Signature of Owner:** \_\_\_\_\_ **Date Plugged:** \_\_\_\_\_

*If plugged by certified well contractor, complete this box:*

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).  
**Signature of Contractor:** \_\_\_\_\_ **Cert. No.** \_\_\_\_\_

*OR, If plugged by well owner, complete this box:*

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.  
**Signature of County Agent:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

Eligible for Grants-to-Counties cost share:  YES  NO (Private Wells Only - Determined by County Agent)

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

or, only if no county agent is available, to:

Fremont County Board of Health  
Mike Crecelius, Environmental Specialist  
2014 290th Avenue  
Sidney, Iowa 51652

**Water Supply Section**  
**Iowa Department of Natural Resources**  
**401 SW 7<sup>th</sup> Street, Suite M**  
**Des Moines, IA 50309-4611**