## Iowa Department of Natural Resources

## Abandoned Water Well Plugging Record

1. Owner: PW	/ IS Well Number:
Name: City:	State:
	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 mate	erial: steel, plastic, concrete, clay, brick, stone
Depth to water: <u>ft.</u>	( circle one)
Casing diameter: in. Type of construct	ion: drilled, driven, bored, dug, augered
Year or decade constructed:  Depth of casing: ft. Check ☐ if th	( circle one )
Depth of casing: It. Check it in	IS IS A MONITORING WEIL WEILID
Check ☐ if Cistern depth:ft.	diameterit.
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 lowa 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:   YE	S 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	Water Supply Section
Erman Mullins, Environmental Specialist	Iowa Department of Natural Resources
2014 290th Avenue	401 SW 7th Street, Suite M
Sidnov Jowa 51652	Des Moines, Iowa 50309-4611