

Iowa Department of Natural Resources

Private Water Well Reconstruction Record

i. Owner					
			State:		
Address:		Zip:	Phone:		
2. Well Location					
¼ of, ½	4 of, ¼ of, Se	ection , Twp	N, Range	_	
County:				(Check One)	
Latitude: Longitude:					
Describe well location on property:					
3. Well Details					
Well Depth:	ft				
Depth to Water:	ft	Casing Mater	rial: 🔲 steel 🔛 plasti	=	
Casing Diameter:	in	_	☐ clay ☐ brick	stone	
Yr or Decade Constructed: Type of		_ Type of Constructi		_	
Depth of Casing:	ft		∐ dug ☐ augei	red	
Briefly describe the well reconstruction:					
Any work that will be claimed under the lows Department of Public Health Grants-to-					
Any work that will be claimed under the lowa Department of Public Health Grants-to- Counties Well Program grant must be approved by the local County Agent <u>before</u> any					
		is performed on		, <u></u>	
This well will be submitted for cost share assistance payment under the Grants-to-Counties Well Program.					
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 recor	netructed this well in	a manner defined by	Iowa Administrative Code 5	67 49 10	
Thave recor	istracted this well in	a marmer defined by	iowa Administrative Code e	007.43.10.	
S	ignature of Contrac	tor	Cer	rt. No.	
			G 0.		
Or Well Owner			Date R	Date Renovated	
Complete one form for each well and submit within					
☐ Yes ☐ No This well qualifies for Grants-to-Counties grant payment					
Amount eligible for Grants-to-Counties payment: \$					
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11/2012 cmz DNR Form 542-1519