

Iowa Department of Natural Resources

**Private Water Well  
Renovation/Rehab Record**

1. **Owner:**

PWTS No. \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

2. **Well Location:** \_\_\_\_\_ County Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
\_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, Section \_\_\_\_\_, Twp. \_\_\_\_\_ N, Range \_\_\_\_\_ West East

Describe well location on property:

3. **Description:**

Well depth: \_\_\_\_\_ ft. Casing material: steel plastic concrete tile  
Depth to water: \_\_\_\_\_ ft. clay tile brick stone  
Casing diameter: \_\_\_\_\_ in.  
Yr. of decade const. \_\_\_\_\_ Type of construction: drilled driven  
Depth of casing: \_\_\_\_\_ ft. bored/augered dug  
Briefly describe the work done:

**Well Rehabilitation done under Grants to Counties funding must be approved by the County Environmental Health Specialist before any work is completed!**

This well has been rehabilitated using the standards as defined in Chapter 49 of 567 Iowa Administrative Code (IAC) with the oversight and assistance of a designated County Environmental Health Specialist.

**Signature of County Agent:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

I have rehabilitated this well using the standards as defined in Chapter 49 of 567 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 health department:

	<b>Qualifies for Grants to Counties</b> <b>Amount of grant funds paid by the county for this renovation: \$</b>
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