



IOWA DEPARTMENT OF NATURAL RESOURCES
Water Supply Section
Request for Reclassification of a Public Water Supply

File PWSID # _____
 WS ES II _____
 FO # & Intl _____

(please print CLEARLY)

PWSID #: _____ Name of PWS: _____

Manager/Superintendent: _____

Address of PWS: _____

Phone Number: _____

Owner Address (if different from above): _____

1. Has this or will this property be sold? Yes No If yes, date of sale: _____

New Owner: _____

Contact Person: _____ Phone Number: _____

Address: _____

2. Is this system connecting to a MUNICIPALITY, a RURAL WATER ASSOCIATION, or OTHER? Yes No

Name of New Supplier: _____ PWSID Number: _____

City: _____ Phone Number: _____

Date of Connection: _____

3. Attach a copy of the bill of sale, or water bill, or the agreement between seller and water user.

4. In regards to this water source, do you plan to:

- Use only this source
- Blend (see item 2)
- Re-meter water and sell to residents

5. Is (was) the distribution system (water lines)

- OWNED by this facility
- SOLD to the new supplier (see item 2)

6. Well Information - List all wells (attach additional pages if necessary).

Well Number	Date of Construction	Status	Number of Buildings Served Per Well	Date Removed From Service

7. Please answer the following questions:

How many persons are employed, by the PWS, at this location? _____

Throughout the year, what are your open and close dates for your business? Or, is your business open year-round? _____

8. Will this system be using bottled water for human consumption? (Human consumption includes, but is not limited to, washing countertops, dishcloths, handwashing, mixing soda pop, cooking, etc.) Yes No

If there is any other information not covered in this application that you wish to give to explain the circumstances of this reclassification request (such as population, # of service connections, etc.) please explain. Attach additional pages when submitting.

Name of Person

Filling out Form: _____ Signature: _____

Title: _____ Date: _____

All water quality requirements continue to be enforced until you are directed otherwise in writing by the Department. Return the completed form to your local field office and to: **Department of Natural Resources, Water Supply Section, 6200 Park Ave Ste 200, Des Moines IA 50321.** Telephone 515-725-0282 for questions.



IOWA DEPARTMENT OF NATURAL RESOURCES

Abandoned Water Well
Plugging Record

1. Owner:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

_____ 1/4 of, _____ 1/4 of, _____ 1/4 of, Section _____, T _____ N, R _____ [] East [] West

County: _____ Describe well location on property: _____

GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: _____ ft

Depth to water _____ ft.

Casing depth: _____ ft. Casing Material: [] Steel [] Plastic [] Concrete [] Clay [] Brick [] Stone

Casing diameter: _____ in.

Year or decade constructed: _____ Type of Construction: [] Drilled [] Driven [] Bored [] Augured [] Dug

Is this a Monitoring Well? [] Yes [] No 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 (IAC) 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 (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:

Water Supply Section
Iowa Department of Natural Resources
6200 Park Ave Ste 200
Des Moines IA 50321