



Iowa Department of Natural Resources
Private Water Well Reconstruction Record

Owner Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Well Location

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, Twp _____ N, Range _____ ☐ E ☐ W
(Check One)
County: _____
Latitude: _____ Longitude: _____
Describe well location on property: _____

Well Details

Well Depth: _____ ft Existing Casing Diameter: _____ in
Depth to Water: _____ ft Existing Casing Material: _____
Yr or Decade Constructed: _____ Type of Construction: ☐ drilled ☐ driven ☐ bored
☐ dug ☐ augered
Depth of Casing: _____ ft
New Casing Diameter: _____
New Casing Material: _____

Briefly describe the well reconstruction: _____

Any work that will be claimed under the grant must be approved by the local County Agent before any work is performed on the well.

This well will be submitted for cost share assistance payment under the program.

☐ Yes ☐ No

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 reconstructed this well in a manner defined by Iowa Administrative Code 567.49.10.

Signature of Contractor

Cert. No.

Or Well Owner

Date Renovated

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

☐ Yes ☐ No This well qualifies for a private well grant payment

Amount eligible for private well grant payment: \$ _____