

## IOWA DEPARTMENT OF NATURAL RESOURCES

## Abandoned Water Well Plugging Record

i. Owner.								
Name:					Phone:			
Address:								
City:		State:			Zip:			
If this was a Public Water Su	pply Well	, pleas	e provide:					
PWSID Name:					_ PWSID Nur	mber:		
2. Location of Well (Cistern)	:							
¼ of,	¼ of, _		¼ of, Section		_ ,T	N, R	East West	
County:		Describe well location on property:						
GPS Well Location: Latitude:								
3. Well Description:								
Well depth:		ft						
Depth to water		ft.						
Casing depth:		— ft.	Casing Material:	Ste	el 🗌 Plastic	Concrete	Clay Brick Stone	
Casing diameter:		— in.	J			_	. ,	
Year or decade constructed:		_	Type of Constructi	ion:	☐ Drilled ☐	☐ Driven ☐ Bore	ed 🗌 Augured 🔲 Dug	
Is this a Monitoring Well?	☐ Yes [	_ No	Well ID:	,			<b>20</b>	
	_	_						
Check if Cistern Depth:			ft. Diameter:		ft.			
I certify this well has been plugg additional information the cour		-				ve Code (IAC). I	agree to provide any	
Signature of Owner					Date Plugged:			
If plugged by certified well cont	ractor, co	mplete 1	this box:					
I have plugged this well as requi	ired by rul	e 567-3	9.8 of the Iowa Ad	ministrat	tive Code (IA	C).		
Signature of Contractor:						Cert No		
Signature or contractor.						CELLINO	·	
OR, If plugged by well owner, co The property owner has plugge oversight and assistance of the	d this well	followin		ı rule 567	7-39.8 of the	Iowa Administra	ative Code (IAC) with the	
Signature of County Agent:					Date Approved:			
Eligible for Grants-to-Counties of	ost share:	☐ Yes	s No (Determin	ned by C	ounty Agent	)		
Complete one form for each we	all pluggod	and cul	hmit within 20					
Complete one form for each we days to the local county agent:	II piuggeu	alia sur	JIIII WILIIIII 50	OR c	only if no cou	ntv agent is avai	lahle to:	
days to the local county agent.				OR, only if no county agent is available, to:  Water Supply Section				
					Department o	of Natural Resou	ırces	
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