

Iowa Department of Natural Resources

**Abandoned Water Well  
Plugging Record**

**1. Owner:**

**PWTS Well Number:**

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

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

PWSID Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

**2. Well (Cistern) Location:**

\_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, \_\_\_\_ 1/4 of, Section \_\_\_\_, Twp. \_\_\_\_ N, Range \_\_\_\_ West/East (circle one)

**App - Dav - Luc - Mon** County, Describe well location on property: \_\_\_\_\_

GPS Well Location: **Latitude** \_\_\_\_\_ **Longitude** \_\_\_\_\_

**3. Description:**

Well depth: \_\_\_\_\_ ft. Casing material: steel, plastic, concrete, clay, brick, stone  
Depth to water: \_\_\_\_\_ ft. (circle one)  
Casing diameter: \_\_\_\_\_ in. Type of construction: drilled, driven, bored, dug, augered  
Year or decade constructed: \_\_\_\_\_ (circle one)  
Depth of casing: \_\_\_\_\_ ft. Check  if this is a Monitoring Well 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) if it is a water supply well or monitoring well not regulated by another I agree to provide any additional information the county or department may need concerning this well.

**NOTE:** Monitoring wells located at municipal solid waste landfills shall be sealed in accordance with 113.10(2)"d"

**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 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 (Private Wells Only - Determined by County Agent)

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

**ADLM Environmental Public Health  
12307 Hwy 5, P.O. Box 399  
Moravia, IA 52571 641-724-3511**

Please fill out all highlighted area.  
Then send a cost statement & this completed signed application to our office.  
Payment of up to \$500 per Well and \$300 per Cistern.