

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:

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