

Iowa Department of Natural Resources

**Abandoned Water Well  
Plugging Record**

**1. Owner:**

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

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

\_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 of, \_\_\_\_\_ 1/4 of, Section \_\_\_\_\_, Twp. \_\_\_\_\_ N, Range \_\_\_\_\_ West/East  
\_\_\_\_\_ County, Describe well location on property: \_\_\_\_\_

**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, augured  
Yr. or decade constr.: \_\_\_\_\_ (circle one)  
Depth of casing: \_\_\_\_\_ ft. Check  if this is a Monitoring Well

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 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  
Department of Natural Resources  
900 East Grand Avenue  
Des Moines, IA 50319-0034**