

Private Water Well Rehabilitation Record

1. Owner:

Name: _____	City: _____	State: _____
Address: _____	Zip: _____	Phone: () _____

2. Well Location:

____ 1/4 of, ____ 1/4 of, ____ 1/4 of, Section ____, Twp. ____ N, Range ____ West/East(circle one)
 _____ Floyd 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, augered
Yr. or decade constrd.: _____	(circle one)
Depth of casing: _____ ft.	Briefly describe the work done: _____

I certify this well has been rehabilitated as defined by rule 567- 47.5 “Water Sealing” 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 Rehabilitated:** _____

If rehabilitated by certified well contractor, complete this box:

I have rehabilitated this well as defined by rule 567- 47.5 “Water Sealing” of the Iowa Administrative Code (IAC).

Signature of Contractor: _____ **Cert. No.** _____

OR, If rehabilitated by well owner, complete this box:

The property owner has rehabilitated this well as defined by rule 567- 47.5 “Water Sealing” of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ **Date Approved:** _____

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

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