

# Cerro Gordo County Department of Public Health

## Abandoned Well Plugging Record

Complete the form for each well plugged and send to this office within 30 days

### Location of the well:

Address: \_\_\_\_\_ County: Cerro Gordo

City: \_\_\_\_\_ Iowa Zip: \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 of Section \_\_\_\_\_

Township Name \_\_\_\_\_

Describe location on the property: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

### Owner information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Well Description

Well Depth: \_\_\_\_\_

Casing Material: \_\_\_\_\_

Depth to Water: \_\_\_\_\_

Construction Method: \_\_\_\_\_

Casing Diameter: \_\_\_\_\_

Est. Year of Construction: \_\_\_\_\_

Well Use: \_\_\_\_\_

Well Driller: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

REVERSE SIDE

*If plugged by a certified well driller:*

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code. I agree to provide any additional information to the Cerro Gordo County Dept. of Public Health concerning this well.

Date Well was Plugged: \_\_\_\_\_

Signature of Certified Well Contractor: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Entered into the Iowa DNR PWTS: Yes \_\_\_\_\_ No \_\_\_\_\_

**or**

*If plugged by the owner with oversight and assistance of this department:*

The well has been plugged as required by rule 567.39.8 of the Iowa Administrative Code. I agree to provide any additional information to the Cerro Gordo County Dept. of Public Health concerning this well.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of County Agent \_\_\_\_\_ Date \_\_\_\_\_

### **Grant to Counties Funding**

Owner is interested in receiving funding: Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of the bill attached (must be attached to receive funding): Yes \_\_\_\_\_ No \_\_\_\_\_

Eligible for cost share (determined by county agent): Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of funding to be provided (determined by county agent) \$ \_\_\_\_\_

*There is a limited amount of funding available for well plugging and other Grants-to-Counties programs. This department has the authority over how the funding will be utilized.*

Complete one form for each well plugged and send to this office within 30 days

**Cerro Gordo County Department of Public Health  
22 North Georgia Avenue  
Suite 300  
Mason City, IA 50401**

**Fax (641) 421-9350**

