

## Private Water Well REHABILITATION RECORD

### 1. Owner:

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

### 2. Well Location:

¼ of,	¼ of,	¼ of,	Section	Twp.	N	Range	W
<b>Of Johnson County, Iowa</b>							

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

### 3. Description:

Well Depth: _____	Type of Construction (Circle One): Drilled, driven, bored, dug, augered
Depth to Water: _____	
Diameter of Casing: _____	Casing Material (Circle One): Steel, plastic, concrete, clay, brick, stone
Depth of Casing: _____	
Year or Decade Constructed: _____	
Briefly describe work done: _____	
_____	

I certify this well has been rehabilitated as defined by rule 567-47.5 "Well Sealing" of the Iowa Administrative Code. I agree to provide any additional information the county or department may need concerning this well.	
<b>SIGNATURE OF OWNER</b> _____	<b>DATE REHABILITATED:</b> _____

If rehabilitated by a certified well contractor, complete this box:

I have rehabilitated this well as defined by rule 567-47.5 "Well Sealing" of the Iowa Administrative Code.	
<b>SIGNATURE OF CONTRACTOR:</b> _____	<b>CERT. #:</b> _____

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

The property owner has rehabilitated this well as defined by rule 567-47.5 "Well Sealing" of the Iowa Administrative Code with the oversight and assistance of the designated county agent.	
<b>SIGNATURE OF THE COUNTY AGENT:</b> _____	<b>DATE APPROVED:</b> _____

**COMPLETE ONE FORM FOR EACH WELL AND SUBMIT WITHIN 30 DAYS TO:  
Johnson County Public Health, 855 S Dubuque St, Iowa City, Iowa 52240**