

Thank you for your interest in reconstruction of a well under the Grants to Counties Well Program. This program allows Dallas County to reimburse you with up to \$1000.00 per well reconstruction cost.

There are certain procedures that must be followed to qualify for this grant money:

1. The owner of the well will request information about the well reconstruction to Dallas County Health Department.
2. The owner will hire a certified well driller.
3. The well driller must contact Qualified Environmental Health staff to approve the work plan for reconstructing the well.
4. After receiving approval for the work plan, the certified well driller is allowed to reconstruct the well.
5. The owner is responsible for completing an Iowa DNR Private Water Well Reconstruction Record.
6. Funds are available to reimburse the owner with reconstruction the well through the Grants to Counties program. In order for the funds to be released a copy of the receipt for the work performed must be submitted to the Dallas County Health Department.

After these procedures are completed and all information and forms are submitted to this department, you may expect your reimbursement check within four weeks. Submission of the forms must be done before June. If you are unable to complete the well closure and submit forms before June, then you should wait until after July 1, to close the well.

If you have any further questions concerning the program or procedures, please contact the Department Monday through Friday from 8:00 A.M. to 4:30 P.M



Iowa Department of Natural Resources Private Water Well Reconstruction Record

1. Owner

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

2. Well Location

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, Twp _____ N, Range _____ E W
 (Check One)

County: _____

Latitude: _____ Longitude: _____

Describe well location on property: _____

3. Well Details

Well Depth: _____ ft
 Depth to Water: _____ ft Casing Material: steel plastic concrete
 clay brick stone
 Casing Diameter: _____ in
 Yr or Decade Constructed: _____ Type of Construction: drilled driven bored
 dug augered
 Depth of Casing: _____ ft
 Briefly describe the well reconstruction: _____

Any work that will be claimed under the Iowa Department of Public Health Grants-to-Counties Well Program grant must be approved by the local County Agent before any work is performed on the well.

This well will be submitted for cost share assistance payment under the Grants-to-Counties Well Program.
 Yes No
 If yes, the reconstruction of this well was performed with the oversight and assistance of the designated county agent and conforms to the requirements stated in Iowa Administrative Code 567 Chapter 49.10.

Signature of County Agent _____
Date Approved

I have reconstructed this well in a manner defined by Iowa Administrative Code 567.49.10.

Signature of Contractor _____
Cert. No.

Or Well Owner _____
Date Renovated

Complete one form for each well and submit within 30 days to the local county agent
 Yes No **This well qualifies for Grants-to-Counties grant payment**
Amount eligible for Grants-to-Counties payment: \$ _____