



Well Number: _____

Johnson County Public Health
855 S Dubuque Street, Iowa City, Iowa 52240 319/356-6040 Fax: 319/356-6044

Grants to Counties Well Plugging Grant Application

Property Owner:	Phone Number: ()		
Mailing Address:	City:	State:	Zip:

Note: The well plugging reimbursement will be sent to the person and address listed above.

	1/4,		1/4,		1/4,	Section		Township		N, Range		West
--	------	--	------	--	------	---------	--	----------	--	----------	--	------

Property Site Address: _____

WELL PLUGGING COSTS:

Estimated Cost: \$	Attach bid or explanation of estimate.
Actual Cost: \$	Attach bills or receipts for all costs. You may not claim your own labor costs.

Complete, sign, and return the application to:

**JOHNSON COUNTY PUBLIC HEALTH
855 S DUBUQUE STREET
IOWA CITY, IA 52240**

Signature of Applicant: _____ Date: _____

Signature of Johnson County Public Health Agent: _____ Date: _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH COORDINATOR:

Signature:

Date:

Approved Grant Amount: \$