

Grants to Counties Well Program
 Well Reconstruction reimbursement Worksheet
 Budget period: ___/___/___ through ___/___/___

A	B	C	D
Well #	Reconstruction Cost	If cost is less than \$600, use the formula from this column to determine your total	Reimbursement total per well: (If cost is \$600 or more enter \$800)
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
	\$	Cost \$ _____ x 1.33	
Total reimbursable amount:			

Use column C ONLY if the cost of the well reimbursement is less than \$600. Otherwise, please enter the full \$800 in column D

Please contact Ken Sharp if you have any questions.

515/281-7462 or
 ksharp@idph.state.ia.us