

POTTAWATTAMIE COUNTY, IOWA APPLICATION FOR WELL PERMIT

WHEN PERMITS ARE READY		<input type="checkbox"/> Mail them <input type="checkbox"/> Call me <input type="checkbox"/> Call the well driller <input type="checkbox"/> Email me <input type="checkbox"/> Email the well driller					
PROPERTY OWNER	Name						
	Mailing Address	Street			City, State, Zip		
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>			Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cellular <input type="checkbox"/>		
APPLICANT <small>(if other than property owner)</small>	Name						
	Mailing Address	Street			City, St, Zip		
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>			Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cellular <input type="checkbox"/>		
PROPERTY INFORMATION	Job Site Address	<input type="checkbox"/> Same as above #1 <input type="checkbox"/> To be assigned by Planning Dept.					
	Civil Township						
	Legal Description	<input type="checkbox"/> Per Attachment					
	Parcel Number						
	Floodplain Information	Rate Map # 19155C0-	Flood Zone	<input type="checkbox"/> .2% <input type="checkbox"/> AE*	<input type="checkbox"/> AH* <input type="checkbox"/> X	<input type="checkbox"/> A* <input type="checkbox"/> AO*	Floodplain? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>Well head shall be constructed 1' above the base flood elevation (BFE). Elevation Certificate required.</i>							
WELL DRILLER	Name					State Certification #	
	Mailing Address	Street			City, State, Zip		
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>			Work # <input type="checkbox"/> Cellular <input type="checkbox"/>		
PROPOSED	Well #	Use Code (Table A)	Status Code (Table B)	Estimated Depth			
	#1						
	#2						
	#3						
EXISTING	Well #	Use Code (Table A)	Status Code (Table B)	Depth in Feet	Date Constructed		
	#1						
	#2						

TABLE A - USE CODE

- 1--Public Water Supply
- 2A-Private Water Supply for Existing House
- 2B-Private Water Supply for New House
- 3--Irrigation
- 4--Livestock
- 5--Commercial
- 6--To Be Plugged or Sealed
- 7--Conditioned Air (See Application #5)
- 8--Monitoring Well
- 9--Agricultural Drainage Well
- 10-Dewatering Well (See Application #6)
- 11-Injection Well
- 12-Fire Protection
- 13-Recreational
- 14-No Designated Use

TABLE B - STATUS CODE

P-Proposed

- 1-Existing and In Use
- 2-Reserve Well/Well is in Good Condition
- 3-Well in Poor Condition & Disrepair
- 4-Well to be or is Properly Plugged and Sealed

Wells listed with a Status Code #1 or #2 must conform to well construction standards of Chapter 5.60, Pottawattamie County, Iowa, Code.

Wells listed with a Status Code #4 must have Form #DNR 542-1226 filed with the Iowa Dept of Natural Resources. Ask about cost sharing dollars for plugging.

ATTACHMENTS

ATTACHED TO THIS APPLICATION IS THE FOLLOWING DOCUMENTATION AND/OR ATTACHMENTS:

	Attached	NA
A. Site Plan, Drawn to Scale	<input type="checkbox"/>	<input type="checkbox"/>
B. Site Plan Check List	<input type="checkbox"/>	<input type="checkbox"/>
C. Agreement to Properly Plug an Abandoned Private Water Well	<input type="checkbox"/>	<input type="checkbox"/>
D. Floodplain Elevation Certificate	<input type="checkbox"/>	<input type="checkbox"/>
E. Filing Fee-Check made payable to "Pottawattamie County Treasurer", \$210.00	<input type="checkbox"/>	<input type="checkbox"/>
F. Filing Fee-Check made payable to "Iowa DNR", \$25.00	<input type="checkbox"/>	<input type="checkbox"/>
G. City of Council Bluffs Well approval if located in Council Bluffs	<input type="checkbox"/>	<input type="checkbox"/>

Please make be certain that you want to proceed with this project when you submit your application. The fees that you submit are not refundable once the application is submitted.

SIGNATURES	I certify that I have personally been to this property, reviewed the proposed development and acknowledge that the proposed construction of the PRIVATE WATER WELL will be able to be accomplished in accordance with the Private Water Well Ordinance of Pottawattamie County, Iowa.	
	Certified Well Driller	Signature _____ Date _____
		Type or Print Name _____
	I certify that I own this property and that the information contained in this application is true and correct to the best of my knowledge and that all work will be completed in accordance with the Pottawattamie County, Iowa, Code.	
Property Owner	Signature _____ Date _____	
	Type or Print Name _____	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

DO NOT START CONSTRUCTION UNTIL PERMITS ARE RECEIVED IN THE MAIL AND PLACARDS ARE POSTED. FAILURE TO WAIT FOR PERMITS AND POST PLACARDS WILL CAUSE YOU TO HAVE TO PAY AN INVESTIGATION FEE, WHICH IS DOUBLE THAT OF ANY PERMIT FEES YOU PAY. ADDITIONALLY, FAILURE TO OBTAIN PERMITS PRIOR TO STARTING CONSTRUCTION COULD RESULT IN THE ISSUANCE OF A CITATION OF COUNTY INFRACTION. OUR GOAL IS TO HAVE PERMITS OBTAINED PRIOR TO CONSTRUCTION STARTING. PLEASE HELP US ATTAIN THIS GOAL BY APPLYING FOR AND OBTAINING YOUR PERMITS BEFORE STARTING YOUR CONSTRUCTION.

**RETURN COMPLETED FORM TO:
POTTAWATTAMIE COUNTY
PLANNING AND DEVELOPMENT
223 SOUTH 6TH STREET
COUNCIL BLUFFS, IA 51501-4245**

IF YOU HAVE ANY QUESTIONS ON COMPLETING THIS FORM, PLEASE FEEL FREE TO CALL (712) 328-5792.

Scaled Drawings for Permits shall show the following

Complete this form in addition to application and site plan

Shown on Plan	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Shape and dimensions of the property
		Location and size of
<input type="checkbox"/>	<input type="checkbox"/>	Existing structures
		Location of
<input type="checkbox"/>	<input type="checkbox"/>	Well & septic corridor boundaries (only for those subdivisions where they have been established at the time of final plat)
<input type="checkbox"/>	<input type="checkbox"/>	Private water well(s) on-site and/or within 100' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Public water well(s) on-site and/or within 400' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Ditches, streams, ponds or lakes on-site and/or within 25' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Formed manure storage structures, confinement buildings, feedlot solids settling facility, open feedlots on-site and/or within 200' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Earthen manure storage basins, runoff control basins and anaerobic lagoons, sanitary landfills on-site and/or within 1000' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Domestic wastewater lagoons on-site and/or within 400' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Preparation or storage area for spray materials, commercial fertilizers or chemicals that may result in ground water contamination on-site and/or within 100' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Soil absorption field (laterals) on-site and/or within 100' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Septic tank on-site and/or within 50' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Hydrants on-site and/or within 10' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Liquid hydrocarbon storage tanks (gas and diesel) on-site and/or within 100' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary landfills on-site and/or within 1000' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Drainage wells on-site and/or within 1000' of property boundaries
<input type="checkbox"/>	<input type="checkbox"/>	Sewer of cast iron with leaded or mechanical joints, sewer of plastic pipe with glued or compression joints, independent clear water drains, cisterns, well pits, or pump house floor drains on-site and/or within 10' of property boundaries

ALL PROPOSED IMPROVEMENTS AND ANY SUBSURFACE EXISTING IMPROVEMENTS (FOR EXAMPLE SEPTIC SYSTEM) SHALL BE STAKED, FLAGGED AND IDENTIFIED APPROPRIATELY. (SEPTIC TANK FLAG MARKED "SEPTIC TANK", WELL FLAG MARKED "WELL" AND SO ON.



Pottawattamie County
Office of Planning and Development

RE: WELL CLOSURE COST SHARING PROGRAM

In response to your request to cost sharing the closure of an abandoned well(s) has been received. Under the program, the County will fund the closure cost up to \$500.00 maximum per well, with the remaining cost being paid by you. The County will distribute these funds on a first-come, first-served basis until all funds are expended.

One of the following procedures shall be utilized to qualify for the funds:

CLOSURE BY PROPERTY OWNER

1. Contact the Planning and Development Department. They will help you determine the quantities of materials you will need to plug the well, will oversee the closure when you do it and will confirm the closure by signing off on the "Iowa Department of Natural Resources Abandoned Water Well Plugging Record, DNR Form 542-1226". You, as the property owner, will not be reimbursed for your time expended or use of your own equipment.
2. Submit your bills for the materials (sand, ag. lime, bentonite) and DNR Form 542-1226 to this Office.

CLOSURE BY CERTIFIED WELL DRILLER

1. Contact the Iowa Certified Well Driller and make arrangements for the closure. The well driller will perform the closure and will confirm the closure by signing off on the "Iowa Department of Natural Resources Abandoned Water Well Plugging Record, DNR Form 542-1226".
2. Submit your bill from the Certified well driller for plugging the well and DNR Form 542-1226 to the Planning & Development office.

When the bills and DNR Form are received in our Office, if funds are available, payment to you will be processed; if all funds are expended, you will be notified that we cannot cost share. At the time this letter is being sent to you, funds are available; however, if there is a time delay between now and the time you are ready to have your well(s) closed, you may want to check with us and we will give you an idea of whether or not we will be able to cost share your closure(s).

If you have any questions about this program, please do not hesitate to contact this Office at 328-5792.



223 South 6th Street, Suite 4
Council Bluffs, Iowa 51501-4245
*712-328-5792 * Office*
*712-328-4731 * FAX*



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

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

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, T _____ N, R _____ East West
 County: _____ Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: _____ ft
 Depth to water: _____ ft.
 Casing depth: _____ ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: _____ in.
 Year or decade constructed: _____ Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: _____
 Check if Cistern Depth: _____ ft. Diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner _____ **Date Plugged:** _____

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: _____ **Cert No:** _____

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ **Date Approved:** _____

Eligible for Grants-to-Counties cost share: Yes No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

OR, only if no county agent is available, to:

	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
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