



# Iowa Department of Natural Resources

## Application for Non-Public Water Well Construction Permit

All wells in Iowa must be constructed by an Iowa DNR Certified Well Contractor or the property owner.

A **Private Water Well Construction Permit** **cannot** be issued for a well that will provide water for 15 or more service connections or serve 25 or more people per day, 60 or more days per year regardless if the well will be privately or publicly owner.

Examples of facilities that **CAN NOT** be permitted and constructed by this application are: towns, subdivisions, churches, recreational facilities, business parks, bars, taverns or adult entertainment establishments, food preparation/restaurants, theaters, and day care centers.

Any proposed well owner(s) who seek to have a water supply well constructed for any of the above categories must call the Water Supply Engineering Department of the Iowa Department of Natural Resources for consultation. Please call (515) 725-0282 for more information.

### REQUIRED INFORMATION

Note: Incomplete applications cannot be processed and will be returned.

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Well Contractors Name: \_\_\_\_\_ IDNR Cert No.: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### PWTS Information

Permit # \_\_\_\_\_

Well # \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_

By: \_\_\_\_\_

### Well Construction Information for Proposed Well

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____	COUNTY	DEPTH	PURPOSE (check uses)
____ 1/4, ____ 1/4, ____ 1/4, Sec. _____, T _____ N, R _____ W E			1. household 2. livestock 3. irrigation 4. commercial 5. heat pump 6. monitoring
911 Address of well site: _____ Construction Date: _____			Gallons/ minute: _____

### Well Location Information for Existing Wells

List all existing wells on owner's contiguous property.

COUNTY	DEPTH	PURPOSE (USE # as above)	IN USE Y or N	Date Built
Location by GPS (dd.dddd) Latitude: _____ Longitude: _____				
____ 1/4, ____ 1/4, ____ 1/4, Sec. _____, T _____ N, R _____ W E				
Location by GPS (dd.dddd) Latitude: _____ Longitude: _____				
____ 1/4, ____ 1/4, ____ 1/4, Sec. _____, T _____ N, R _____ W E				

### CERTIFICATION OF APPLICATION

I **Certify** that I am not applying for a permit to construct a Public Water Supply well and that all information listed above is correct to the best of my knowledge. I have listed all existing wells. Any well not in use must be sealed as standby wells or properly plugged within 90 days and DNR for 542-1226 filed with the Department of Natural Resources.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this Application with a **plat map/aerial photo (with location of listed wells clearly marked)** and a non-refundable fee

to: <b>Sandy Bubke, Manager</b> <b>Monona County Environmental Health</b> <b>610 Iowa Avenue</b> <b>Onawa, Iowa 51040</b>	or <b>Department of Natural Resources</b> <b>Water Supply Section</b> <b>PO Box 14573</b> <b>Des Moines IA 50306-3573</b>	<b>FEE:</b> <b>\$150.00</b>
--	--	--------------------------------