

# Application for Non-Public Water Well Construction Permit

as authorized by

## The Iowa Department of Natural Resources

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

A **Private Water Well Construction Permit** can not 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 owned.

**Examples of facilities that CAN NOT be permitted and constructed by this application are: Towns, Sub-divisions, 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 the Natural Resources for consultation. Please call (515) 725-0282 for more information.

**FOR OFFICIAL USE ONLY**

### REQUIRED INFORMATION

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

Applicant's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Well Contractor's Name: \_\_\_\_\_ IDNR Certification Number: \_\_\_\_\_

Property Owner's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	<b>PWTS Information</b> Permit Number: _____ Well Number: _____ Permit Issue Date: _____ Issued By: _____
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### Well Construction Information for *Proposed* Well

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____	COUNTY	DEPTH	PURPOSE		
1/4 1/4 1/4 Sec. _____, T _____ N,R _____ <input type="checkbox"/> W/ <input type="checkbox"/> E <small>Check One</small>			<input type="checkbox"/> Household <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Commercial <input type="checkbox"/> Heat Pump <input type="checkbox"/> Monitoring		
911 Address of well Site: _____	<b>Construction Date:</b> _____				
Well Location Information fro Existing Wells	COUNTY	DEPTH	PURPOSE OF USE	IN USE	DATE BUILT
List all existing well on owner's contiguous property. <b>Location by GPS (dd.dddd) Latitude: _____ Longitude: _____</b> 1/4 1/4 1/4 Sec. _____, T _____ N,R _____ <input type="checkbox"/> W/ <input type="checkbox"/> E <small>(Check One)</small>					
<b>Location by GPS (dd.dddd) Latitude: _____ Longitude: _____</b> 1/4 1/4 1/4 Sec. _____, T _____ N,R _____ <input type="checkbox"/> W/ <input type="checkbox"/> E <small>(Check One)</small>					

### CERTIFICATION OF APPLICATION

**I Certify** that I am not applying for a permit to construct a Public Water Supply well ant that all information listed above is correct to the best of my knowledge. I have listed all exiting wells. Any well not in use must be sealed as standby wells or properly plugged within 90 days and DNR form 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

<b>To: Tama County Environmental Health</b> 129 West High Street Toledo, Iowa 52342	<b>Fee:</b> <span style="font-size: 1.5em; font-weight: bold;">\$75.00</span>
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