



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.

CASHIER'S USE ONLY
0376-542-W300-WC-0597
Applicant's Name
DNR Cert No.

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: _____ DNR Cert No.: _____

Property Owner Name: _____	PWTS Information		
Address: _____	Permit # _____		
City: _____ State: _____	Well # _____		
Zip: _____ Phone: _____	Permit Issue Date: _____		
	By: _____		

Well Construction Information for Proposed Well

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____	COUNTY	DEPTH	PURPOSE (check uses)	
_____ ¼, _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____	<input type="checkbox"/> W	<input type="checkbox"/> E	<input type="checkbox"/> 1. household	<input type="checkbox"/> 2. livestock
			<input type="checkbox"/> 3. irrigation	<input type="checkbox"/> 4. commercial
			<input type="checkbox"/> 5. heat pump	<input type="checkbox"/> 6. monitoring
911 Address of well site: _____ Construction Date: _____	Gallons per minute needed: _____			

Well Location Information for Existing Wells

List all existing wells on owner's contiguous property.

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____	COUNTY	DEPTH	PURPOSE (USE # as above)	IN USE Y or N	Date Built
_____ ¼, _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____	<input type="checkbox"/> W	<input type="checkbox"/> E			
Location by GPS (dd.dddd) Latitude: _____ Longitude: _____	<input type="checkbox"/> W	<input type="checkbox"/> E			
_____ ¼, _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____	<input type="checkbox"/> W	<input type="checkbox"/> 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: (Delegated County)

or

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

FEE:

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