

# Application for Non-PublicWater Well ConstructionPermit

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 a must call the Water Supply Engineering Department of the Iowa Department of Natural Resources for consultation. Please call (515) 725-0282 for more information.

FOR OFFICIAL USE ONLY

0376-542-W300-0597

### REQUIRED INFORMATION

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

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Well Contractor's Name: \_\_\_\_\_ IDNR Cert. No.: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### PWTS Information

Permit Number. \_\_\_\_\_

Well Number. \_\_\_\_\_

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

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

### Well Construction Information for Proposed Well

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

### 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
____ 1/4, ____ 1/4, ____ 1/4, Sec. _____, T _____N, R _____WE						
____ 1/4, ____ 1/4, ____ 1/4, Sec. _____, T _____N, R _____WE						

### 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 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

to: **Fremont County Board of Health**  
**Mike Crecelius, Environmental Specialist**  
**2014 290<sup>th</sup> Avenue**  
**Sidney, Iowa 51652**

or: **Department of Natural Resources**  
**Water Supply Section**  
**P.O. Box 14573**  
**Des Moines, Iowa 50306-3573**

**Fee:**  
**\$150.00**