

UNION COUNTY ENVIRONMENTAL HEALTH

705 East Taylor Street Ste.#2 Creston, IA 50801
Amanda Husband, ENVIRONMENTAL SPECIALIST

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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: _____

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)
____ 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.

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

- WELL CONTRACTOR MUST CONTACT THE OFFICE 24 HOURS PRIOR TO WELL DRILLING TO SCHEDULE WELL INSPECTIONS
- WELL LOGS MUST BE SUBMITTED WITHIN 30 DAYS FOLLOWING CONSTRUCTION OF NEW WELL
- WELL LOGS MUST PROVIDE METHOD AND NUMBER OF BAGS OF BENITITE USE IN THE UPPER 40 FEET OF WELLS.

Fees: Payable To: Union County Environmental Health \$175.00

Check No: _____ Receipt No: _____

Payable To: IOWA DEPARTMENT OF NATURAL RESOURCES \$25.00

Check No: _____ Receipt No: _____

***Non-Refundable or Transferable**