



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: _____ Email: _____

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 _____

_____, _____, _____, Sec. _____ T _____ N, _____ W E
_____, _____, _____, Sec. _____ T _____ R

- PURPOSE (check uses): 1. Commercial 2. Dewatering 3. Household 4. Injection 5. Irrigation 6. Livestock
 7. Geothermal - Closed Loop GHEX System 8. Geothermal - Open Loop (Water Supply) 9. Monitoring 10. Recreational 11. Subdivision 12. Test Wall

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 _____

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____ PURPOSE (USE # as above): _____

_____, _____, _____, Sec. _____ T _____ N, _____ W E IN USE (Y or N): _____
_____, _____, _____, Sec. _____ T _____ R Date Built _____

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:	Union County Environmental Health 705 East Taylor Street Ste.#2 Creston, IA 50801	or	Department of Natural Resources Water Supply Section 6200 Park Ave Ste 200 Des Moines IA 50321	FEE: \$ 250.00
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