

Application for Private Water Well Construction Permit

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

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 owned. 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 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	PWTS Information Permit # _____ Well # _____ Permit Issue Date: _____ By: _____
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Well Construction Information for Proposed Well in Woodbury County

Location by GPS (dd.dddd) Latitude: _____ Longitude: _____ _____ ¼, _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____ <input type="checkbox"/> W <input type="checkbox"/> E	COUNTY	DEPTH	PURPOSE (check uses) <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 that all information listed above is correct to the best of my knowledge. I will provide any additional information upon request. I understand this is not an application to construct a Public Water Supply well. I have listed all existing wells, and 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 DNR. The well contractor's log and results of a water analysis on the well must be submitted to the address below **within 30 days** of well drilling.

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: Siouxland District Health Department 1014 Nebraska Street Sioux City, IA 51105 712-279-6119	FEE: \$175.00
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