



**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 \_\_\_\_\_  
 IDNR 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	<b>PWTS Information</b> Permit # _____ Well # _____ Permit Issue Date: _____ By: _____
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**Well Construction Information for Proposed Well**

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 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: Clarke County Health Department 144 West Jefferson St. Osceola, IA 50213 641-223-8299 Fax: 641-342-2603	or	Department of Natural Resources Water Supply Section PO Box 14573 Des Moines IA 50306-3573	<b>FEE:</b> \$ _____
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