

Webster City, IA 50595

Iowa Department of Natural Resources Application for Non-Public Water Well Construction Permit

0376-542-W300-WC-0597 Applicant's Name IDNR Cert No.

CASHIER'S USE ONLY

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

A <u>Private</u> Water Well Construction Permit <u>cannot</u> 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 <u>CAN NOT</u> 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

information. REQUIRED INFORMATION Note: Incomplete applicat	ions cannot be processed and	d will be returned.	
pplicant's Name: Phone Number:			
Mailing Address:			
City:	State:		Zip:
Well Contractors Name: DNR Cert No.:			
Property Owner Name:		PWTS I	nformation
Address:		Permit #	
City: State:		Well #	
Zip: Phone:			
		Ву: _	
Well Construction Information for <u>Proposed</u> Well			
Location by GPS (dd.dddd) Latitude:	Longitude:	COUNTY DEPTH	PURPOSE (check uses)
		\square_{W}	1. household 2. livestock 3. irrigation 4. commercial
¼ , ¼ , ¼ , Sec ,T	N, R		5. heat pump 6. monitoring
911 Address of well site:	Construction Date:	Gallons	per minute needed:
Well Location Information for <u>Exi</u> List all existing wells on owner's contig		COUNTY DEPTH	PURPOSE IN USE Date (USE # Y or N Built
Location by GPS (dd.dddd) Latitude:	Longitude:		
¼ , ¼ , ¼ , Sec , 1	Γ N R	□w □F	
Location by GPS (dd.dddd) Latitude:			
¼ , ¼ , ¼ , Sec , 1		□ W □ 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 <i>plat map/aerial photo (with location of listed wells clearly marked)</i> and a non-refundable fee			
to: Hamilton County Public Health	or Department of N	Natural Resources	FEE:

06/2014 cmz DNR Form 542-0988

PO Box 14573

Des Moines IA 50306-3573