

Application for Private Water Well Construction Permit

As authorized by

The Iowa Department of Natural Resources

Note: Incomplete applications cannot be processed and will be returned!

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

<u>APPLICANT INFORMATION</u>	<u>FOR OFFICIAL USE ONLY</u> 44-1408-25								
Applicant: _____ Mailing Address: _____ City _____ State: _____ Zip: _____ Phone Number: (____) _____ Name of Property Owner: _____ Well Contractor's Name: _____ Certification No: 4 0 __ __ __ Address: _____ City: _____ State: _____ Zip: _____	State Permit # _____ Well ID # _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>EMERGENCY PERMIT CERTIFICATION</u></th> <th style="width: 50%; text-align: center;"><u>PERMIT NUMBER</u></th> </tr> </thead> <tbody> <tr> <td>Name of County: _____</td> <td>County # (67)+ _____</td> </tr> <tr> <td>Signature of County Supervisor: _____</td> <td>Date Permit Issued: _____</td> </tr> <tr> <td>_____</td> <td>By: _____</td> </tr> </tbody> </table>	<u>EMERGENCY PERMIT CERTIFICATION</u>	<u>PERMIT NUMBER</u>	Name of County: _____	County # (67)+ _____	Signature of County Supervisor: _____	Date Permit Issued: _____	_____	By: _____	
<u>EMERGENCY PERMIT CERTIFICATION</u>	<u>PERMIT NUMBER</u>								
Name of County: _____	County # (67)+ _____								
Signature of County Supervisor: _____	Date Permit Issued: _____								
_____	By: _____								

Well Construction Information Proposed Well

LOCATION	COUNTY	DEPTH	PURPOSE (Circle uses)
_____ 1/4 _____ 1/4 _____ 1/4, Sec. _____ T _____ N. _____ R _____ W/E Address of property proposed well: _____ Anticipated Construction Date: _____			1. Household 2. Livestock 3. Irrigation 4. Commercial 5. Heat pump 6. Monitoring

Well Construction Information Existing Wells

List all existing wells on owner's contiguous property.

LOCATION	COUNTY	DEPTH	PURPOSE USE #'S ABOVE	IN USE Y / N	DATE BUILT
_____ 1/4, _____ 1/4, _____ 1/4, Sec. _____ T _____ N. _____ R _____ W/E					
_____ 1/4, _____ 1/4, _____ 1/4, Sec. _____ T _____ N. _____ R _____ W/E					
_____ 1/4, _____ 1/4, _____ 1/4, Sec. _____ T _____ N. _____ R _____ W/E					

CERTIFICATION OF APPLICATION

I certify that the above is correct to the best of my knowledge. I will provide any additional information requested. I have listed all existing wells. Any wells not in use must be sealed as standby wells or properly plugged within 90 days and DNR form 542-1226 filed with the Department of Natural Resources.

Applicant Signature: _____ Date: _____

Purposed Wells intended to serve 15 or more service connections or serve 25 or more people per day at least 60 days per year whether publicly or privately owned cannot be issued a *Private Water Well Construction Permit*. The owner(s) must apply for a public water well construction permit from the Department of Natural Resources.

Submit this Application with a plat map/aerial photo (with location of listed wells clearly marked) and a non-refundable fee.



Sandy Bubke, Administrator
 MONONA COUNTY ENVIR/ZONING
 610 – Iowa Avenue
 Onawa, IA 51040

COUNTY FEE:
\$150.00

PRIVATE WATER WELL PERMIT INSTRUCTIONS

Permit Required by IA CODE 567-CHAPTER 49

1. APPLICATION INFORMATION

- a. Application Name, Address, Phone Number: Name, mailing address of applicant, current telephone number where applicant can be reached during normal business hours, 8 a.m.-4:30 p.m.
- b. Name of Property Owner: If the same as applicant write "same as above".
- c. Well Contractor's Name, Address, and Certification Number: Permit will not be processed without this information; a list of certified well contractor's is available from Monona County Environmental Health office.

2. EMERGENCY PERMIT CERTIFICATION & PERMIT NUMBER: *To be completed by Monona County Environmental Health Administrator.*

3. WELL CONSTRUCTION INFORMATION – PROPOSED WELL

- a. Location: Legal description of the proposed well property.
- b. Address: Address of where well is going to go. **If new construction, 911 addresses needs to be obtained from Zoning/Environmental Administrator before permit is processed.
- c. Anticipated date: Proposed starting date of proposed well. ** Please call Environmental Health Administrator when actual work is started.
- d. County: Monona.
- e. Depth: Proposed depth.
- f. Purpose: Circle all uses for well.

4. WELL CONSTRUCTION INFORMATION – EXISTING WELLS (*List all wells on owner's contiguous property*)

- a. Location: Legal description of all existing wells.
- b. County: Monona.
- c. Depth: Existing well depth – if known.
- d. Purpose: Choose from the numbers above (proposed well purpose).
- e. In Use: Is the existing well in use by property owner.
- f. Date built: Complete to best of ability.

5. CERTIFICATION OF APPLICATION – Must be signed and dated – permit will not be processed without.

Permit application must include a plat map/aerial photo with wells (proposed & existing) clearly marked and a **non-refundable fee of \$150.00**. If this permit is for a household well, a drawing must be included with buildings, septic system, and existing wells/cisterns clearly marked.

IA CODE 567-49.27(1) requires a water test at least 10 days and not more than 30 days after a well is put into service. Please call the Monona County Environmental Health Administrator to schedule an appointment. Water tests are done Monday-Wednesday, 8 a.m.-10 a.m., at no charge to the homeowner.