

Polk County Public Works

5885 NE 14th Street Des Moines, IA 50313 Phone: 515-286-3705 FAX: 515-286-3437

Email: publicworks@polkcountyiowa.gov

Well Permit Application

OWNER:		PHONE:				
ADDRESS:	CITY: STATE: ZIP:					
EMAIL:		CELL:				
(Permits and Certificates of Compliance will be	oe emailed when	provided)				
JOB SITE ADDRESS:	TOWNSHIP:					
If no site address, please provide GEO Parcel #						
WELL DRILLER:		PHONE:				
COMPANY:		CELL:				
ADDRESS:		CITY:		STATE:	ZIP:	
EMAIL:						
Structure(s) Served:	Mud-Air Rotary and Point Well 2" c	or Less Jet Unknown (than 20 ft.	. a Well Permit i		
Additional Information for Drinking Water, Irrigation, L Construction Material:	Type of Pump			GPM/Hour:		
Depth Estimate:	Diameter:	Diameter:				
Additional Information for Heat Pump/Geothermal	l					
Number of Holes:	Bore Hole De	Bore Hole Depth:				
Number of Loops:	Loop Length:	Loop Length:		Loop Diameter:		
Loop Pipe Manufacturer (Check the appropriate box): Centennial-DR11 Centennial-DR9 Performance Pipe-DR11 Performance Pipe-DR9		Crestline Pipe-DR11 Other	Crestline Pipe-DR9			

Contractor/Owner/Applicant Statement:

No permit shall be issued until such time the proposed well site has been properly flagged and approved by Polk County Environmental Health. It is a violation of the 567. I.A.C. 49 and Chapter II of the Polk County Health Regulations to commence drilling without a valid permit.

Water analysis will not be taken and occupancy of the premises will not be approved without prior submittal of a well driller's log. A Water analysis and driller's log must be submitted prior to final inspection. All parts of the system must be accessible for the final inspection.

I have reviewed and understand the aforementioned requirements. All information supplied by me is true and correct to the best of my knowledge and belief.

Print Name Signature Date