

POLK COUNTY PUBLIC WORKS  
5885 NE 14<sup>TH</sup> STREET, DES MOINES, IA 50313  
**2015 Application for Well Permit**

PERMIT # \_\_\_\_\_ - \_\_\_\_\_

**PLEASE PRINT**

**JOB SITE ADDRESS:** \_\_\_\_\_ **TOWNSHIP:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CELL:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
(permits and certificate of compliance will be emailed when an email is provided)

**If no site address** please provide Geo Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WELL DRILLER:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **CELL:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Information Required for all well permits	
The proposed well will be: (check appropriate box)	
<input type="checkbox"/>	1. New potable water well (serves a private residence)
<input type="checkbox"/>	2. Replacement well (replaces an existing well located on the property)
<input type="checkbox"/>	3. Irrigation/livestock/monitoring well (not connected to house or public water systems)
<input type="checkbox"/>	4. Geothermal well – vertical installation * If horizontal installation for geothermal system a well permit is not needed

<b>Well Type:</b> (check appropriate box)		<input type="checkbox"/> <b>Driven</b>	<input type="checkbox"/> <b>Drilled</b>	<input type="checkbox"/> <b>Bored</b>
<b>Structure(s) Served:</b>				
Additional Information for drinking water, irrigation, livestock, monitoring wells, etc.				
<b>Construction Material:</b>		<b>Type of Pump:</b>		
<b>Depth Est.</b>		<b>Diameter</b>		
Additional Information for Heat Pump / Geothermal				
<b># Holes:</b>		<b>Bore Hole Depth:</b>		
<b># Loops:</b>		<b>Loop Length:</b>		<b>Loop Diameter:</b>
<b>Loop Pipe Manufacturer</b>		:		

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 IAC DIVISION 567, CHAPTER 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.**

\_\_\_\_\_  
**Printed Name of Applicant or Owner**

\_\_\_\_\_  
**Signature of Applicant or Owner**

**Date** \_\_\_\_\_

**PERMIT FEE: \$190.00 CHECK #:** \_\_\_\_\_ **CASH:** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_  
MAKE CHECKS PAYABLE TO POLK COUNTY.