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

PERMIT FEE: $190.00
(Checks Payable to: Polk County Public Works)

DATE APPLICATION: _____

OWNER:_____PHONE: _____

ADDRESS:_____CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

JOB SITE ADDRESS:_____TOWNSHIP: _____

If no site address please provide Geo Parcel # _____

WELL DRILLER:_____PHONE: _____

COMPANY:_____CELL: _____

ADDRESS: _____

CITY: _____STATE:_____ZIP CODE: _____

INFORMATION REQUIRED FOR ALL PERMITS:

The proposed well will be: (check appropriate box)

- ☐ 1. New potable water well (serves a private residence)
- ☐ 2. Replacement well (replaces an existing well located on the property)
- ☐ 3. Irrigation/livestock/monitoring well (not connected to house or public water systems)
- ☐ 4. Geothermal well – vertical installation
  * If horizontal installation for geothermal system a well permit is not needed

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

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.

_____ _____
Printed Name of Applicant or Owner **Signature of Applicant or Owner**

OFFICE USE ONLY PERMIT # _____