



**Polk County Public Works**

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

Email: [publicworks@polkcountyiowa.gov](mailto:publicworks@polkcountyiowa.gov)

Permit # \_\_\_\_\_

**Permit Fee: None**

**Abandoned Well Plugging Permit Application**

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

If no site address, please provide GEO Parcel # \_\_\_\_\_

PROPERTY OWNER INFORMATION

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Type of Well to be plugged:  Bored  Drilled  Driven  Hand Dug  Sandpoint  Cistern

Diameter in inches: \_\_\_\_\_ Depth in feet: \_\_\_\_\_ Casing Material: \_\_\_\_\_

- Certified Well Drillers and Pump Installers can perform plugging to any well or cistern.
- Certified Well Pluggers are limited to plugging Class 1 bored, hand dug wells larger than 18" or larger in diameter and 100' or less in depth, sandpoint wells 50' or less in depth, small diameter driven wells, and cisterns.

CERTIFIED CONTRACTOR INFORMATION

CERTIFIED INDIVIDUAL WELL DRILLER NAME: \_\_\_\_\_ STATE CERT. NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Permits and Certificates of Compliance will be emailed)

CERTIFIED PUMP INSTALLER INFORMATION

CERTIFIED INDIVIDUAL PUMP IINSTALLER NAME: \_\_\_\_\_ STATE CERT. NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Permits and Certificates of Compliance will be emailed)

CERTIFIED WELL PLUGGER INFORMATION

CERTIFIED INDIVIDUAL PLUGGER NAME: \_\_\_\_\_ STATE CERT. NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Permits and Certificates of Compliance will be emailed)

**Existing Abandoned Well locations to be plugged** (to be shown on site plan and with a marked flag and/or spray paint on the parcel)

Well #1 - GPS(dd.dddd) if known: Latitude: _____	Longitude: _____
Well #2 - GPS(dd.dddd) if known: Latitude: _____	Longitude: _____

**Well Plugging Statement:**

No permit shall be issued until such time the permit application has been properly reviewed and approved by Polk County. It is a violation of Chapter IV, Polk County Well Regulation to commence plugging a well without a valid permit.

I understand that any well(s) plugged must be completed in accordance with IAC, Division 567, Chapter 39 and Chapter IV, Polk County Well Regulation.

IDNR form [542-1226](#) is to be submitted to the Health Officer within 90 days of permit issuance for compliance and a satisfactory inspection of the site for a certificate of compliance to be issued by the department.

By signing below, I certify that I am applying for a permit to plug an abandoned Well and that all information listed above is correct and to the best of my knowledge. I have listed all existing wells above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date