



Polk County Public Works
 5885 NE 14th Street
 Des Moines, IA 50313
 Phone: 515-286-3705 FAX: 515-286-3437
 Email: publicworks@polkcountyiowa.gov

Permit # _____

WELL PERMIT APPLICATION

PERMIT FEE: \$214.00
 (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 and horizontal installation
 * If installation is less than 20' a well permit is not required.

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:	GPM/Hour:
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