

**POTTAWATTAMIE COUNTY, IOWA
APPLICATION FOR DEWATERING WELL PERMIT**

WHEN PERMITS ARE READY		<input type="checkbox"/> Mail them <input type="checkbox"/> Call me <input type="checkbox"/> Call the well driller <input type="checkbox"/> Email me <input type="checkbox"/> Email the well driller			
PROJECT OWNER	Name				
	Mailing Address	Street		City, State, Zip	
	Contact Information <i>Best Way to Contact</i>	Email <input type="checkbox"/>		Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cellular <input type="checkbox"/>	
PROPERTY INFORMATION	Job Site Address	<input type="checkbox"/> Same as above #1 <input type="checkbox"/> To be assigned by Planning Dept.			
	Civil Township				
	Legal Description	<input type="checkbox"/> Per Attachment			
	Parcel Number				
WELL DRILLER	Name		State Certification #		
	Mailing Address	Street		City, State, Zip	
	Contact Information <i>Best Way to Contact</i>	Email <input type="checkbox"/>		Work # <input type="checkbox"/> Cellular <input type="checkbox"/>	
PROJECT INFORMATION	Job Site Address	<input type="checkbox"/> Same as above #1 <input type="checkbox"/> NA			
	Civil Township				
	Legal Description or Project Description	<input type="checkbox"/> Per Attachment			
	Parcel Number (only if located on a specific parcel)				
PROPOSED WELLS	Number of Dewatering Wells Proposed	Use	Status	Estimated Depth	
		Dewatering	Proposed Dewatering Wells and Well to be Properly Plugged and Sealed		
PROJECT	Completion Date:				
	Dewatering Wells must have an Agreement to Properly Plug an Abandoned Private Water Well submitted with the Application. After being plugged Form #DNR 542-1226 must be filed with the Planning Department.				

ATTACHMENTS

ATTACHED TO THIS APPLICATION IS THE FOLLOWING DOCUMENTATION AND/OR ATTACHMENTS:

- | | | |
|--|--------------------------|--------------------------|
| | Attached | NA |
| A. Site Plan, Drawn to Scale | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Agreement to Properly Plug an Abandoned Private Water Well | <input type="checkbox"/> | <input type="checkbox"/> |
| C. City of Council Bluffs Well approval if located in Council Bluffs | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Filing Fee-Checks are to be made payable to "Pottawattamie County Treasurer" and "IDNR" | <input type="checkbox"/> | <input type="checkbox"/> |

Please make be certain that you want to proceed with this project when you submit your application. The fees that you submit are not refundable once the application is submitted.

SIGNATURES	I certify that I have personally been to this property, reviewed the proposed development and acknowledge that the proposed construction of the PRIVATE WATER WELL will be able to be accomplished in accordance with the Private Water Well Ordinance of Pottawattamie County, Iowa.		
	Certified Well Driller	Signature	Date
		Type or Print Name	
	I certify that I own this property and that the information contained in this application is true and correct to the best of my knowledge and that all work will be completed in accordance with the Pottawattamie County, Iowa, Code.		
	Property Owner	Signature	Date
		Type or Print Name	

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

DO NOT START CONSTRUCTION UNTIL PERMITS ARE RECEIVED IN THE MAIL AND PLACARDS ARE POSTED.
FAILURE TO WAIT FOR PERMITS AND POST PLACARDS WILL CAUSE YOU TO HAVE TO PAY AN INVESTIGATION FEE, WHICH IS DOUBLE THAT OF ANY PERMIT FEES YOU PAY. ADDITIONALLY, FAILURE TO OBTAIN PERMITS PRIOR TO STARTING CONSTRUCTION COULD RESULT IN THE ISSUANCE OF A CITATION OF COUNTY INFRACTION. OUR GOAL IS TO HAVE PERMITS OBTAINED PRIOR TO CONSTRUCTION STARTING. PLEASE HELP US ATTAIN THIS GOAL BY APPLYING FOR AND OBTAINING YOUR PERMITS BEFORE STARTING YOUR CONSTRUCTION.

RETURN COMPLETED FORM TO:
 POTTAWATTAMIE COUNTY
 PLANNING AND DEVELOPMENT
 223 SOUTH 6TH STREET
 COUNCIL BLUFFS, IA 51501-4245

IF YOU HAVE ANY QUESTIONS ON COMPLETING THIS FORM, PLEASE FEEL FREE TO CALL (712) 328-5792.



IOWA DEPARTMENT OF NATURAL RESOURCES
**Abandoned Water Well
 Plugging Record**

1. Owner:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

If this was a Public Water Supply Well, please provide:

PWSID Name: _____ PWSID Number: _____

2. Location of Well (Cistern):

_____ ¼ of, _____ ¼ of, _____ ¼ of, Section _____, T _____ N, R _____ East West
 County: _____ Describe well location on property: _____
 GPS Well Location: Latitude: _____ Longitude: _____

3. Well Description:

Well depth: _____ ft
 Depth to water: _____ ft
 Casing depth: _____ ft. Casing Material: Steel Plastic Concrete Clay Brick Stone
 Casing diameter: _____ in.
 Year or decade constructed: _____ Type of Construction: Drilled Driven Bored Augured Dug
 Is this a Monitoring Well? Yes No Well ID: _____

Check if Cistern Depth: _____ ft. Diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner _____ **Date Plugged:** _____

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).
Signature of Contractor: _____ **Cert No:** _____

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code (IAC) with the oversight and assistance of the designated county agent.
Signature of County Agent: _____ **Date Approved:** _____

Eligible for Grants-to-Counties cost share: Yes No (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

OR, only if no county agent is available, to:

	Water Supply Section Iowa Department of Natural Resources 502 E 9th St Des Moines IA 50319-0034
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