

APPLICATION FOR PRIVATE WATER WELL CONSTRUCTION PERMIT

Authorized by Linn County Public Health

NOTE: Incomplete applications cannot be processed and will be returned.
All wells must be constructed by a **Certified Well Contractor** or the property owner



PERMIT FEE \$250 includes \$25 DNR fee

Current Property Owner		Office Use Only
Site Address		Contractor
Property Owner Mailing Address		Mail
City/State/Zip	Owner Phone #	Grouting Date
Township	Addition Name	Lot #
Well Contractor Name		Certification #
Contractor Phone #		Sample Date
Application #	PERMIT #	
Comments	County # (57)+	State Well #
	Date Permitted	By
	Latitude	Longitude

WELL CONSTRUCTION INFORMATION for **PROPOSED** WELL

Well Location	COUNTY LINN 57			Purpose circle uses
___ 1/4 ___ 1/4 ___ 1/4 ___ Section ___ Twnshp ___ N ___ Rg ___ W Anticipated Construction Date _____	Linn	Depth	Water Volume	1. Household 2. Livestock 3. Irrigation 4. Heat Pump 5. Monitoring 6. Dewatering 7. Commercial

WELL CONSTRUCTION INFORMATION for **EXISTING** WELL – List all existing wells on owner’s contiguous property.

Well Locations	County	Depth	Purpose see above	In Use Yes or No	Date Built
___ 1/4 ___ 1/4 ___ 1/4 ___ Section ___ Twnshp ___ N ___ Rg ___ W	Linn				
___ 1/4 ___ 1/4 ___ 1/4 ___ Section ___ Twnshp ___ N ___ Rg ___ W	Linn				

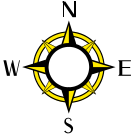
CERTIFICATION OF APPLICATION

I certify that the above is correct to the best of my knowledge. I will provide any additional information requested. I have listed all existing wells. Any well not in use must be sealed as standby wells or properly plugged within 90 days and an abandoned well record filed with this department. **APPLICANT SIGNATURE** _____ **Date** _____

Proposed wells intended to serve 15 or more service connections or serve 25 or more people per day at least 60 days per year whether publicly or privately owned cannot be issued a **Private Water Well Construction Permit**. The owner(s) must apply for a public water well construction permit from the Department of Natural Resources.

Draw a site plan diagram on the reverse side of this form. Include: septic location, existing wells, property boundaries and building structures. Identify the well site with easily visible markers prior to site evaluation.

Linn County Public Health	Date Received _____	Record # _____	Check # _____
501 13th Street NW		Mail Date _____	Amount _____
Cedar Rapids IA 52405 – 3700	Phone: 319.892.6000	Fax 319.892.6099	



Draw the following and show distances from each:

- 1) Lot dimensions, 2) Location of road(s), 3) Location of existing or proposed structures,
 - 4) Proposed and existing well locations, 5) Existing and proposed septic tank system locations.
- Please place an identifying marker on your property at the site of the proposed well.

Minimum separation distances are 50 feet between well and septic tank and 100 feet between a well and absorption field.