

**Jasper County Board of Health
Environmental Health Division
116 W 4th St South
Newton, Iowa 50208
Ph: 641-792-7603 Fax: 641-275-3708**

APPLICATION FOR PRIVATE WATER WELL CONSTRUCTION PERMIT

FEE - \$125.00 DUE WITH COMPLETED APPLICATION

APPLICANT INFORMATION

Applicant _____

Mailing address _____

_____ City _____ State _____ Zip _____

Phone numbers (____) _____ Home
(____) _____ Work
(____) _____ Cell

The best time to reach me is _____

Location of proposed well ___ 1/4 ___ 1/4 ___ 1/4 Sec ___ T ___ R ___

GPS Coordinates _____ (If available)

911 address (if applicable) _____

Description of proposed location or an identifying factor. (Example: red wooden stake to east of the barn.)

Anticipated construction date _____ Well Depth _____

Well Contractor's name _____ Certification No. _____

Purpose of the well:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Household | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Heat pump, if so is it <input type="checkbox"/> horizontal or <input type="checkbox"/> vertical
_____ how many _____ how deep |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Monitoring |

Are there other existing wells on the property? No Yes, if yes provide any information you have on the existing wells:

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 a standby well or properly plugged within 90 days.

Signature

Date

