



Application For a Non-public Water Well

Permit fee: \$325 for new well
\$150 for reconstruction
Permit No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ Site Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (Home) (\_\_\_\_\_) \_\_\_\_\_
(Work) (\_\_\_\_\_) \_\_\_\_\_
(Cell) (\_\_\_\_\_) \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_

Permit for:
\_\_\_\_\_ New Well \_\_\_\_\_ Well Reconstruction

Use of the Water Well:
\_\_\_\_\_ Commercial \_\_\_\_\_ Irrigation
\_\_\_\_\_ Household \_\_\_\_\_ Injection
\_\_\_\_\_ Recreation \_\_\_\_\_ Monitoring Well
\_\_\_\_\_ Agricultural \_\_\_\_\_ Other
\_\_\_\_\_ Heat pump/Geothermal

Well Contractor (if known) \_\_\_\_\_
(Must be a certified well contractor)

Estimated date well construction work to begin \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Please return completed form and fee to:
CG Public Health
Environmental Health Section
2570 4th St SW, Suite 1
Mason City, IA 50401
Phone (641) 421-9336 / Fax (641) 421-9351