

**CEDAR COUNTY BOARD OF HEALTH
CEDAR COUNTY COURTHOUSE
400 CEDAR STREET, TIPTON, IOWA 52772
Telephone: (563) 886-2248**

\$200.00 fee due upon return of application.

APPLICATION FOR NEW WELL CONSTRUCTION PERMIT # _____

STATE OF IOWA PERMIT # _____

Name of Applicant _____ Date _____

Mailing Address _____ Phone Number _____

911 Address of Site _____ Zip Code _____

Location: _____ 1/4, : _____ 1/4, : _____ 1/4, SEC. _____, T- _____, R- _____ W, Township _____

Subdivision _____ Lot Number(s) _____

Latitude _____ Longitude _____

Any Existing Well(s) at this Address? YES NO

WELL DRILLER _____ PLUMBER _____

ADDRESS _____ ADDRESS _____

*Make drawing showing proposed well location
(including location of septic system)
Please indicate north the drawing.*

New well distance from the following:

Septic Tank _____ Drain Field _____ Feed Lots _____

Old Wells _____ Other Sources of Pollution _____

Old Well(s) to be Abandoned? YES NO

If NO, explain use of old well. If YES, please specify well contractor, abandonment procedure and date when abandonment is to occur:

I certify that, to the best of my knowledge, the above information is true and correct, that all proposed work as indicated will be complete in accordance with the Cedar County Regulations before the facilities are placed in operation, and that I will furnish additional information.

DATE _____ SIGNED _____

(Signature of Applicant)

DATE APPLICATION APPROVED _____ BY _____

(Representing the Cedar Co. Board of Health)

DATE OF WELL SITE SURVEY _____ BY _____

A permit cannot be issued prior to a well site survey.

This permit does not insure any form of guaranty regarding water quality or well production. It only states that he well complies with the Cedar County Rules and Regulations pertaining to Nonpublic Water Wells.