



Water Use Permit Application

www.iowadnr.gov/wateruse
<https://programs.iowadnr.gov/wacop/>

CASHIER'S USE ONLY
0975-542-WATR-PA-0570
NAME

This water use permit application form and associated attachment(s) are required to be filled and submitted to the Department to apply for a **new** water use permit, or **modify** an existing water use permit.

A water use permit is required for any entity that withdraws over 25,000 gallons in a 24-hour period during a calendar year. A \$350 non-refundable fee is required for all new applications. A \$350 fee also applies to existing permits wishing to modify their permit by adding a new source/well/intake, or increasing the limits placed on their withdrawal rates. For temporary, non-recurring uses of a one year period or less, apply for a water use registration in lieu of a permit.

Select one option below to indicate the type of water use application. Please contact the program with questions.

- \$350.00 I wish to apply for a **new** water use permit. Fee is non-refundable.
OR
- \$350.00 I wish to **modify** an existing water use permit by increasing current permitted area, annual allocation, withdrawal points, water sources, or rates.
My permit number is _____
 - to add a new water source to your permit, go to Sections 3-5.
 - to add a new withdrawal intake or well, go to Sections 3-5.
 - to increase the total annual amount/rate of water withdrawn, go to Sections 3-5.
 - to expand your water use and/or withdrawal area(s), go to Section 5.
 OR
- No fee I wish to **modify** an existing water use permit by reducing the permitted area, annual allocation, withdrawal points, water sources, or rates.
My permit number is _____
 - to remove sources, wells, and intakes from the permit go to Section 3
 - to decrease your annual amount or rate of water withdrawn, go to Section 3 and 4.
 - to decrease your water use and/or withdrawal area(s), go to Section 4

APPLY & PAY ONLINE	PAY BY CHECK or MONEY ORDER	PAY BY CREDIT CARD Over the phone
DNR accepts: <ul style="list-style-type: none"> • Visa, MasterCard, Discover, AmEx • ACH (Electronic Check) https://programs.iowadnr.gov/wacop/ Apply for a new or modified permit online and pay the fee at the end of the application process.	<ul style="list-style-type: none"> • Make check payable to Iowa Department of Natural Resources • Attach this application to your payment and • Mail application and fee to: IOWA DNR WATER SUPPLY ENGINEERING 502 E 9TH ST DES MOINES IA 50319-0034 • Check #: _____ 	Email: a copy of the application to Webmaster@dnr.iowa.gov with the subject line: Credit Card Payment for (Company Name) OR Fax: to 515-725-8201 Wait 20 minutes after sending then call 515-725-8200 to make the payment. Email completed application to wateruse@dnr.iowa.gov

DO NOT complete the entire form.

Complete only those sections needed for your use category and withdrawal source(s). After you have completed the appropriate sections, and attachments, sign the Certification at the end of the application.

1. Contact Information

This section includes contact information regarding the property owner and permit holder for this facility. The listed **permit holder** will receive all communications from the program, including annual fees, unless otherwise noted. Specifying which contact(s) receive the annual fee invoice and complete the annual water use report is required.

1a. Permit Holder

Receives annual fee invoice? Yes No Completes annual water use report? Yes No

Business Name _____
First Name _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
E-mail _____ Primary Phone _____
Secondary Phone _____ Fax _____

1b. Property Owner (complete *only if* different than 1a. Permit Holder)

Receives annual fee invoice? Yes No Completes annual water use report? Yes No

Business Name _____
First Name _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
E-mail _____ Primary Phone _____
Secondary Phone _____ Fax _____

1c. Authorized Representative (complete *only if* this entity is under contractual obligation to report/pay fee)

Receives annual fee invoice? Yes No Completes annual water use report? Yes No

Business Name _____
First Name _____ Last Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
E-mail _____ Primary Phone _____
Secondary Phone _____ Fax _____

2. Water Use Category

This section includes information on how this facility will use the water after being withdrawn. Select at least one of the options below that best indicates the major water use category requested for this facility. Fill in all relevant additional details regarding this specific type of facility. Where appropriate, include the identification number from other state and federal programs that apply to this facility.

Animal Feeding or Dairy Operation AFO ID# _____ PWS ID# _____

Water used primarily for animal/livestock drinking water, facility and animal washing, or other use related to animals.

Type of facility: Poultry Swine Dairy Beef Other _____

Ethanol Production PWS ID# _____

Water used primarily for the processing and production of ethanol fuel.

Type of facility: Dry mill Wet mill Other _____

Heating/Cooling

Water used primarily for the heating and cooling of building(s), also called geothermal energy.

Type of facility: Pump and Reinjection Pump and Surface Discharge Other _____

Industrial/Commercial

PWS ID# _____

Water used primarily in the production of industrial and commercial goods, including agriculture and manufacturing materials.

Type of facility: Agricultural Industrial Manufacturing Other _____

Crop Irrigation

PWS ID# _____

Water used primarily for the irrigation of crops. Irrigation is allowed from April 1st through September 30th for corn and soybeans, and from April 1st through October 31st for all other specialty crops.

Irrigation on slopes over six percent requires a soil conservation plan attached with this application.

Type of crops: Corn and/or Soybeans Specialty Crops (type) _____

Total irrigated acres (mark area on attached map): _____

Golf Course/Country Club

PWS ID# _____

Water used primarily for the irrigation of turfgrass, water supply, and/or filling of pools, ponds, and reservoirs for a golf course or county club.

Irrigation of turfgrass = _____ % of total annual water use.

Are wells used for both public water and water use? Yes No

If yes, well name(s): _____

Power Generation

PWS ID# _____

Water used primarily in the generation of electricity.

Type of facility: Hydroelectric Dam Water to Steam Other _____

Public Water Supply

PWS ID# _____

Water used for a municipal water supply, a subdivision water supply, or any other system classified as a public water supply and used primarily for drinking water.

Type of facility: Municipal Rural Water System Subdivision Non-Community

Quarry Operation

PWS ID# _____

Water used primarily for water level management, washing, and other operation of a quarry or sand and gravel pit.

Type of facility: Limestone/Dolomite Sand and Gravel Sandstone Other _____

Water is used for: Water Level Management Washing Materials Other _____

Permit lifespan acres of quarry (mark area on attached map) _____ Dewatering to Elevation (ft) _____

Lowest geologic formation(s) mined/quarried from this operation _____

Recreational Water

PWS ID# _____

Water used primarily for recreation, including swimming pools, recreational lakes, ponds, wetlands, and water parks.

Type of facility: Wetland (Hunting) Lake/Pond/Stream (Hunting) Water Park Swimming Pool

Casino Lake Lake/Pond/Stream (Non-Hunting) Other _____

Other

PWS ID# _____

Water use does not fit into any listed categories. Use is: _____

Additional details/description about your water use: _____

3. Water Sources

This section includes information regarding the type of sources of water withdrawn for this facility. Identify all unique sources of water to be used (if applying for a new permit), or added/removed (if modifying an existing permit) for this facility. Unique water sources can be isolated ponds, pits, reservoirs, aquifers, or streams. If there are multiple sources, start with the source with the greatest annual withdrawal as primary, then descending use as secondary and tertiary.

- Attach driller’s logs, intake designs for all existing infrastructure (wells and intakes).
- For all planned wells and intakes, mark the anticipated construction date and depth.
- For all plugged wells, attach plugging well record for listed source.
- Attached driller’s log well names and intake names should match the table below and attached map.
- Attach additional copies of this page if using more than three unique sources or four intakes/wells.

3a. Primary Water Source

Aquifer Lake/Pond/Res. Stream/River Quarry/Pit

Primary Source Name _____ Number of wells/intakes using this source _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Total pumping rate from primary source (gpm) _____

Total annual amount requested from primary source _____ Million Gallons Per Year (mgy) *or*
 Acre-Feet Per Year (AFY)

3b. Secondary Water Source (if needed)

Aquifer Lake/Pond/Res. Stream/River Quarry/Pit

Secondary Source Name _____ Number of wells/intakes using this source _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Total pumping rate from secondary source (gpm) _____

Total annual amount requested from secondary source _____ Million Gallons Per Year (mgy) *or*
 Acre-Feet Per Year (AFY)

3c. Tertiary Water Source (if needed)

Aquifer Lake/Pond/Res. Stream/River Quarry/Pit

Tertiary Source Name _____ Number of wells/intakes using this source _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Well/Intake Name _____ Rate (gpm) _____ Const. Date _____ Depth (ft) _____

Total pumping rate from tertiary source (gpm) _____

Total annual amount requested from tertiary source _____ Million Gallons Per Year (mgy) *or*
 Acre-Feet Per Year (AFY)

3d. TOTAL ALLOCATION REQUEST FOR ALL SOURCES (Sum of all sources)

Total pumping rate, ALL SOURCES (gpm): _____

Annual water allocation requested, ALL SOURCES: _____ Million Gallons Per Year (mgy) *or*
 Acre-Feet Per Year (AFY)

4. Water Return/Discharge

This section applies to those facilities that return water at a specific location after use. Only complete if you discharge water back into a specific location.

Is a portion of this water returned to a specific location after use? Yes No

If "Yes", where is the water returned or discharged? Lake/Pond/Stream (identify on attached map)

Wastewater System (Name)

Injection Well (Well Name)

Other (Specify) _____

NPDES ID# _____

5. Water Withdrawal and Use Site Locations

There are required attachments for all new applications, as well as all new sources/infrastructure that is added to an existing permit. Attach an aerial, topographic, or street map (site plan) that clearly displays the following information:

1. this facility's water use location boundaries
2. labeled point locations of all withdrawal sites (wells and intakes) for this facility
3. mark all known well locations within ¼-mile (1,320 ft.) of the facility's water use location boundaries
4. labeled point locations of discharge/return points, if needed, for this facility

Certification and Signature

I certify the above information is true and correct to the best of my knowledge and that I will provide any additional information to the department as requested. The Iowa Administrative Code states that water use permit applications must be approved or denied within 90 days. By signing this document, the applicant authorizes an extension in the event this application is incomplete or needs further analysis.

Signature: _____ Date: _____

Print Name: _____

If this box is checked, the applicant declines an extension and understands that this application may be dropped and any applicable existing permit may be terminated.