



IOWA DEPARTMENT OF NATURAL RESOURCES
 WATER SUPPLY ENGINEERING SECTION
CONSTRUCTION PERMIT APPLICATION
 SCHEDULE-3b, Source Information

Date Prepared _____	Project Name/Description
Date Revised _____	

Ground Water:

1. Source Identification, Location, and Capacities:

Well No.	Check One		Check one		Source Location (Section-Township-Range)	Aquifer	Well depth (feet)	Rated Capacity (gpm)
	Existing Well	Proposed Well	Primary Use	Secondary Use				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL								

2. Have any wells been determined to be potentially under the direct influence of a surface water? Yes No
 If yes, do you intend to maintain this (these) wells as active or standby water sources? Yes No
3. Have any wells been determined to be vulnerable to organic chemical contamination? Yes No
 If yes, do you intend to maintain this (these) wells as active or standby water sources? Yes No

Surface Water:

1. Provide the following information on any **existing surface water source**:

- a. Water Source: _____
- b. Intake Location: _____
- c. Type of Intake: _____
- d. Intake Capacity: _____ gallons per minute

2. Provide the following information on any **proposed surface water source**:

- a. Water Source: _____
- b. Intake Location: _____
- c. Type of Intake: _____
- d. Intake Capacity: _____ gallons per minute