



IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY ENGINEERING SECTION
CONSTRUCTION PERMIT APPLICATION
SCHEDULE-1a, General Information

DNR Use Only	
Project #:	
Permit #:	
FO #:	

APPLICANT

ENGINEER

Name: _____ Firm: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Representative: _____ Project Officer: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

Mail Completed Application along with the Plans &
Specifications to:

Iowa Department of Natural Resources
Attn: Water Supply Engineering Section
6200 Park Ave Ste 200
Des Moines IA 50321

PLEASE RESPOND TO ALL QUESTIONS

1. **PWS Name:** _____ **PWSID Number:** IA

2. Project Name: _____

Note: For projects other than water mains and PERs, also include a project description in the cover letter.

3. Estimated Completion Date: _____

4. Will this project be a part of a State Revolving Loan Fund project? ☐ Yes ☐ No

5. Has an engineering report or information previously been submitted for this project? ☐ Yes ☐ No

If Yes: Project Identity and DNR Project #: _____

Date Submitted: _____

6. Does the project, as submitted, follow the recommendations and conclusions of the preliminary report? ☐ N/A ☐ Yes ☐ No

If No: provide the design basis and technical information justifying all changes.

7. Except for those projects submitted without an engineer in accordance with 567 IAC 43.3(4), are there two complete sets of plans and specifications accompanying this application? ☐ Yes ☐ No

Plans and specifications or engineering report accompanying this application must contain an "Engineer's Certificate" executed in conformance with Code of Iowa 542B.16 and have an original hand-written signature and date in contrasting color ink. A color photocopy is not acceptable.

8. Does the project involve water withdrawal, storage of surface waters, or change in natural stream conditions? ☐ Yes ☐ No

If Yes: Complete and attach, **Application for Permit to Withdraw Water (DNR Form 542-3106)**

CERTIFICATION

APPLICANT

I certify that I am the authorized representative of the owner and state that the project identified above is approved by the owner.

Signature

Typed or Printed Name

Date

ENGINEER

I certify that all aspects of design included in this application meet the requirements of all applicable state or federal laws and regulations, or that an explanation and justification for any proposed variation from such standards is attached, or that a variance has already been granted by the Iowa Department of Natural Resources.

Signature

Date

Typed or Printed Name

Iowa PE Number



IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY ENGINEERING SECTION
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SCHEDULE-1a General Information

SCHEDULE	TITLE	Included in Project	Attached	Previously Submitted	Date Previously Submitted
1b	Minor Water Main Construction		<input type="checkbox"/>		
1c	Fee Calculation		<input type="checkbox"/>		
2a	Water Mains - General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b	Water Mains - Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2c	Notification of WM Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Water Systems - Preliminary Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3b	Source Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3c	Water Quality Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Site Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a	Well Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5b	Well Appurtenances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5c	Well Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5d	Surface Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6a	Distribution Water Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6b	<i>Reserved</i>				
7	Schematic Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Aeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Clarification/Sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Suspended Solids Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Cation Exchange Softening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13a	Chemical Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13b	Dry Chemical Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13c	Gas Chlorination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13d	Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13e	Sampling and Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Pumping Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Process Water Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16a	Wastewater General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16b	Waste Treatment Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16c	Filtration and Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16d	Discharge to Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Identify any components included in this project which are not included in the above list of schedules (i.e., Reverse Osmosis) and provide design data of these components on separate sheets.