



Iowa Department of Natural Resources  
Private Well Construction Permit Fees  
Payment Voucher

**CASHIER'S USE ONLY**  
0376-542-W300-WC-0597  
Health Department Name

Submit to: **Iowa Department of Natural Resources**  
**Water Supply Section**  
**502 E 9<sup>th</sup> St**  
**Des Moines IA 50319-0034**

Invoice date: \_\_\_\_\_

(Please print in ink or type)

Health Department name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_, Iowa Zip: \_\_\_\_\_

For the time period \_\_\_\_\_ to \_\_\_\_\_, the following private well  
construction permits were issued (Please use the 5 digit PWTS permit number):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of permits issued: \_\_\_\_\_ @ \$25 = \_\_\_\_\_

**With this form we are submitting \$ \_\_\_\_\_ at the rate of \$25 for each well permit issued as  
listed above.**