



Water Use Permit Termination Request - signature required

Permit issued to: _____

Permit Number: _____

Effective: _____

Expires: _____

The permittee is authorized to:

- For more information regarding the DNR Water Allocation Program, please visit: www.iowadnr.gov/wateruse
- For questions or assistance call 515-725-0341 or e-mail wateruse@dnr.iowa.gov
- Manage your permit online - Create an account at <https://programs.iowadnr.gov/wacop/>
- Mail the completed and signed request to: DNR Water Supply Engineering Section, 502 E 9th St, Des Moines IA 50319-0034, or email a copy to wateruse@dnr.iowa.gov.

This permit goes with the property described thereon. If ownership of the corresponding property has **not** changed since the current permit was issued and you wish to **terminate** the permit, provide all requested information and return the signed form to the DNR. Please print legibly or type. Attach additional pages if necessary.

NOTE:	<ul style="list-style-type: none"> ➤ After this permit is terminated, any use of water in excess of 25,000 gallons during a period of 24 hours or less is a violation of state law and could result in a DNR enforcement action. ➤ Terminated water use permits cannot be reactivated. If you need to reapply for a permit, you must fill out a new application and pay a fee of \$350.00. ➤ This water use permit goes with the property described thereon. If ownership of this property has changed and you wish to TRANSFER the water use permit to another individual or entity, please contact the department for the transfer request form.
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Reason for Termination

Indicate the reason(s) for terminating the permit (check all that apply):

1. Water no longer withdrawn from authorized source(s).
2. Water still withdrawn, but at rates less than 25,000 gallons per day throughout the year.
3. Connected to water supplied by an existing Water Use Permit (municipal or rural public water system):
 Water Use Permit Number: _____ System Name: _____
 Date Connected: _____
4. Other (explain): _____

Permitted Well Status

List each well included in permit next to the appropriate status (skip this section if no groundwater sources):

Status of all permitted wells (check and list all that apply):

- | | |
|--|---------------------|
| <input type="checkbox"/> Well(s) are properly plugged* | List well(s): _____ |
| <input type="checkbox"/> Well(s) are properly capped | List well(s): _____ |
| <input type="checkbox"/> Well(s) are actively pumping | List well(s): _____ |
| <input type="checkbox"/> Wells are disconnected but usable | List well(s): _____ |
| <input type="checkbox"/> Well(s) are in disrepair | List well(s): _____ |
| <input type="checkbox"/> Well(s) are abandoned | List well(s): _____ |
| <input type="checkbox"/> Other (explain): _____ | |

**Please attach well plugging form(s) for all plugged wells.*

Abandoned Water Well Plugging

567 IAC Chapter 39 of the Iowa Administrative Code requires the owner to ensure that all abandoned wells are properly plugged within 90 days of the abandonment date. Within 30 days of the plugging date, the owner must submit confirmation of such plugging on an Abandoned Water Well Plugging Record. In order to determine whether any of the well plugging costs would be eligible for Grants-to-Counties cost sharing, please contact your county health department.

Certification

By signing I request to terminate the referenced water use permit, I certify the information submitted in this request is true and accurate to the best of my knowledge, and I will furnish such additional information to the department as may be requested.

Name of permittee/
authorized representative: _____ Phone: _____

Signature: _____ Date: _____