



Story County Environmental Health  
 900 6th Street  
 Nevada, Iowa 50201  
 Phone: (515) 382-7240

Email: Healthweb@storycountyiaowa.gov

## Well Inspection Request Application

### Applicant Information

Name		
Address		
City	State	Zip
Phone	Email	

### Property Owner Information (if different than applicant)

Name		
Address		
City	State	Zip
Phone	Email	

### Inspection Location Information

Parcel ID Number
Address

Potable Water Supply	Well Status (Number of wells)	Currently Occupied?
<input type="checkbox"/> Rural Water <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well	Active: _____ Standby: _____ Abandoned: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Property Owner's Consent to Conduct Inspections</b> I certify that the information is true and correct to the best of my knowledge and that in filing this application I give Story County officials permission to access the property for the purpose of inspection.	FOR OFFICE USE ONLY
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; text-align: center;">           _____  <b>Signature</b> </div> <div style="width: 45%; text-align: center;">           _____  <b>Date</b> </div> </div> <p style="font-size: small;">If signatory is not the owner of the property, a written statement from the owner of record stating the applicant signing this form may act on behalf of the owner must be submitted.</p>	

<p style="color: red; font-weight: bold; margin: 0;"><u>PAYMENT DUE AT TIME OF APPLICATION</u></p> <p style="margin: 5px 0 0 20px;">Inspection Fee - \$50</p> <p style="font-size: small; margin: 5px 0 0 20px;">Inspections requiring multiple visits will incur an additional trip fee of \$25 per trip.</p> <p style="margin: 5px 0 0 20px;">Make checks payable to:  <span style="color: red; font-weight: bold;">"Story County Treasurer"</span></p>	<p style="color: red; font-weight: bold; margin: 0;">Mail application and payment to:</p> <p style="margin: 0 0 0 20px;">Environmental Health Department            900 6th Street            Nevada, Iowa 50201</p>	Paid: _____ Receipt # : _____
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