

WAUKESHA WATER UTILITY Well Operation Permit

Address of Well _____

Tax Key Number _____ Account Number _____

Owner's Name _____

Owner's Address _____

Owner's Telephone Number (home) _____ (work) _____

(cell) _____

Does this well serve any other address? Yes No

If yes, list addresses _____

Owner's Signature _____ Date _____

Fee paid: Invoice # _____ Amount Paid _____

Prior to issuance of a Well Operation Permit, the owner must have the following:

1. An inspection conducted of the property (ies), by a certified inspector to determine if the requirements of NR 812, Wisconsin Administrative Code, Well Construction and Pump Installation, are met.
2. Documentation of the well producing bacteriologically safe water, as evidenced by at least two (2) samplings taken at least two (2) weeks apart, per Sections 13.075 (5)(b)(c), and (7) of the Waukesha Municipal Code, and fee(s) for Well Operation Permit(s) are paid.

The Waukesha Water Utility reserves the right to inspect the property for possible cross connections to prevent potentially unsafe water from entering the municipal system.

(To be completed by the Waukesha Water Utility)

Permit # _____

Well Inspection Report Bacteriological Test Reports Cross-Connection Inspection

Well Status: Compliant Non-Compliant

Signature _____ Date _____

Manager's Signature _____

The above named applicant has satisfied the requirements of Section 13.075 of the Waukesha Municipal Code regarding the operation of the private well at the above location. This permit is good for five (5) years and is renewable, and transferable. **This permit expires on:** _____

Payment Received by _____ Date _____

GIS Entered by _____ Date _____

Returned to Customer by _____ Date _____