



**CITY OF MOSINEE
APPLICATION FOR PRIVATE WELL OPERATING PERMIT
APPLICATION FEE: \$25.00**

DATE OF APPLICATION: _____ PERMIT NO: _____

Property Address: _____ Account No. _____
Property Owner: _____ Phone No. _____

WELL INFORMATION:

Type of Application: New Well: _____ Renewal: _____ Previous Permit # _____

For Permit Renewals:

1. Ch. NR 812 requires that the well installation is inspected every 10 years by a licensed well driller or pump installer.
Date of Inspection: _____
2. Inspection Report on file with the City: Yes _____ No _____
Permit will not be issued without a current inspection report on file.

For New Wells:

1. Dept. of Natural Resources – Well Notification Number(new wells only) _____
2. Type of well: Point, drilled well, etc: _____
3. Well Construction Report filed with the Department of Natural Resources and City of Mosinee:
Yes _____ No _____ If yes, Date: _____
4. Well construction date: _____ Well Location: _____
5. Well Installer: _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE WELL COMPLIES WITH THE REQUIREMENTS OF ch NR812 of the WISCONSIN ADMINISTRATIVE CODE:

SIGNATURE: _____ DATE: _____

APPLICATION FEE: \$25.00 DATE PAID: _____ RECEIPT NO: _____

PLUMBING INFORMATION: (Completed by City Inspector)

- Does well location and installation comply with Chapter NR 812 of the Wisconsin Administrative Code?
Yes _____ No _____
- If no, Explain: _____
- Were any Cross Connections observed? Yes ___ No ___ If yes, Explain: _____
 - Inspection Report on file: Yes _____ No _____

INSPECTOR: _____ DATE: _____

BACTERIOLOGICAL WATER SAMPLES:

Sample No. 1 Date Sampled: _____ Sampled By: _____ Results: _____

APPROVAL & ISSUANCE:

This permit grants operation of a private well for non-potable water at the above named address, subject to all applicable DNR and City regulations, for a period of 5 years after which this permit **must be renewed or the well abandoned.**

Water System Manager Signature: _____ Date Approved: _____