

# PRIVATE WELL OPERATING PERMIT

## PART A – APPLICANT INFORMATION

Name of Permit Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address of property on which well is located \_\_\_\_\_  
 Parcel# \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Proposed use of well \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_

\*\*\*\*\*

## PART B – NR812 COMPLIANCE

### To be completed by a Licensed Well Driller

No permit may be issued for any well or pump installation, which does not meet, or is not upgraded to meet the requirements of NR812, Wisconsin Administrative Code.

- I have inspected the well located on the property listed in PART A above and have found it to be in compliance with all provisions of Chapter NR812, Wisconsin Administrative Code.
- The well located on the property listed in PART A above has been repaired or upgraded to comply with all provisions of Chapter NR812, Wisconsin Administrative Code.

\_\_\_\_\_  
Printed Name of Licensed Well Driller

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Licensed Well Driller

\_\_\_\_\_  
Dated

Attach copies of inspection reports and repair orders as applies

---

## PART C – SAFE WATER SAMPLE

One bacteriologically safe water sample report must be submitted with this application per Chapter NR811.10. However, if the first sample taken is unsafe, Chapter NR811.07(3)(b) requires two or more successive safe

samples be taken at 24-hour intervals which indicate bacteriologically safe water or one safe sample be obtained only

if a free chlorine residual of at least 0.1 mg/l is remaining when the results of the safe sample are reported. No exception to this condition may be made for unsafe wells, unless the Department of Natural Resources approves, in writing, the continued use of the well.

**Attach laboratory report(s) showing safe test results**

\*\*\*\*\*

**Be it hereby known that per Ledgeview Sanitary District Ordinance Number 94-02, cross-connections between private wells and pumps are prohibited.**

**Be it also known that per Ledgeview Sanitary District Ordinance Number 97.6, contamination of the Ledgeview Sanitary District Municipal Water System is prohibited. Anyone who contaminates the water system, whether by sprinkling system or any other means, will be fined a minimum of \$500.00, plus cleanup and testing costs**

\*\*\*\*\*

**FEE – Attach a permit processing fee of \$15.00. Make checks payable to:**  
Town of Ledgeview Sanitary District #2  
3700 Dickinson Rd  
De Pere, WI 54115

\*\*\*\*\*

**PRIVATE WELL OPERATING PERMIT**

A private well operating permit has been granted to \_\_\_\_\_  
maintain a private well on property located at \_\_\_\_\_  
This permit is valid for a period of five (5) years from the date of issue and shall expire on \_\_\_\_\_  
\_\_\_\_\_, 201\_\_\_\_. This permit may be revoked prior to its expiration date by the Town of Ledgeview Sanitary District #2, if the permittee fails to maintain or use this private well in accordance with any applicable provisions of the Ordinances of the Town of Ledgeview Sanitary District #2, or its laws and regulations of the State of Wisconsin or any agency thereof.

Permit granted on \_\_\_\_\_ Permit Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Town Official