



Water Utility
 PO Box 205
 Stockbridge, WI 53088
 (920) 439-1220
 villageofstockbridgeutilities@gmail.com

5 Year Private Well Operating Permit Application

APPLICATION FEE: \$50.00 **DATE PAID: _____ / _____ / _____**

Well Permit Number: _____

Property Owner Information:

Name: _____

Address of Well: _____

Mailing Address (if Different than above): _____

Phone Number: (_____) _____

Describe Location of Well on Property: _____

Does the well meet the requirements of NR 812.42 standards for the existing installation? **Yes** **No**

Has the **Required Information Form** on the backside of this permit been completed?
 Or, is a letter from the person who performed the inspection attached to the permit? **Yes** **No**
(The letter must include the required information and the inspector's signature.)

Do you have documentation which shows that there are no cross connections between
 the well and pump installation and the municipal water system? **Yes** **No**

Does your well have a vermin/bug-proof cap? **Yes** **No**

Have you attached your annual safe water sample document to the permit? **Yes** **No**

Have you included your \$50.00 permit application fee made payable to
 the Village of Stockbridge Utilities? **Yes** **No**

***** In order to process this application, all above questions must be answered "YES" *****

*I understand that this well must be tested yearly with a safe bacteriological report as a condition of issuance and
 continuance of the Well Operation Permit by September 1st of each operating year.*

Signature of Property Owner: _____ Date: _____

The completed Renewal Application, \$50.00 Renewal Fee, and Annual Safe Sample Document should be:
 Dropped off at Village of Stockbridge Office located at 116 S. Military Road, Stockbridge, Wisconsin
 OR
 Mail to: Village of Stockbridge Water Utility
 PO Box 205
 Stockbridge, WI 53088

Office Received Application and Approved on: _____	Office Personnel Initials: _____
Amount Received \$ _____	Check Number: _____ Cash: _____



REQUIRED INFORMATION FORM – INSPECTION REPORT

 Company Name:

 Present Well Owner Name

 Inspector Name:

 Street Address

 Company Address:

 City, State, Zip Code:

 License #:

 Telephone Number:

 Inspector/Company Phone Number:

 Permit Number:

Identified NONCOMPLYING features (noted below with a check mark)

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Unused Well</p> <p>2. <input type="checkbox"/> Stovepipe or Thin-Walled Well Casing</p> <p>3. <input type="checkbox"/> Dug Well</p> <p>4. <input type="checkbox"/> Buried Suction Line</p> <p>5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit</p> <p>6. <input type="checkbox"/> Non-Walkout Basement or Below Grade Crawl Space Well</p> <p>7. <input type="checkbox"/> Poor Well Casing Pipe Condition</p> <p>8. <input type="checkbox"/> Contamination Source less than minimum separation distance from well: _____</p> <p>9. <input type="checkbox"/> Well in Floodway or Flood Fringe</p> <p>10. <input type="checkbox"/> Well at Risk from Localized Flooding</p> <p>11. <input type="checkbox"/> Cross-Connection</p> <p>12. <input type="checkbox"/> Driven Point Well <25 well casing pipe or installed after 1-31-1991 with no well construction report</p> | <p>13. <input type="checkbox"/> Nonpressure Conduit</p> <p>14. <input type="checkbox"/> Hand Pump</p> <p>15. <input type="checkbox"/> Offset Pump or Piping Height Above Basement Floor</p> <p>16. <input type="checkbox"/> Yard Hydrant</p> <p>17. <input type="checkbox"/> Materials for Pump and Supplying Piping</p> <p>18. <input type="checkbox"/> Flowing Well Installation</p> <p>19. <input type="checkbox"/> Check Valve Location</p> <p>20. <input type="checkbox"/> Well Cap or Seal</p> <p>21. <input type="checkbox"/> Casing Height</p> <p>22. <input type="checkbox"/> Electrical Wires at Wellhead NOT Enclosed in Conduit</p> <p>23. <input type="checkbox"/> Sample Faucet is Missing or Noncomplying</p> <p>24. <input type="checkbox"/> Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite</p> <p>25. <input type="checkbox"/> Extreme Health/Safety Hazard</p> |
|--|---|

Comments:

- | | |
|---|--|
| <p><input type="checkbox"/> Pre-1991 Driven Point Pipe Depth <25</p> <p><input type="checkbox"/> Well Construction Report Not on File or Un-locatable</p> <p><input type="checkbox"/> Well Located in Special Well Casing Depth Area</p> <p><input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump</p> <p><input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe</p> <p><input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work</p> | <p><input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work</p> <p><input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal</p> <p><input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite</p> <p><input type="checkbox"/> Other: _____</p> |
|---|--|

Compliance Determination:

- Based on my personal inspection of the real property, the well and pressure system: (check one)
- Complies** with NR 812, Wis. Adm. Code
- Does NOT Comply** with NR 812, Wis. Adm. Code
- Complies** with NR 812, Wis. Adm. Code, except that a more comprehensive search or additional research is needed to evaluate potential
- Violations that may exist but are not fully identifiable as part of the basic visual inspection, such as:
- An unused well
 Floodway/floodplain
 Contamination source
 Other _____

 Signature of Licensed Water Well Driller or Pump Installer

 Date