VILLAGE OF ELK MOUND
PRIVATE WELL OPERATION PERMIT APPLICATION

PROPERTY OWNER:_____

STREET ADDRESS: _____

PURPOSE OF WELL: Private/Domestic_____ Yard/Garden_____
Industrial_____ Other_____

IS PROPERTY SERVED BY THE MUNICIPAL WATER SYSTEM? _____

DO ANY CROSS CONNECTIONS EXIST? _____

DOES WELL MEET EXISTING STATE CODES? _____

IS A WELL CONSTRUCTION REPORT ON FILE WITH THE DNR?_____

WELL INSPECTED BY? _____DATE OF INSPECTION:_____

WELL INFORMATION: DEPTH_____DIAMETER_____CONSTRUCTION DATE_____

WATER SAMPLES REQUIRED: A minimum of two (2) bacteriological samples taken at least two (2) weeks apart are required, and the results must be attached to the application. Additional test may also be required in some situations.

SAMPLE #1: DATE_____ RESULTS_____

SAMPLE #2: DATE_____RESULTS_____

ANY OTHER SAMPLING REQUIRED?_____

RESULTS:_____

WELL OPERATING PERMIT APPROVED? YES_____ NO_____

RENEWAL DATE: (5 YEARS)_____

PERMIT FEE: $50.00 (FOR FIVE YEARS)

_____
APPLICANT SIGNATURE DATE:

_____
AUTHORIZED SIGNATURE DATE: