

Village of Monticello

APPLICATION FOR PRIVATE WELL PERMIT

Property Owner: _____ Phone: _____

Mailing Address: _____

Address/Location of well: _____

1. Is property served by public water system? Yes _____ No _____
2. Ch. NR 812 requires that the well installation is inspected every 10 years by a licensed well driller or pump installer. Date of Inspection: _____
3. Inspection Report on file with the Village?: Yes _____ No _____
NOTE: Permit will not be issued without a current inspection report on file.
4. List proposed use of the well: _____

NOTE: Reports indicating that the well produces safe water (as evidence of one (1) sampling) must be submitted with this application. (May contact WI State Laboratory of Hygiene at 800-442-4618 <http://www.slh.wisc.edu/environmental/water/> to receive a test kit.)

The applicant recognizes the following:

- The granting of this permit does not mean that the Village of Monticello has determined that the well or water taken from it is safe or in conformity with any rules and regulations thereon.
- The Village of Monticello is not responsible for the maintenance of the well, or for informing the owner of new or existing regulations pertaining thereto.
- The Village of Monticello assumes no liability in regards to monitoring the well or the water taken from it.
- This Well Permit is only valid for five (5) years from the date of approval signed below.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, THE WELL COMPLIES WITH THE REQUIREMENTS OF CH NR812 OF THE WISCONSIN ADMINISTRATIVE CODE AND AGREES TO THE TERMS AND CONDITIONS SPECIFIED ABOVE.

Applicant's Signature

Date: _____

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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 Village regulations, for a period of 5 years after which this permit must be renewed or the well abandoned.

Water Department Signature: _____ Date Approved: _____

Committee Approval / Denial: Date: _____

Board Approval / Denial: Date: _____