



# PRIVATE WELL OPERATION PERMIT

Address of Well: \_\_\_\_\_

Does well serve multiple addresses? If yes, list addresses:

\_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owners Telephone Number: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Owner's E-mail: (optional) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Madison Water Utility reserves the right to inspect and confirm each of the following conditions are met:

- a) The well and pump installation meet the requirements of the Wisconsin Code, Chapter NR 812.
- b) The well and pump have a history of producing bacteriologically safe water.
- c) There is no cross-connection between the well and the Madison water system.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclose a check for \$100.00 payable to "City Treasurer".  
Mail check and form to Madison Water Utility, 119 E. Olin Avenue, Madison WI 53713**

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(To be completed by Madison Water Utility)

Well and pump inspected by: \_\_\_\_\_

\$100.00 fee paid PIV# \_\_\_\_\_

Action	Date	Result

NOTE: Additional test results are listed on reverse side of sheet

The above named applicant has satisfied the requirements of Madison General Ordinance, Section 13.21, regarding the operation of a private well at the location stated above.

This permit is valid through \_\_\_\_\_.

Authorizing Agent:

Joseph Grande  
Water Quality Manager

<b>Action</b>	<b>Date</b>	<b>Result</b>