



WELL OPERATION PERMIT APPLICATION

Address of Well: _____

If the well serves multiple addresses, please list those addresses:

Owner's Name: _____

Contact Information: Telephone Number: _____ E-mail: _____

Mailing Address (if different from well address above) : _____

How would you prefer to be contacted for reminders about annual tests and permit renewals? Email / Mail

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.

Please call (608) 266-4654 or email water@madisonwater.org for questions

Owner's Signature: _____ Date: _____

Enclose a check for \$355.00 payable to "City Treasurer".

Mail check and form to Madison Water Utility, 119 E. Olin Avenue, Madison WI 53713

(To be completed by Madison Water Utility)

Well and pump inspected by: _____

\$355.00 fee paid PIV# _____

Action	Date	Result

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 _____ or until there is a real estate transaction. Permit is non-transferable.

Authorizing Agent:

Joseph Grande
Water Quality Manager