



WELL OPERATION PERMIT APPLICATION

Address of Well: _____

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

Owner's Name: _____

Contact Information: Telephone: _____ E-mail: _____

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

How do 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 Wis. Admin 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 \$355.00 payable to **City Treasurer**

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

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

(To be completed by Madison Water Utility)

Well and pump inspected by: _____ Date: _____

\$355.00 fee paid PIV# _____

Action	Date	Coliform Result	Nitrate Result (mg/L)
Water Sample #1			
Water Sample #2			
Water Sample #3			
Water Sample #4			

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

This permit is valid through _____ or until a real estate transaction. This permit is non-transferable.

Authorizing Agent:

[illegible]