



**CITY OF MOSINEE  
APPLICATION FOR PRIVATE WELL OPERATING PERMIT  
APPLICATION FEE: \$25.00**

DATE OF APPLICATION: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

Property Address: \_\_\_\_\_ Account No. \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

**WELL INFORMATION:**

Type of Application: New Well: \_\_\_\_\_ Renewal: \_\_\_\_\_ Previous Permit # \_\_\_\_\_

**For Permit Renewals:**

1. Ch. NR 812 requires that the well installation is inspected every 10 years by a licensed well driller or pump installer.  
Date of Inspection: \_\_\_\_\_
2. Inspection Report on file with the City: Yes \_\_\_\_\_ No \_\_\_\_\_  
Permit will not be issued without a current inspection report on file.

**For New Wells:**

1. Dept. of Natural Resources – Well Notification Number(new wells only) \_\_\_\_\_
2. Type of well: Point, drilled well, etc: \_\_\_\_\_
3. Well Construction Report filed with the Department of Natural Resources and City of Mosinee:  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Date: \_\_\_\_\_
4. Well construction date: \_\_\_\_\_ Well Location: \_\_\_\_\_
5. Well Installer: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE WELL COMPLIES WITH THE REQUIREMENTS OF ch NR812 of the WISCONSIN ADMINISTRATIVE CODE:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FEE: \$25.00 DATE PAID: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

**PLUMBING INFORMATION: (Completed by City Inspector)**

- Does well location and installation comply with Chapter NR 812 of the Wisconsin Administrative Code?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If no, Explain: \_\_\_\_\_
- Were any Cross Connections observed? Yes \_\_\_ No \_\_\_ If yes, Explain: \_\_\_\_\_
  - Inspection Report on file: Yes \_\_\_\_\_ No \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Water System Manager Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_