

**Well Operation Permit**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Owner Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the intended use of the well water (Check all that apply):

* + Vehicle Washing
  + Lawn Watering
  + Garden Watering

The applicant recognizes the following:

* The granting of this permit does not mean that the City of Omro has determined that the well, or water taken from it, is safe or in conformity with any rules and regulations thereon.
* The City of Omro is not responsible for the maintenance of the well, or for informing the owner of new or existing regulations pertaining thereto.
* The City of Omro assumes no liability in regards to monitoring the well or the water taken from it.

Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of City of Omro Municipal Code 13.04.340 G and any special conditions, plans, details, or notes attached hereto and made a part thereof. Failure to comply with any regulations and/or conditions in this permit will make the permit null and void.

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Applicant Signature Date

*For Office Use Only*:

|  |  |
| --- | --- |
| Tax Key Number | 265 - |
| Laboratory Certified Safe Water Test Result (not more than one (1) year prior to application date) |  |
| Signed Affidavit or Letter from WI DNR Licensed Well Pump Installer or Driller |  |
| Utility Personnel verification no cross connection exists between public system and private well | Inspector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permit Fee Paid | Amount Paid \_\_\_\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_\_ |

Application:

* Approved
* Not Approved

Omro Utility Chief Operator or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issuance \_\_\_\_\_\_\_\_

Renewal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_