

# WELL OPERATION PERMIT APPLICATION

Mail to:

## CITY OF GLENDALE

Well Inspection/Permit Department

5909 N. Milwaukee River Pkwy.

Glendale, WI 53209

(414) 228-1711

### FOR OFFICE USE ONLY

RECV'D \_\_\_\_\_ AMT \_\_\_\_\_

PAYMENT TYPE: CHECK \_\_\_ CASH \_\_\_

CHECK/RECEIPT # \_\_\_\_\_

Water Test Submitted: \_\_\_Y \_\_\_N

Inspection Form Submitted: \_\_\_Y \_\_\_N

- *Type of Permit:* ( ) Original Permit ( ) Renewal Permit ( ) Change of Owner or Use *(No Fee)*

- *Number of homes or properties using well:* ( ) One ( ) Two ( ) Other \_\_\_\_\_

- *Well Used for the following: (check all that apply)* ( ) Lawn Irrigation ( ) Pond/Pool Filling

( ) Washing ( ) Other *(explain):* \_\_\_\_\_

Site Address: \_\_\_\_\_

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

Property Owner's Mailing Address: \_\_\_\_\_

Contact if other than Owner: \_\_\_\_\_

Telephone Number *(home)* \_\_\_\_\_ *(work)* \_\_\_\_\_

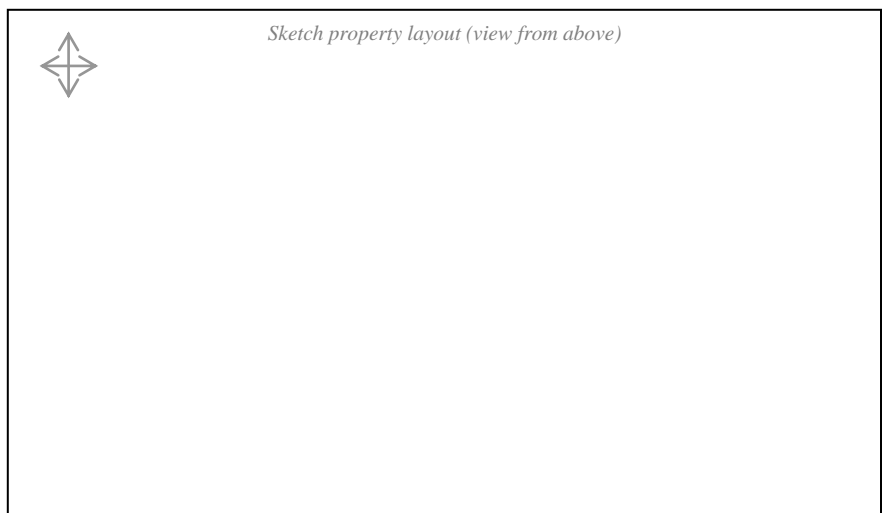
### The following items must be included with this application:

1. Copy of Wisconsin Well & Pressure System Inspection form, completed by DNR licensed well contractor.
2. Copy of One (1) safe water test result, testing negative for coliform bacteria, performed by Certified Drinking Water Laboratory.
3. Check for Thirty-five Dollars (\$35.00), payable to City of Glendale. **APPLICATIONS RECEIVED AFTER THE RENEWAL DATE WILL BE CHARGED A \$35.00 LATE FEE.**

### Provide a diagram of the following:

1. Outline of all buildings
2. Indicate north on arrow
3. Adjacent streets, alleys or waterways.
4. Location of well casing.  
***Must include measurements showing distance to buildings, streets, lot lines, downspouts and sump pump discharge locations.***

*Sketch property layout (view from above)*



Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_