

**CITY OF WISCONSIN RAPIDS  
ENVIRONMENTAL TESTING WELLS  
IN THE RIGHT-OF-WAY**

DATE:		PERMIT # _____	
OWNER OF MONITORING WELL		ADDRESS OF OWNER	
OWNER BUSINESS PHONE	CELL PHONE	FAX NUMBER	
LOCATION OF ENVIRONMENTAL TESTING WELL (COORDINATES) NOTE: IF CITY OF WISCONSIN RAPIDS ENGINEERING DEPARTMENT HAS TO DETERMINE THE COORDINATES OF WELL THERE IS A CHARGE OF \$100. <sup>00</sup> PER WELL			
TYPE OF WELL & COVER			
CONTRACTOR INSTALLING WELL		CONTRACTOR'S PHONE NUMBER	
CONTACT PERSON/S	PHONE	CELL OR FAX (CIRCLE ONE)	
LENGTH OF TIME MONITORING WELL WILL BE IN R-O-W			
CONTACT PERSON FOR UTILITY LOCATING, COVER REPAIR AND/OR ADJUSTMENT	PHONE	CELL OR FAX (CIRCLE ONE)	
<b>FOR DEPARTMENT USE ONLY</b>			
ISSUED BY		DATE ISSUED	

NOTE: \$200.<sup>00</sup> PERMIT FEE IS REQUIRED TO BE SUBMITTED WITH APPLICATION.  
 CONTRACTORS MUST PROVIDE CERTIFICATE OF INSURANCE FOR CURRENT CALENDAR YEAR TO THE CITY OF WISCONSIN RAPIDS. ADDITIONAL \$100.<sup>00</sup> CHARGE WILL BE ASSESSED PER WELL IF CITY OF WISCONSIN RAPIDS ENDEGINEERING DEPARTMENT NEEDS TO DETERMINE THE COORDINATES OF EACH WELL.

ANY QUESTIONS OR COMMENTS CALL: WISCONSIN RAPIDS ENGINEERING DEPT: \_\_\_\_\_ 715-421-8205 \_\_\_\_\_

**DISCLAIMER: PERMIT EXPIRES 60 DAYS AFTER ISSUANCE, UNLESS OTHERWISE STATED IN THIS PERMIT.**