



Community Development
Department

444 West Grand Avenue
Wisconsin Rapids, WI 54495-2780
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Well Permit Application

FOR OFFICE USE ONLY

Date Received:	Date Paid:	Safe Water Sample Date:	Last Inspection Date:	Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

WELL INFORMATION

Is the property served by the public water system?

Yes No

Has a well construction report been filed with the Wisconsin Department of Natural Resources?

Yes No

If a well construction report has NOT been filed, complete the following:

Date of well construction: _____

Well drilling contractor or owner: _____

Construction type:

Drilled Driven-point Other

Well diameter: _____

Well depth: _____

Has a new pump been installed or any well modification done since 1991:

Yes No

Proposed use of well:

Lawn sprinkling or garden use Other

I certify that the above information is accurate to the best of my knowledge:

Applicant (Sign): _____ Print: _____ Date: _____