Waukesha Water Utility Private Well Permit

Address of Well	
Owner's Name	
Tax Key Number	Account Number
Owner's Address if different than the We	ell
Owner's Telephone Number (home)	(Cell)
Owner's Signature	(Date)
Amount Paid	Received by
 An inspection conducted of the property, by a certified inspector to determine if the requirements of NR 812, Wisconsin Administrative Code, Well Construction and Pump Installation, are met. Documentation of the well producing bacteriologically safe water, as evidenced by at least two (2) samplings taken at least two (2) weeks apart, per Sections 13.075 (5)(b)(c), and (7) of the Waukesha Municipal Code, and fee(s) for Private Well Permit(s) are paid. The Waukesha Water Utility reserves the right to inspect the property for possible cross connections to prevent potentially unsafe water from entering the municipal system. 	
(To be completed by the Waukesha Water Utility)	
Permit #	
Well Inspection Report ☐ Bacterio	ological Test Reports ☐ Cross-Connection Inspection ☐
	d the requirements of Section 13.075 of the Waukesha Municipal ate well at the above location. This permit is good for five (5)
This permit expires on:	
Manager's Signature	Date