

Notice: This form is authorized under ss. 280.11 and 281.11, Stats., and s. NR 812.09(4) and (4)(w), Wis. Adm. Code. Information requested is required to determine if an approval for construction or reconstruction of a well may be granted, under s. NR 812.09(4) and (4)(w), Wis. Adm. Code: *"Prior department approval is required for the construction or reconstruction of a well on a property that is listed on the department's geographic information system (GIS) Registry of Closed Remediation Sites."* Failure to submit this form or provide all required information may result in your application for approval being denied or your well operating in violation of ch. NR 812, Wis. Adm. Code, or both, and may result in forfeitures under s. 281.98, Stats., of not less than \$10 nor more than \$5,000 for each violation. Personally identifiable information on this form is not likely to be used for any purpose other than administration of the water supply program. However, copies of this form are available to requesters under Wisconsin's Open Records Law [ss. 19.31 - 19.39, Wis. Stats.].

| Applicant Information | | | | |
|-----------------------------------|-------|------|--------------------------|----------|
| Last Name | First | MI | Daytime Telephone Number | |
| Mailing Street Address and PO Box | | City | State | ZIP Code |

| Well Site Information | | | | | | |
|---|--|--|-------|-------------------------|----------|--------------|
| Facility or Site Name (if any) | | | | BRRTS ID No. (if known) | | |
| Address of well (if different than owner) | | | | Gov't Lot # | ¼ / ¼ | ¼ |
| | | | | Section | Township | Range E / W |
| | | | | | N | |
| <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of _____ | | | State | ZIP Code | County | |
| Subdivision Name | | | | Lot Number | | Block Number |

| Well Construction Information | | | |
|--|--|-----------------------|------------------|
| If approval request is for an existing well, include the following well construction information, if known. Include copy of well report if possible. | | | |
| Well Type | | Casing Depth | Total Well Depth |
| <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Other _____ | | | |
| Name of Original Well Owner | | Date Well Constructed | Constructed By |
| | | | WUWN |

| Approval Information |
|---|
| Proposed construction and location of well, i.e., to avoid the contamination. |

Identify well construction reports for any existing wells, on property or adjacent property, if available.

Are there any other setback separation distance requirements in NR 812.08 that would require a variance to construct the well?

Site Drawing

- Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, contaminant plume, septic systems, gas tanks, drain tiles, animal pens, etc.)
- Show slope arrows from well and contamination sources, if lot is sloped
- Attach any extra sheets of other information, which may be useful in describing your situation

(North)

SITE DRAWING

- DNR regional personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial with 65 business days of receipt of this application, as provided by s. NR 812, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if an approval can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting an approval the Department does not guarantee acceptable water quality or quantity.

Owner's Signature

Date Signed

Name and Address of Well Driller, Well Contractor or Pump Installer, if known

MAIL THIS APPLICATION TO: