

WELL OPERATION PERMIT APPLICATION

Mail to:

CITY OF GLENDALE

Well Inspection/Permit Department
5909 N. Milwaukee River Pkwy.
Glendale, WI 53209
(414) 228-1719

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)* _____

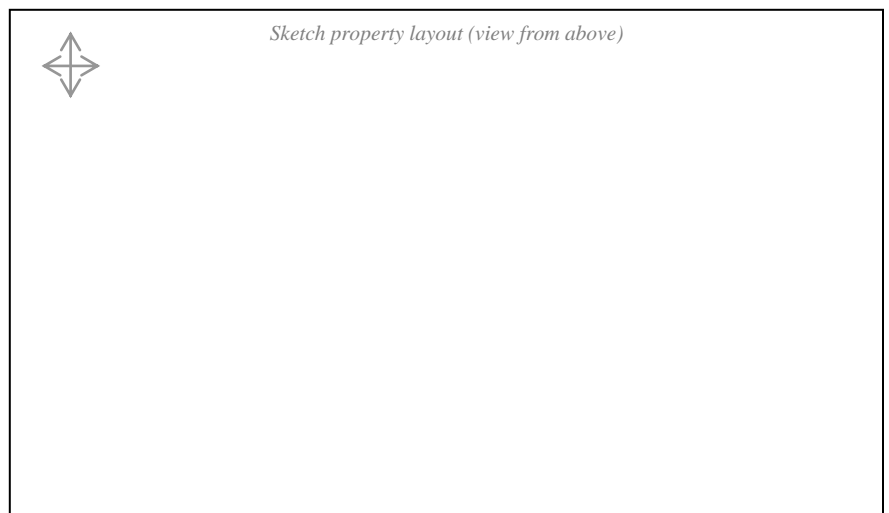
The following items must be included with this application:

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 _____