

**SANITARY DISTRICT NO. 4 – TOWN OF BROOKFIELD**  
**WELL OPERATION PERMIT RENEWAL APPLICATION**

645 North Janacek Road (Town Hall), Brookfield, Wisconsin 53045  
**MAILING ADDRESS: P.O. Box 1296, Brookfield, WI 53008-1296**  
Office: 262.798.8631 Fax: 262.796.0339

**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS OF WELL:** \_\_\_\_\_

**CITY & ZIP:** \_\_\_\_\_ **TAX KEY No. BKFT** \_\_\_\_\_

**TELEPHONE No.:** \_\_\_\_\_ (Home or Cell) \_\_\_\_\_ (Work)

**DESCRIBE LOCATION OF WELL ON PROPERTY:** \_\_\_\_\_

**INTENDED USE OF THE WELL WATER:**     Watering Lawn     Watering Garden  
 Vehicle Washing     Other: \_\_\_\_\_

Does the well meet the requirements of NR812.42 standards for the existing installation?  
 YES     NO

Has the **Required Information Form** on the backside of this permit been completed? Or, is a letter from the person who performed the inspection attached to this permit? The letter must include the required information and the inspector's signature.  
 YES     NO

Do you have documentation which shows that there are no cross connections between the well and pump installation and the municipal water system?  
 YES     NO

If you have more than one outside hose bib to the well, is that dedicated line color-coded?  
 YES     NO

Does your well have a vermin/bug-proof cap?  
 YES     NO

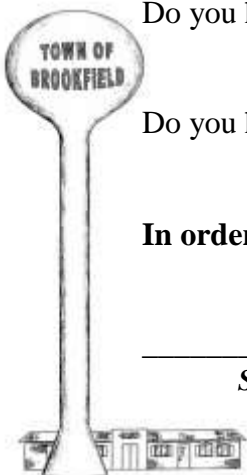
Do you have documentation of **one** safe water sample attached to this permit?  
 YES     NO

Do you have a check (or cash) in the amount of \$35.00 made payable to Sanitary District No. 4?  
 YES     NO

**In order to process this application, all above questions must be answered "YES".**

\_\_\_\_\_  
**SIGNATURE OF WELL OWNER**

\_\_\_\_\_  
**DATE**



# REQUIRED INFORMATION FORM - INSPECTION REPORT

Inspected by (print name & company):

Date of Inspection:

Facility Name:  
Type of Facility:  
Occupant's Name:  
Street Address:  
City, State, Zip Code:

Present Well Owner:  
Street Address:  
City, State, Zip Code:  
Telephone Number:

## WELL DATA:

Well Type: \_\_\_\_\_ Casing Depth: \_\_\_\_\_ Depth to Water: \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
\_\_\_\_\_ Drilled \_\_\_\_\_ Driven Point \_\_\_\_\_ Dug \_\_\_\_\_ Other

Date Well Constructed: \_\_\_\_\_ Constructed by: \_\_\_\_\_ Total Well Depth: \_\_\_\_\_  
Casing Diameter: \_\_\_\_\_ Well Terminates \_\_\_\_\_ (inches) \_\_\_\_\_ Above \_\_\_\_\_ Below \_\_\_\_\_ Floor \_\_\_\_\_ Outside Grade  
Well Properly Separated From Contamination Source on Well Property? \_\_\_\_\_ yes \_\_\_\_\_ no

## PUMP INSTALLATION DATA: \_\_\_\_\_ (X) if NON-COMPLYING

Cross Connections? \_\_\_\_\_ yes \_\_\_\_\_ no

Pump Type:  
\_\_\_\_\_ Submersible \_\_\_\_\_ Single Pipe Packer Jet  
\_\_\_\_\_ Shallow Well Pump \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Double Pipe Deep Well Jet Offset: \_\_\_\_\_ yes \_\_\_\_\_ no

For Offset Pump Installation: \_\_\_\_\_ Diameter of Conduit: \_\_\_\_\_  
Is Buried Piping: \_\_\_\_\_ Height Conduit Above Floor: \_\_\_\_\_  
Pressurized \_\_\_\_\_ yes \_\_\_\_\_ no Sanitary Seal Present: \_\_\_\_\_ yes \_\_\_\_\_ no  
Concentric \_\_\_\_\_ yes \_\_\_\_\_ no Is Seal Vented & Screened \_\_\_\_\_ or Plugged \_\_\_\_\_

Pump Capacity/Manufacturer: \_\_\_\_\_  
Check Valve Location: \_\_\_\_\_  
Pressure Tank Type and Location: \_\_\_\_\_  
Sampling Faucet Location: \_\_\_\_\_  
Sampling Faucet Height: \_\_\_\_\_  
Misc. \_\_\_\_\_

Above Ground Discharge: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pump Wires Sealed: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Well Enclosed or Housed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Well Seal/Cap Type: \_\_\_\_\_  
\_\_\_\_\_ Overlapping \_\_\_\_\_ Vermin Proof \_\_\_\_\_ Split Seal \_\_\_\_\_ Other: \_\_\_\_\_  
**Sanitary District and Town ordinances require vermin/bug-proof cap.**  
If more than 1 outside hose bib, is dedicated line color-coded? \_\_\_\_\_ Yes \_\_\_\_\_ No

CONCLUSIONS/RECOMMENDATIONS: Well and Pump Installation is in compliance with NR 812 \_\_\_\_\_ YES \_\_\_\_\_ NO  
If NO, explain what must be done to bring up to Code.



LOCATION DATA - Draw Sketch below depicting location of well (include distances from well to buildings and other landmarks)

Inspector's Signature

Phone Number

DNR License #