

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

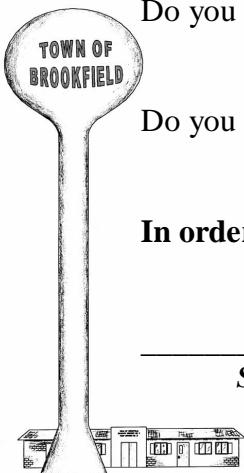
Do you have documentation of **one** safe water sample attached to this permit?
 YES NO

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
Concentric _____ yes _____ no Sanitary Seal Present: _____ yes _____ no
Is Seal Vented & Screened _____ or Plugged _____

Pump Capacity/Manufacturer: _____ Above Ground Discharge: _____ Yes _____ No
Check Valve Location: _____ Pump Wires Sealed: _____ Yes _____ No
Pressure Tank Type and Location: _____ Well Enclosed or Housed: _____ Yes _____ No
Sampling Faucet Location: _____

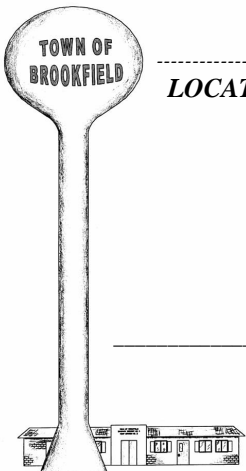
Sampling Faucet Height: _____

Misc. _____

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 #