



PRIVATE WELL PERMIT APPLICATION

1303 Lynn Avenue
Altoona, WI 54720
Phone: (715)839-6092
Fax: (715)839-1800

OWNER INFORMATION

THE OWNER'S NAME MUST BE THE NAME THAT APPEARS ON THE TAX ROLL. You may call 715-839-6092 to verify.

Name					
Address					
City		State		Zip Code	
Phone		Cell Phone		Fax	

SITE INFORMATION

Address/Location Description					
Parcel #	1/4	1/4	Section	T	R
				27N	9W
Zoning District(s)	Subdivision Name			CSM	

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on the reverse side hereof, any special provisions listed below or attached hereto, Chapter 13.38 of the Altoona Code Book, and any and all plans, details or notes attached hereto and made a part hereof.

NOTE: A fee of \$25.00 is required. Payment must be attached to this application.

By _____ Title _____
(Signature of Applicant) Date _____

OFFICE USE ONLY

PERMIT APPROVAL

This permit grants operation of a private well at the above named address subject to all applicable DNR regulations and all attached requirements for a period of two years, after which an application for renewal must be made.

SPECIAL PROVISIONS: Y N
Special Provisions are attached to this permit.

By _____ Title _____
(Signature of Authorized Permitting Authority Representative) Date _____

PERMIT NO.

NOTE: This permit will expire two years from the date of approval noted above.

