

Well Operation Informational notice

[Sec. 36-179. - Well operation](#) permits/fees.

(a) A permit may be granted to a well owner to operate a well for a five-year period of time if the following requirements are met:

(1) A written report prepared by a licensed well driller or pump installer verifying that the well construction and pump installation comply with the provisions of NR 112, Wisconsin Administrative Code (Private Well Construction & Pump Installation Code).

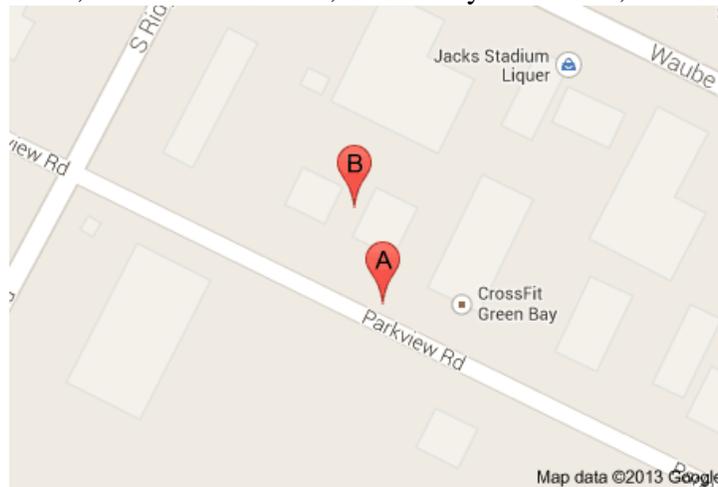
(2) The well has a history of producing safe water and presently produces bacteriologically safe water as evidenced by a minimum of one sampling.

Example: Local water testing kits are available at:

a. Badger Laboratories, 2150 Memorial Drive, Green Bay WI 54303, 920-434-6741.



b. Northland Laboratories, 1030 Parkview Rd, Green Bay WI 54304, 920-336-7465.



(3) The proposed use of the well can be justified as being necessary in addition to water provided by the public water system.

(4) Connections shall not exist between the piping of the public water system and the private well.

(5) Submit a completed permit application available at the Village Hall or on line at:
<http://www.villageofhoward.com/DocumentCenter/Home/View/627>

(6) The fee for a well operation permit is set at \$35.00.



Informational notice

[Sec. 36-179. - Well operation](#) permits/fees.

(a) A permit may be granted to a **well** owner to **operate** a **well** for a five-year period of time if the following requirements are met:

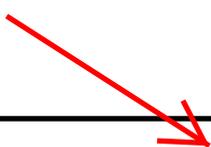
(1) The **well** and pump installation meet the requirements of Wis. Admin. Code ch. NR 112, and a **well** constructor's report is on file for the department of natural resources.

(2) The **well** has a history of producing safe water and presently produces bacteriologically safe water as evidenced by a minimum of one sampling. Example: Local water testing kits are available at Badger Laboratories, 2150 Memorial Drive, Green Bay, WI 54303, 920-434-6741.

(3) The proposed use of the **well** can be justified as being necessary in addition to water provided by the public water system.

(4) No physical connection shall exist between the piping of the public water system and the private **well**.

(b) Applications for the **well operation** permit shall be made on forms provided by the village clerk. The fee for a **well operation** permit is set at \$35.00. The village or its agent, may conduct inspections or have water quality tests conducted at the applicant's expense to obtain or verify information necessary for consideration of a permit application or renewal.



(5) A well cross connection inspection must be included with the well operation permit application and conducted by a licensed Well Driller or a licensed Pump Installer. This inspection shall include a statement noting the fact that "no cross connections exist between the well system and the domestic plumbing system which is connected to the municipal water system."

Required Well Operation Inspection Form....use this form

State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Property Transfer Well(s) and Pressure System(s) Inspection
Form 3300-221 (R 10/14)

Notice: Pursuant to ch. 280, Wis. Stats., and ch. NR 812, Wis. Adm. Code, this form shall be used to document any well and pressure system inspection conducted as part of a property transfer. Inspections are voluntary, and well owners are not required to bring systems into compliance as a result of the inspection. Inspectors must provide the completed form to the requester of the inspection. Do not send forms to DNR.

Contact Information

Inspection Requested By		Telephone Number	
Mailing Address	City	State	ZIP Code
Owner's Name		Telephone Number	
Mailing Address	City	State	ZIP Code

Property Location

County of Water System Location	Grid or Street Address or Road Name and Number (if available)	City	ZIP Code
Township	Gov't Lot # $\frac{1}{4}$ of the $\frac{1}{4}$	Section	Town
		Range	E/W
Unique Well Number			

Known Noncomplying Features

Identified noncomplying features are noted below with a check mark.

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Unused Well Should be Filled and Sealed 2. <input type="checkbox"/> Stovepipe or Thin-Walled Casing 3. <input type="checkbox"/> Dug Well 4. <input type="checkbox"/> Unprotected Buried Suction Line 5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well 7. <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked) 8. <input type="checkbox"/> Contaminant Source less than minimum separation distance from well: _____ 9. <input type="checkbox"/> Well in Floodway or Flood Fringe 10. <input type="checkbox"/> Well at Risk from Localized Flooding 11. <input type="checkbox"/> Cross-Connection 12. <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report 13. <input type="checkbox"/> Nonpressure Conduit | <ul style="list-style-type: none"> 14. <input type="checkbox"/> Hand Pump 15. <input type="checkbox"/> Offset Pump or Piping Height < 12" Above Floor 16. <input type="checkbox"/> Yard Hydrant 17. <input type="checkbox"/> Materials for Pump and Supply Piping 18. <input type="checkbox"/> Flowing Well Installation 19. <input type="checkbox"/> Check Valve Location 20. <input type="checkbox"/> Well Cap or Seal 21. <input type="checkbox"/> Casing Height 22. <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit 23. <input type="checkbox"/> Sample Faucet is Missing or Incorrect 24. <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite 25. <input type="checkbox"/> Health/Safety Hazard |
|--|---|

Comments

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet <input type="checkbox"/> Well Construction Report Not on File or Unlocatable <input type="checkbox"/> Well Located in Special Well Casing Depth Area <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe | <ul style="list-style-type: none"> <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work <input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work <input type="checkbox"/> Non-Vermine-Proof Well Cap or Well Seal <input type="checkbox"/> Other: No cross connections exist between water systems required...check mark above if this is a true statement |
|---|--|

Based on my personal inspection of the real property, the well(s) and pressure system(s): **Complies** with Wis. Adm. Code. **Does not comply**

- More comprehensive or additional research is needed regarding:
- an unused well floodways/floodplains contaminant sources other:

This form lists the visible conditions of the well(s) and pressure system(s) on the property at the time of inspection and does not imply or give any guarantee.

Signature of Licensed Water Well Driller or Pump Installer	Individual License #	Date	Telephone Number
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DEPARTMENT OF CODE ADMINISTRATION
 2456 Glendale Avenue, Green Bay, WI 54313
 (Office) 920-434-4640 (FAX) 920-434-4643
 gklinka@villageofhoward.com



PERMIT APPLICATION

PLEASE COMPLETE ALL APPLICABLE SECTIONS

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

LOCATION	JOB SITE ADDRESS (Street Number and Name)		LOT #	SUBDIVISION		
PROPERTY OWNER	PROPERTY OWNER'S FULL NAME					DAYTIME PHONE #
	PROPERTY OWNER'S MAILING ADDRESS (Include Zip Code)					
PERMIT APPLICANT	PERMIT APPLICANT'S COMPANY NAME		PERMIT APPLICANT'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	PERMIT APPLICANT'S MAILING ADDRESS (Include Zip Code)			FAX #	ALTERNATE OR CELL PHONE #	
BUILDING CONTRACTOR	BUILDING CONTRACTOR'S COMPANY NAME		BUILDING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	BUILDING CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			WI DWELLING CONTRACTOR QUALIFIER #	WI DWELLING CONTRACTOR #	
ELECTRICAL CONTRACTOR	ELECTRICAL CONTRACTOR'S COMPANY NAME		ELECTRICAL CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI ELECTRICAL CREDENTIAL #	
	ELECTRICAL CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
PLUMBING CONTRACTOR	PLUMBING CONTRACTOR'S COMPANY NAME		PLUMBING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	PLUMBING CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
HVAC CONTRACTOR	HVAC CONTRACTOR'S COMPANY NAME		HVAC CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI HVAC CREDENTIAL #	
	HVAC CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
SEWER CONTRACTOR	SEWER CONTRACTOR'S COMPANY NAME		SEWER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	SEWER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
OTHER CONTRACTOR	OTHER CONTRACTOR'S COMPANY NAME		OTHER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI CREDENTIAL #	
	OTHER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
PROJECT (CHECK ONE)	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REMODELING <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____					
BLDG TYPE (CHECK ONE)	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> OTHER _____					
WORK TYPE (CHECK ALL PROPOSED WORK)	<input type="checkbox"/> BUILDING CONSTRUCTION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING/VENTILATING/AIR CONDITIONING <input type="checkbox"/> OTHER _____					
EST COST (LABOR AND MATERIALS)	BUILDING CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HVAC(\$)	OTHER (\$)	TOTAL ESTIMATED COST (\$)
JOB DESCRIPTION (DESCRIBE ALL PROPOSED WORK)	Your e-mail: _____					
BUILDING FEATURES (COMPLETE THIS SECTION FOR NEW BUILDINGS AND ADDITIONS ONLY)	CONSTRUCTION TYPE (Site Constructed or Manufactured)		BASEMENT? (Yes or No)	# OF STORIES (Above Basement)	FOUNDATION TYPE (Poured Concrete, Masonry Block, Treated Wood, Etc.)	
	ELECTRICAL SERVICE SIZE (Amperes)		ELECTRICAL SERVICE LOCATION (Overhead or Underground)		BUILDING USE (Permanent or Seasonal)	
	HVAC EQUIPMENT (Forced Air, Radiant, Heat Pump, Boiler, Etc.)		HVAC FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Solid Fuel, Solar, Etc.)		WATER HEATING FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Etc.)	
	CENTRAL AIR CONDITIONING? (Yes or No)		SEWER TYPE (Municipal or Private)		WATER SUPPLY (Municipal Utility or Private Well)	
SIGNATURE	<input type="checkbox"/> ENTER YOUR INITIALS IN THIS BOX TO VERIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS DETAILED BELOW (REQUIRED FOR APPLICATION TO BE PROCESSED)			APPLICATION DATE	CONSTRUCTION START DATE	

BY INITIATING THE BOX ABOVE, THE PERMIT APPLICANT DOES HEREBY CERTIFY THAT: (1) ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. (2) THE PERMIT APPLICANT UNDERSTANDS THAT THE ISSUANCE OF A PERMIT CREATES NO LEGAL LIABILITY, EXPRESSED OR IMPLIED, ON THE VILLAGE OF HOWARD OR ON ANY OF ITS EMPLOYEES. (3) IN THE PERFORMANCE OF ALL WORK COVERED, THE PERMIT APPLICANT WILL BE BOUNDED BY AND SUBMIT TO ALL STATUTES OF THE STATE OF WISCONSIN, CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE VILLAGE OF HOWARD, AND ABIDE BY ALL RULES AND REGULATIONS PRESCRIBED BY THE DEPARTMENT OF CODE ADMINISTRATION.