

## PRIVATE WELL OPERATING PERMIT

New Renewal Renewal			
Property Address:			
Property Owner:		Phone: _	
WELL INFORMATION Expira	tion Date:	Well ID#	
Complete well construction form attac	hed (new wells only)	Yes	No 🗌
Well Inspection form from licensed personnel attached		Yes	No
Has well construction changed in the last 5 years (renewals only)  Yes  No			
APPLICANT SIGNATURE: DATE:			DATE:
APPLICATION FEE:		DATE PAID:	
UTILITY INSPECTION REPORT			
Inspection verifies that no cross connection exists between public water system and the Private Well:			
Yes No			
Comments:			
Utility Representative Signature:			Date:
<b>WATER SAMPLE RESULTS</b> **One safe sample must be produced to obtain permit**			
Sample 1: Date:	Sampled by:		Results:
ADDITIONAL SAMPLES IF REQUIRED			
Sample 2: Date:	Sampled by:		Results:
Sample 3: Date:	Sampled by:		Results: