2014

DUNN COUNTY
PUBLIC HEALTH DEPT
3001 US Hwy 12 E, Suite 032
MENOMONIE, WI 54751
Phone 715-232-2388
Fax 715-232-1132

DUNN COUNTY WELL PERMIT APPLICATION

County Well Permit Number _____

Please Print all Information

INFORMATION TO BE COMPLETED BY THE APPLICANT

Property Owner | Telephone Number

Site Development Plan (please attach appropriate maps/sketches)
☐ Building Plan Attached ☐ Abandoned Well Location

Mailing Address

Well Location ☐ Town ☐ City ☐ Village

City | State | Zipcode

Well Street Address / Fire Number

Well Type
☐ New ☐ Replacement ☐ Reconstruction

Subdivision | Lot No.

Approximate Drill Date

Location
_____ ¼ of _____ ¼ of
Section _____ ; T _____ N; R. _____ W

Current number of wells on property: _____
Number unsafe, unused, or non-complying wells to be abandoned _____

Designated Agent's Name

Well Constructor | License No.

Address: _____
_____

Phone # | Cell # | E-mail address

E-mail _____

Driller (if different) | Phone #

Pump Installer (if different) | Phone #

Information provided with this application is true and correct to the best of my knowledge.

Signature of Owner or Designated Agent: _____ Date _____

Abandonment Contractor (if different) | Phone #

FOR COUNTY PERMIT USE

Date Received

DNR Variance
☐ Approved ☐ Disapproved
☐ Requested ☐ Not Required

Floodplain Delineation
☐ Floodway
☐ Flood fringe
☐ N/A _____

Flood Protection Elevation
_____ ft./msl

Permit Fee
☐ Paid ☐ Not Paid

Check # | Amount

Comments
_____
_____
_____

Permit Application is: ☐ Granted ☐ Denied

This permit shall remain in valid until: _____

Signature _____

Date Signed _____

PIN # _____

FOR COUNTY INSPECTION USE

Casing is:
_____ Inches in Diameter
_____ Inches Above Grade

Sealed
☐ Yes ☐ No

Comments
_____
_____
_____
_____

Date Inspected: _____

☐ Before ☐ During ☐ After Construction

Signature _____