



Green County Land and Water Conservation

1627 4th Avenue West
 Monroe, WI 53566
 608-325-4195 ext120

WELL PERMIT APPLICATION

(INFORMATION TO BE COMPLETED BY THE APPLICANT)

A diagram of the site (**not less than 8 1/2 by 11 inches**) and shall include the location of all structures, all other wells (used or unused) and sources of water, septic tanks, septic absorption fields, underground fuel storage tanks, animal yards and other sources of contamination; at least one property line, North arrow, the property access road and nearest public road. Distances shall be provided by dimension or to scale. For large parcels (>10 acres) the plan must include a small scale diagram showing all property lines and adjacent roads in addition to the large scaled diagram showing site details.

Property Owner (Print)	Telephone Number	Site Development Plan <input type="checkbox"/> Building Plan attached or <input type="checkbox"/> Sanitary Plan Attached or <input type="checkbox"/> Other	
Mailing Address (Print)	Well Location <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village OF _____		
City State Zip Code	Well Street Address	Fire No. (If Available)	
Well Type <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Reconstruction	Subdivision Name or Certified Survey Map No:	Lot No.	Block No.
Well is a <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Other _____	Tax Parcel No. (If available)		
Current number of wells on property: _____ No. of unsafe, unused or noncomplying wells to be abandoned: _____	GPS Coordinates (Lat/Long deg/dec.m): _____ N _____ E Government Lot No. _____ OR _____ 1/4 of _____ 1/4 of Section _____; T _____ N; R _____ E		
Information provided with this application is true and correct to the best of my knowledge Signature of Owner _____ Date Signed _____	Well Constructor (Print)	License No.	
Comments:			

FOR COUNTY USE

Date Received	DNR Variance <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Requested <input type="checkbox"/> Not Required	Floodplain Delineation <input type="checkbox"/> Floodway <input type="checkbox"/> Floodfringe <input type="checkbox"/> Other _____	Flood Protection Elevation _____ ft./msl ~Surface Elevation of Well _____ ft./msl
Permit Fee <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid			
County Well Permit No.	Special Well Casing Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to nearest Landfill: _____ ft		
Permit Application is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied Permit shall remain valid until: _____ (Date) Signature of Permitter _____ Date Signed _____	Comments:		