



**Private Well Operating Permit**  
License expires on June 30<sup>th</sup>, 20\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Is the property served by a municipal water system? ☐ Yes ☐ No

Is there any cross connection between public water system and the private well? ☐ Yes ☐ No

Date that the well pump system was last evaluated by a licensed well driller or pump installer

and certified: Date inspected: \_\_\_\_\_ by \_\_\_\_\_

*Attach appropriate statement or report from certified well driller or pump installer that the well has been inspected and is in compliance with NR 812 sub-chapter IV, and 8-4-5 B(5) of the City Code.*

Has a well construction report been filed with the Department of Natural Resources?

☐ Yes ☐ No (If yes, attach a copy of the report)

Well Information	
Depth	
Location	
Diameter	
Contractor	
Date Constructed	
Purpose of Well	

Bacteriological Water Samples – taken at least 2 weeks apart	Date Taken	By
Sample #1		
Sample #2		
Sample #3		
Nitrate Sample		

**The results of the 3 bacteriological water samples and the 1 nitrate sample must be attached to this application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For Office Use:	<i>Account 01.43410 - Code 27</i>	
\$75.00 permit fee - due by June 30 <sup>th</sup>	Receipt No. _____	City Code – Title 8, Chapter 4
Private Well Operation Permit - Date Issued: _____	Permit # _____	Expires: June 30, 20_____
_____ Jeremy Hoyt, Water Utility Superintendent	_____ Kate Martin, City Clerk	