

VILLAGE OF BENTON PRIVATE WELL PERMIT APPLICATION

Name of applicant: _____

Mailing address of applicant: _____

Physical address of well: _____

Reason for needing well: _____

Date well was constructed: _____

1st Bacteriological sample collection date ____/____/____ (These three tests required for first year

2nd Bacteriological sample collection date ____/____/____ only. One each subsequent year.)

3rd Bacteriological sample collection date ____/____/____

Nitrate + Nitrite sample collection date ____/____/____

Location of Well or Coordinates:

Is there a physical connection between the village water service and the private well: YES NO

The well has been checked by (PRINT NAME): _____

CIRCLE ONE: Licensed Well Driller Licensed Pump Installer VBWU Representative

Signature of Inspector _____ License # _____

Or

Signature of Village of Benton Water Utility Representative: _____

*****Needs only to be inspected by one of the above*****

By signing below you certify that you have read and understand the Village of Benton Well Abandonment Ordinance.

Signature of Applicant _____ Date: _____

Listed below are three laboratories that the Village of Benton has used. The Village of Benton is not endorsing any of the following laboratories, this information is provided as a courtesy only.

LV LABS 320 S. ADAMS ST. LANCASTER, WI 53813 PHONE (608) 723-4096
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STATE LAB OF HYGIENE P.O. BOX 7996 2601 AGRICULTURE DRIVE MADISON, WI 53707-7996 PHONE (800) 442-4618

ENVIROSCAN SERVICES 301 W. MILITARY RD. ROTHSCHILD, WI 54474 PHONE (800) 338-7226
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PLEASE ATTACH A COPY OF LABORATORY RESULTS TO THIS APPLICATION