



104 E. Main St.
P.O. Box 202
Durand WI 54736

PRIVATE WELL PERMIT FIVE YEAR PERMIT

Fee: \$75.00

Property Owner: _____

Address: _____

Date: _____

Phone No. _____

I certify that the water sample result presented, was taken from the well at the above address and that the well as been inspected and is compliant with the DNR well drilling code NR812.42.

Applicant's Signature _____ Date _____

Utility Superintendent's Report

Bacti sample date _____ Inspection Date: _____

Results: Safe _____ Unsafe _____

Permit Approved By: _____