

WELL OPERATION PERMIT
Village of Lannon Ordinance 74-159

Rev. 2021.12.23

A. APPLICANT INFORMATION

Property Address: _____
 Property Tax Key: _____
 Property Owner Name: _____
 Phone Number: _____

- Required Attachments:
- DNR form 3300-221 titled "Property Transfer Well and Pressure System Inspection"
 - DNR Well construction report or Casing Depth Verification Report
 - Well sample result from last 30 days
 - On-going well sample chart (on next page)
 - Permit application fee of \$25.00
 - Cross connection control survey results (to be provided after having received pending approval from Village)

VILLAGE OF LANNON OFFICIAL USE

Received on: _____
 Received by: _____
Pending approval to proceed, contingent upon passing a building inspection and a cross connection control survey:
 Issued on: _____
 Issued by: _____
 Final approval
 Issued on: _____
 Issued by: _____
 Permit Expiration Date (5 years): _____

By signing this form, I hereby acknowledge that I am the owner of this well, that I have read and understand the requirements of the well operation permit, that this form has been filled out truthfully, that the well will only be used for outdoor purposes, that building permits are required to initially separate the well for outdoor use, that this well is no longer under the guarantee of any quarry or the Village of Lannon since I have access to municipal water, and that I agree to comply with all requirements of Village Ordinance 74-159 solely at my own expense including sampling, construction, reapplication, and abandonment.

Property owner signature: _____ Date: _____

B. NR 812 WELL CONSTRUCTION REQUIREMENTS AT TIME OF PERMIT APPLICATION (REQUIRED)

Note: Any variances must be granted in writing by the DNR in accordance with NR 812.43.

| | | |
|--|---|--|
| 1 | Well construction was reviewed by a licensed professional as defined by NR 812.27(1)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1 | What is the year of well construction? | |
| 2 | Is a well construction report available for the well, and is it attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | If no well construction report is available, has a well casing pipe depth verification report been submitted to the DNR per NR 812.10(15), and is it attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | Does the well construction comply with the requirements in place at the time of construction per NR 812.42(1)? Note that NR 812.42(11) states that a well constructed in violation of the requirements in place at the time of construction may not be reconstructed. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 | What is the casing height? | |
| 6 | What is the casing depth? | |
| 7 | If the well has been constructed since 1959, does the casing depth comply with the DNR Village of Lannon Special Well Casing Area of 1959 that requires 100-feet of cement mortar filled casing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional comment by Licensed Professional: | | |

C. WELL CONSTRUCTION REQUIREMENTS AT TIME OF WELL SERVICE (ACKNOWLEDGEMENT)

The property owner must acknowledge that the DNR requires compliance with modern well construction standards when the well is serviced in the future, such as during a pump replacement. This includes, but may not be limited to, non-compliant well height or deepening, sample faucet, casing height, well cap or seal, and non pressurized conduit per NR 812.42. Acknowledged

D. SAMPLING REQUIREMENTS

The applicant is responsible to obtain water quality samples tested for bacteria and chlorine at the Waukesha County Health Department or a different state certified lab within 30 days preceding the application, one annual sample collected during the months of May-September, and after servicing. (Track required samples on next page.)

Property owner agrees to complete and report all required samples? Yes No

E. RIGHT TO CURE PROVISIONS, NON-RENEWAL, and ABANDONMENT REQUIREMENTS

If the well tests positive for coliform or E.coli bacteria, no longer produces water, or does not conform to DNR construction requirements, the applicant has the right to cure, in accordance with all methods approved by DNR, including chemical disinfection and well reconstruction. If any sample result indicates the presences of coliform or E.coli bacteria, a licensed professional, as defined by NR 812.27(1), may attempt to correct the situation as allowed by NR 812.27(8). The applicant acknowledges that in the event that the well no longer produces water or in the event that the well tests for bacteriologically unsafe water after the third attempt at corrective action, the well must be abandoned within 30 days at the applicant's expense and in accordance with all requirements of NR 812.26. In the event that a well permit is not renewed for any reason, including non-reapplication for a permit prior to expiration, the well must be abandoned in full accordance with the abandonment requirements and procedures of Lannon Ord. § 74-158 without further notice from the village and shall be subject to a special charge as provided in Lannon Ord. §74-158 and other sanctions including per diem forfeitures for each day of non-compliance with this ordinance.

ONGOING WELL SAMPLE REQUIREMENTS AND RESULTS

Village of Lannon Ordinance 74-159

| |
|----------------|
| Address: _____ |
| Tax Key: _____ |
| Name: _____ |

This chart must be kept up-to-date by the property owner and submitted to the Village Clerk after each sample result for tracking purposes. The property owner has the right to cure as allowed by Village Ordinance 74-159 and described on the Well Operation Permit form. Every sample must be reported and the sample result should be attached.

REQUIRED SAMPLES:

| | | | | | |
|---|--|--|--|--|--|
| <input type="checkbox"/> Within 30 Days prior to application | <input type="checkbox"/> Year 1 May-Sept. | <input type="checkbox"/> Year 2 May-Sept. | <input type="checkbox"/> Year 3 May-Sept. | <input type="checkbox"/> Year 4 May-Sept. | <input type="checkbox"/> Year 5 May-Sept. |
|---|--|--|--|--|--|

SAMPLE RESULTS:

| | | | |
|---|--|--|---|
| 1 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 2 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 3 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 4 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 5 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 6 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 7 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 8 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|---|--|--|---|
| 9 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 10 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 11 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 12 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 13 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 14 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____

| | | | |
|----|--|--|---|
| 15 | Sample Date: _____ | Lab: _____ | State Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Chlorine: Yes <input type="checkbox"/> No <input type="checkbox"/> | Coliform: Yes <input type="checkbox"/> No <input type="checkbox"/> | E.coli: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes: _____