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State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Continuing Obligations / Residual Contamination Well Approval Application

Form 3300-254 (R 06/22)

Notice: This form is authorized under ss. 280.11 and 281.11, Stats., and s. NR 812.09(4) and (4)(w), Wis. Adm. Code. Information requested is required to determine if an approval for construction or reconstruction of a well may be granted, under s. NR 812.09(4) and (4)(w), Wis. Adm. Code, for sites on the Wisconsin Remediation & Redevelopment database with residual contamination and continuing obligations. Failure to submit this form or provide all required information may result in your application for approval being denied or your well operating in violation of ch. NR 812, Wis. Adm. Code, or both, and may result in penalties under ss. 281.98 and 280.97, Stats.

Personally identifiable information on this form is not likely to be used for any purpose other than administration of the water supply program. However, copies of this form are available to requesters under Wisconsin's Public Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Applicant Information

Last Name	First	MI	Daytime Phone Number (include area code)		
Mailing Street Address and PO Box		City	State	ZIP Code	

Well Site Information

Facility or Site Name (if any)		BRRTS ID No. (if known)							
Address of well (if different than owner)		Gov't Lot #	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$	Section	Township	Range	<input type="radio"/> E <input type="radio"/> W
<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village of _____		State	ZIP Code		County				
Subdivision Name		Lot Number			Block Number				

Well Construction Information

If approval request is for an existing well, include the following well construction information, if known. Include copy of well report if possible.

Well Type <input type="radio"/> Drilled <input type="radio"/> Driven Point <input type="radio"/> Other _____	Casing Depth	Total Well Depth		
Name of Original Well Owner	Date Well Constructed	Constructed By		WUWN

Approval Information

Proposed construction and location of well, i.e., to avoid the contamination.

Identify well construction reports for any existing wells, on property or adjacent property, if available.

Are there any other setback separation distance requirements in NR 812.08 that would require a variance to construct the well?

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Site Drawing

- Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, contaminant plume, septic systems, gas tanks, drain tiles, animal pens, etc.)
- Show slope arrows from well and contamination sources, if lot is sloped
- Attach any extra sheets of other information, which may be useful in describing your situation

(North)

- Department regional personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial with 65 business days of receipt of this application, as provided by s. NR 812, Wis. Adm. Code.

SITE DRAWING

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if an approval can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting an approval the Department does not guarantee acceptable water quality or quantity.

Owner's or Authorized Agent's Signature

Date Signed

Printed Name of the Owner or Authorized Agent

Name and Address of Well Driller, Well Contractor or Pump Installer, if known

[Your Department of Natural Resources Office]

MAIL THIS APPLICATION TO: