Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Return completed form to:
Department of Natural Resources
Water Use Section - DG/5
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

High Capacity Well & Surface Water Withdrawal System Ownership Change

Form 3300-266 (R 05/19)

Notice: Pursuant to Chapters 30 and 281 of the Wisconsin Statutes, and ss. NR 812.09(4), NR 856.21(1) Wis. Adm. Code, the new owner of a surface water withdrawal system shall use this form to apply for continued operation of a registered water supply system following a change of ownership. The new owner of a high capacity well shall use this form to notify the Department following a change of ownership. Unsigned and otherwise incomplete applications will not be approved. Personal information collected will be used for administrative purposes and may be made available to requesters to the extent required by Wisconsin's Open Records Laws, (ss. 19.32 - 19.39, Wis. Stats.).

New Owner Informat	ion									
New Owner (Name of Person and Title)			Company							
Street Address			ity		State	ZIP Code				
Phone Number (include area code)			Email Address							
Former Property Own Former Owner (Name			company							
Tomer Owner (Name	or reison and mile)		отрану							
Street Address			ity	State	ZIP Code					
Phone Number (include area code)			Email Address							
Source Operator Info Source operator if differen	rmation int than new owner (Name o	f Person and Title)	ompany							
Street Address			ity	State	ZIP Code					
Phone Number (include	area code)	E	Email Address							
Property Information										
	township of the property a permit number use a sep		following information as app number.	licable. If y	ou have	more than one				
County	Town	Н	ligh Capacity Well File No.	Water	Water User Property No.					
Water Use Permit										
For properties in the G water at volumes that a transfer the permit. Add	everage 100,000 gallons politional steps and informat	er day or more in any ion may be required.	ay have received a water use y 30-day period, please chec For conditions of the current .wi.gov/topic/wateruse/permi	k the appro water use	opriate b	ox below to				
Please select the appro	opriate box:									
This property has	a General Permit and new	v owner requests trar	nsfer of the General Permit.							
	an Individual Permit and new oer day for 30 days in a row		eneral Permit because new ov	vner will not	t withdra	w at least				
O This property has a day for 30 consecu		w owner requests an I	ndividual Permit (plans to with	draw at leas	st 1,000,	000 gallons per				

¹If new owner requests an Individual Permit, please contact 608-266-2299 to obtain an individual water use permit application as Department approval is required for the transfer of an Individual Permit.

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Required Attachments

Attach one of the maps described in paragraph A. or B. below. Plot the existing source locations on the map. Identify the well locations on the map using their Wisconsin Unique Well Numbers or a High Capacity Well Numbers.

- A. Copy of a plat map with property boundaries clearly shown. If the property is contiguous with property that you own in another township, include a copy of that township map too, showing the property boundaries. If you are not identified on the plat map as the owner, list the date or dates that you purchased the property.
- B. Map of the property prepared by a licensed land surveyor and the property description as described by the surveyor.

Existing Source Information										
Enter the following information for a sheets.	III sources	s associated	d with	n the change o	of ownershi	p. If more that	n four sourc	ces, submit a	dditional	
	Source 1			Source 2		Source 3		Source 4		
Source Name Assigned by Owner (e.g. North Well, etc.):										
Type of Source (e.g. Well, Surface Water, Pond, etc.)										
WI Unique Well Number or NA if no number:										
DNR High Capacity Well Number or N/A if none:										
Public Water System ⁴ ID Number, if Public (if not public, NONE):										
Potable or Non-Potable Use:										
Use of Source (Irrigation, Industrial, Residential, etc.):										
Approved Pumping Capacity in Gallons Per Minute (gpm):										
Well Loc: Quarter Quarter Section	1	¼ of	1/4	1⁄4 of	1/4	1⁄4 of	1/4	1⁄4 of	1/4	
or Government Lot Number										
Section or French Long Lot No.										
Township:	T N		T N		T N		T N			
Range (Select E or W):	RO E O W		R O E O W		R O E O W		ROEOW			
Latitude (Decimal Degrees)										
Longitude (Decimal Degrees)										
GPS Map Datum (WGS84, WTM91, etc.)										
Certification and Applicant Sign	atures									
By signing this form, the applicant of with ch. NR 812, Wis. Adm. Code. is accurate and correct, and agrees	The applic	cant also ce	ertifie	s that to the b	est of his o	r her knowled	ge, all infor	mation in the	application	
Name (print)						Check Box				
						0	Owner C) Agent of the	Owner	
Signature of Applicant			Company				Date Signed			

Mail signed form to the address in upper left-hand corner on the front of this form.

⁴ A Public water system is a system tor the provision to the public of piped water for human consumptions it such system has at least 15 service connections or regularly serves an average of at least 25 Individuals daily at least 60 days per year. A public water system is either a community water system or a non-community water system. Such system includes: (a) Any collection, treatment, storage, and distribution facilities under control of the operator of such system and used primarily in connection with such system, and (b) Any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. (NR 812.07(80)]