



Village of Sister Bay
 2124 AUTUMN COURT
 PO BOX 91 • SISTER BAY, WI 54234
 PHONE: (920) 854-2246 • FAX: (920) 854-7602
 E-MAIL: UTILITYCLERK@SISTERBAY.COM

Well Permit

THIS AREA FOR OFFICE USE ONLY	
Permit No.	Expiration Date
Fee Amount Paid:	Receipt #:

NAME & MAILING ADDRESS	TYPE OF PERMIT – WELL DATA
Property Owner (Mailing Address)	<input type="checkbox"/> New well
Street Address	<input type="checkbox"/> Existing well outside service area
City • State • ZipCode	<input type="checkbox"/> Existing well inside service area
Address Of Property (DO NOT include City/State/Zip Code)	Is this property connected to public water? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this property connected to public sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parcel Identification Number (PIN) 181-	Year well constructed _____ Well depth _____
City • State • Zip Code	Casing depth _____ Size of well _____

SKETCH OF WELL LOCATION

SKETCH the location of any existing buildings and the location of the well. Include the dimensions in feet to the buildings and property lines for the location of the well. LABEL all abutting roads, highways, lakes, streams or wetlands.

Remember to attach copies of the water quality testing report(s).

CERTIFICATE

I, the undersigned, hereby apply for well permit approval and certify that all the information both above and attached is true and correct to the best of my knowledge. I hereby authorize the Utilities Manager to enter the above-described property for purposes of obtaining information pertinent to my application request.

Signature _____ Date _____

Daytime Contact Number (_____) _____ - _____ Email _____

APPROVAL

<input type="checkbox"/> APPROVED	Utilities Superintendent _____	Date _____
<input type="checkbox"/> DENIED	_____	