



City of Hudson
505 Third Street
Hudson, Wisconsin 54016-1694
FAX: (715)386-3385
www.ci.hudson.wi.us

Kip Peters
Hudson Public Utilities Director
kpeters@ci.hudson.wi.us
(715)386-4760, ext. 115

Jim Frye
Chief Operator

WELL OPERATION PERMIT

The State of Wisconsin Department of Natural Resources (DNR) mandates that municipalities create a private well ordinance that requires private wells to be abandoned once municipal water is available and hooked up to the property. However, the DNR does allow for continued uses such as for car washing and lawn watering if the proper steps are taken and a well operation permit is obtained. The well operations permit must be obtained within 1 year after connecting to municipal water and is good for **5 years**. A renewal for the permit may be made, provided that the owner reapplies for the permit prior to the five year expiration date. If renewal does not occur, then the well must be abandoned according to Wisconsin DNR Regulations.

To obtain a well operation permit the following items must be submitted to the City of Hudson Utilities for review:

- A completed Well Operation Permit application form. The application must indicate what the well will be used for.
- Safe water sample results by a certified laboratory, not more than one year prior to the application date. The water sample must be tested for Coliform Bacteria and E Coli.
- Verification from the City of Hudson Utilities that no physical connection exists between the piping of any water and waste water utility system and the private well. Information can be obtained through the Utility office at 715-386-4760 ext.145.
- A signed affidavit or letter from a Wisconsin Department of Natural Resources licensed pump installer or well driller which certifies that the well conforms to Wisconsin Administrative Code NR 812.
- Permit fee - \$400.00 (good for 5 years)



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Well Operation Permit

Owners Name: _____

Address of Well: _____

Owner Phone Number: _____

Owner Email: _____

What is the intended use of the well water (Check all that applies):

- Vehicle Washing
- Lawn Watering
- Garden Watering

The applicant recognizes the following:

- The granting of this permit does not mean that the City of Hudson Utilities has determined that the well or water taken from it is safe or in conformity with any rules and regulations thereon.
- The City of Hudson Utilities is not responsible for the maintenance of the well, notification of future permitting or for informing the owner of new or existing regulations pertaining thereto.
- The City of Hudson Utilities assumes no liability in regards to monitoring the well or the water taken from it.
- Well and pump installation meet the requirements of chapter NR812 Wis. Adm. Code and a well constructor's report is on file with the department of natural resources, or certification of the acceptability of the well has been granted by the private water supply section of the department of natural resources.

Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of Hudson's Municipal Code and any special conditions attached hereto, and any plans, details, or notes attached hereto and made a part thereof. Failure to comply with any regulations and/or conditions in this permit will make the permit null and void.

Applicant Signature: _____ Date: _____

For office use only:

Tax Key Number if applicable	
Laboratory Certified Safe Water Test Result (not more than 1 year prior to application date)	
Signed Affidavit or Letter from WI DNR Licensed Well Pump Installer or Driller	
Utility Inspector verification that cross connections do not exist between public system and private well	Signature of Inspector _____ Date _____
Permit Fee Paid - \$400.00	

Approved Not Approved Director/Designee: _____ Date Issued: _____



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Well Operation Affidavit

I hereby certify that to the best of my knowledge, the private well located at

_____, in the City of Hudson or Village of

North Hudson, Wisconsin does conform to Wisconsin Administrative Code NR 812.

Licensed Professional Signature & Printed Name:

Signature: _____

Printed Name: _____

Credential Title: _____

License Number: _____

Phone Number: _____

Email: _____

Date: _____