

Notice: This form is authorized by ss. 281.11, 281.19(1) and (2) and 280.11, Wis. Stats., and ss. NR 108.04(2)(a) and NR 811.13(1)(h)(3), Wis. Adm. Code. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is punishable: by a forfeiture of not less than \$10 nor more than \$5,000; or by a fine of not less than \$10 or more than \$100 or imprisonment of not more than 30 days, or both. Each day of continued violation is a separate offense (ss. 299.97 and 280.97, Wis. Stats.). Personally identifiable information on this form will be used for no other purpose.

System Information

Water System Name			Water System Owner Name (if different than Water System Name)		
Water System Representative (examples: clerk, sanitary district president)			Water System Contact (examples: operator, water superintendent)		
Name			Name		
Street Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number	Fax Number		Telephone Number	Fax Number	
E-Mail Address			E-Mail Address		

Designer Information

Project Designer Name			Firm Name		
Street Address			Telephone Number	Fax Number	
City	State	ZIP Code	E-Mail Address		

Project Information

Designer's Project Identification Number	Latest Revision Date
Brief Project Description:	

Items Enclosed and Number of Copies

<u>Item</u>	<u>No. of Copies</u>	<u>Item</u>	<u>No. of Copies</u>
<input type="checkbox"/> Plans	_____	<input type="checkbox"/> Well Pump Checklist	_____
<input type="checkbox"/> Specifications	_____	<input type="checkbox"/> Water Main Extension Checklist	_____
<input type="checkbox"/> Engineering Report	_____	<input type="checkbox"/> Wellhead Protection Plans	_____
<input type="checkbox"/> Owner Approval Letter (Mains Only)	_____		
<input type="checkbox"/> Chemical Addition Checklist	_____		