

Send All Copies To:

State of Wisconsin
 Department of Natural Resources
 Private Water Systems, DG-2
 P.O. Box 7921
 Madison, WI 53707

APPLICATION FOR CHLORINATION

Form 3300-202

Rev. 5-97

File Ref: 3320

Date: _____

NOTE: Use of this form is required by the Department for any private water supply treatment application filed pursuant to chs. 280 and 281, Wis. Stats. Personally identifiable information on this form is not intended to be used for any other purpose.

Return all copies to the Department of Natural Resources, address above, for review and approval.

I request approval to install a _____, _____
 (Make) (Model)
 chlorination device on a well located in the _____ 1/4 of the _____ 1/4, Section _____, T _____ N,
 E
 R _____ W, (Village/Town/City) of _____,
 _____ County. (For wells constructed after 1987, the unique well number is _____.)

A bacteriological water test was taken and the results were reported as safe. The chlorinator is being installed for the following reasons. (See explanation on back and check below as appropriate.)

- A. Hydrogen Sulfide Control. C. Sulphur Bacteria Control. E. Iron Bacteria Control.
 B. Animal Water Treatment. D. Iron and/or Manganese Oxidation. F. Other - Describe _____

In making this application, I agree to the following:

1. Upon request, I agree to turn off the chlorinator for at least four (4) consecutive days (96 hours) so that an untreated water sample can be taken and tested for bacteriological safety.
2. That the unit will be installed according to manufacturer's instructions and any State of Wisconsin approvals.
3. That all connections to the well casing and cap shall remain watertight.
4. That I am aware of the responsibility to maintain my well in compliance with the construction and location requirements of ch. NR 812, Wis. Adm. Code.

The water treatment device may be installed after the application is processed and owner is notified of approval in writing.

Owner/Operator Signature	Date Signed
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CONTRACTOR/INSTALLER (Printed)
Name
Street or Route
City, State, Zip Code
Date To Be Installed

LEAVE BLANK - DNR USE ONLY
Received
Action
On
By

WELL OWNER/OPERATOR (Printed)
Name
Street or Route
City, State, Zip Code
Telephone Number (Include Area Code)

Conditions of Approval are specified on the back of this application.

EXPLANATIONS

(Explanation of reasons from first page.)

- A. **Hydrogen Sulfide Control** -Control of taste, odor and the corrosion associated with hydrogen sulfide.
- B. **Animal Water Treatment** -Prevention of the growth of algae, slime, and bacteria in livestock or poultry water systems by providing more potable water. Prevention of the spread of disease among livestock or poultry through the livestock or poultry water systems that otherwise is contaminated by foreign material (saliva, etc.), introduced by the animals or poultry.
- C. **Sulfur Bacteria Control** - Control of slime-producing organisms that reduce sulfates to hydrogen sulfide (sulfate reducing bacteria).
- D. **Iron and/or Manganese Oxidation** -Precipitation of iron and/or manganese as the first step in the removal of those minerals by the oxidation/filtration method.
- E. **Iron Bacteria Control** -Control and prevention of fouling of pumps, wells and water systems with the biological precipitation of iron (ochre) associated with iron bacteria and other slime forming organisms.
- F. **Other - Describe** - Other taste and odor problems not described in A - E above in the space provided.