

**HOBART UTILITY DISTRICT
WELL OPERATION PERMIT**

Permit#

APPLICANT

Owner Name: _____

Address: _____

Phone #: _____

Permit Application Fee: _____

Date Paid: _____

Check # _____

TO THE DISTRICT INSPECTOR: The undersigned hereby applies for a permit to operate a private well. Well operation will be in accordance with all applicable State and Local Codes, and ordinances of Hobart Utility District.

PROPOSED USE OF WELL(Choose all that apply):

- Lawn Watering Gardening Washing Car
 Filling Swimming Pool Other _____

Signed: _____ Date: _____

(Property Owner)

LAB RESULTS (To be filled out by Hobart Utility District)

DNR Certified Lab: _____ Cert. No.: _____

Coliform Test:

Results: _____ Date: _____

Arsenic Test:

Results: _____ Date: _____

WELL INSPECTION COMPLETED: _____ Success / Failure

CROSS CONNECTION INSPECTION COMPLETED: _____

Note: Attach results from Lab to back of form.

HUD Use Only: - Well Operation Granted - Well Operation Denied

Signed: _____ Date: _____

Date Permit Terminates _____