

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

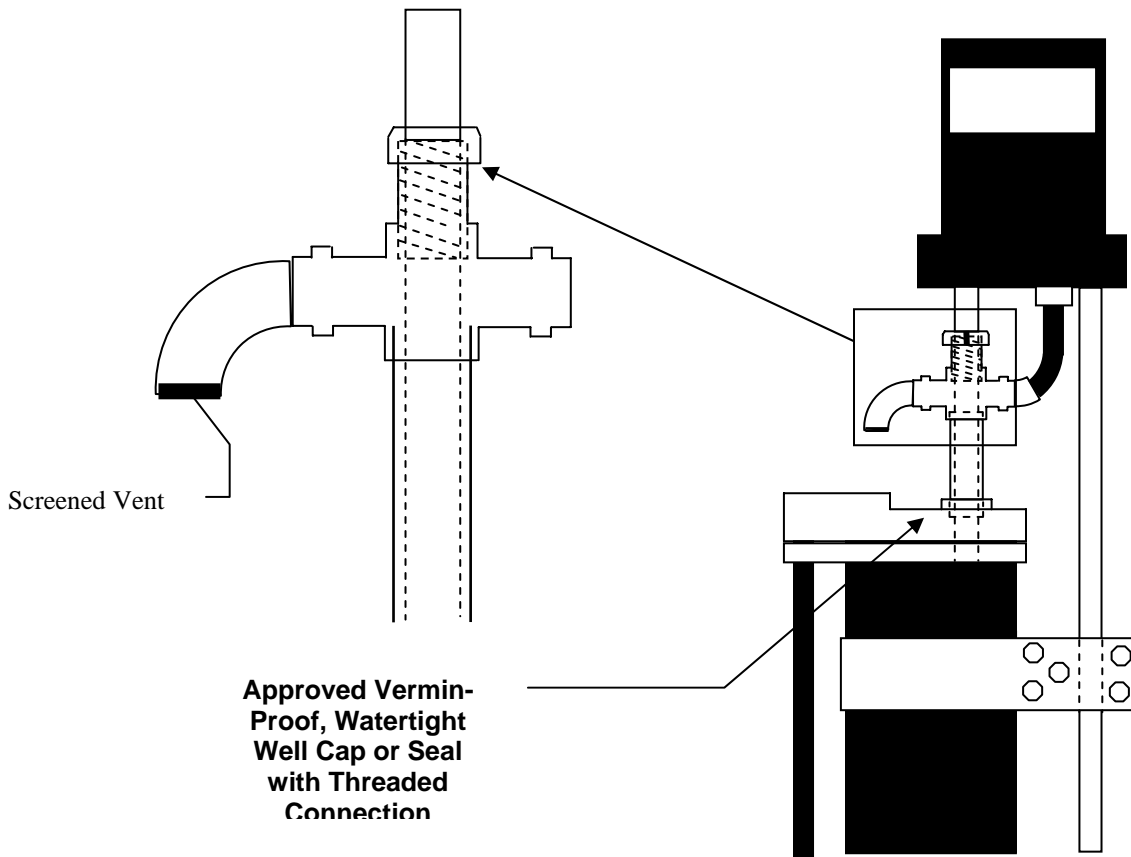
(Explanation of reasons from first page.)

- 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.

Pellet Chlorinator Installation Criteria

DNR and Dept. of Commerce
Approved Pellet Chlorinator

Approved Drop Tube Assembly



Conditions of Approval

- The installation shall comply with the requirements of section NR 812.30, Wisconsin Administrative Code for an approved vermin-proof, watertight well cap and drop tube assembly.
- The pellet chlorinator shall be installed by a licensed pump installer or by the well owner.
- _____
- _____
- _____

NOTICE OF APPEAL RIGHTS

If you believe that you have a right to challenge this decision, you should know that Wisconsin statutes and administrative rules establish time periods within which requests to review Department decisions must be filed. For judicial review of a decision pursuant to sections 227.52 and 227.53, Stats., you have 30 days after the decision is mailed, or otherwise served by the Department, to file your petition with the appropriate circuit court and serve the petition on the Department. Such a petition for judicial review must name the Department of Natural Resources as the respondent.

To request a contested case hearing pursuant to section 227.42, Stats., you have 30 days after the decision is mailed, or otherwise served by the Department, to serve a petition for hearing on the Secretary of the Department of Natural Resources. The filing of a request for a contested case hearing is not a prerequisite for judicial review and does not extend the 30 day period for filing a petition for judicial review.

All requests for contested case hearings must be made in accordance with Section NR 2.05(5), Wisconsin Administrative Code. This section of the code requires that the grounds for the petition for the hearing be identified and that the desired changes be described. Pursuant to Section NR 2.05(5) Wisconsin Administrative Code and Section 227.42 Statutes, you are required to include specific information demonstrating the following:

- a. The substantial interest of the petitioner which is injured in fact or threatened with injury by Department action or inaction:
- b. That there is no evidence of legislative intent that this interest is not to be protected:
- c. That the injury to the petitioner is different in kind or degree from the injury to the general public caused by the Department action or inaction: and
- d. That there is a dispute of material fact (you must specify the disputed fact).

This notice is provided pursuant to Section 227.48(2), Statutes.