

Notice: Completion of this form is mandatory as required by s. NR 820.13 Wis. Adm. Code and s. 281.34(6), Wis. Stats. Personally identifiable information provided on this form is not intended to be used for any other purpose but may be made available to requesters under Wisconsin's Open Records law (s. 19.35, Wis. Stats.).

WELL OWNER

WELL OPERATOR

Name		Owner ID	Name		Operator ID
		Phone #			Phone #
Address			Address		
City	State	Zip Code	City	State	Zip Code
Email Address			Email Address		

WELL INFORMATION

Latitude and Longitude (in Degrees and Decimal Minutes) _____ ° _____ ' N _____ ° _____ ' W	PLSS (Public Land Survey System) _____ ¼ of the _____ ¼ or Gov't Lot # Township _____ Range _____ Section _____ <input type="checkbox"/> E <input type="checkbox"/> W
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Hicap Well #	Common Well Name	Site Well #	WI Unique Well #	PWS ID	Entry Point

PUMPAGE INFORMATION

PUMPAGE YEAR

**METHOD USED TO ESTIMATE
 OR MEASURE PUMPAGE**
 (See instructions for Method Codes)

WATER USE CODE
 (See instructions for Water Uses)

**GALLONS PUMPED OR
 WITHDRAWN**

MONTH	GALLONS PUMPED OR WITHDRAWN
EXAMPLE	_____, <u>71</u> , <u>602</u>
JANUARY	_____, _____, _____
FEBRUARY	_____, _____, _____
MARCH	_____, _____, _____
APRIL	_____, _____, _____
MAY	_____, _____, _____
JUNE	_____, _____, _____
JULY	_____, _____, _____
AUGUST	_____, _____, _____
SEPTEMBER	_____, _____, _____
OCTOBER	_____, _____, _____
NOVEMBER	_____, _____, _____
DECEMBER	_____, _____, _____

Signature: _____ Print Name: _____ Date: _____