

**Notice:** Information requested on this form is required by the Department for approval of the installation of individual closed loop heat exchange boreholes, pursuant to chs. 280 and 281, Wis. Stats and ch. NR 815, Wis. Adm. Code. The Department cannot process your application unless you provide the information requested. Personal information will be used for program administration and may be made available to requesters to the extent required by Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.) and requirements.

**Property Owner / Lessee Information**

Last Name		First Name		MI	Telephone Number (Include area code)	
Street Address			City		State	ZIP Code
Address of the Boreholes (if different)			City		ZIP Code	

**System Design**

I request approval to install: Closed Loop vertical system of 8 boreholes or less. or Closed loop vertical system of more than 8 boreholes. Attach plans and specifications.		Residential Commercial Industrial Other	Fusion Welding of Plastic Pipe to be Done By	
			Specify Borehole Seal Material	Drilling Method
Number of Boreholes	Depth of Boreholes Ft.	Diameter of Boreholes In.	Brand of Heat Exchange Fluid	

**System Location - TRS**

¼ / ¼	¼	Section	Township	Range	E W	City	Town	Village of _____	County
			N						

**System Location – Lat/Long (degrees & decimal minutes)**

**Latitude** \_\_\_\_\_ ° \_\_\_\_\_ . \_\_\_\_\_ **Longitude** \_\_\_\_\_ ° \_\_\_\_\_ . \_\_\_\_\_

**DNR Use Only**

**Geothermal/Plumbing Contractor/ HVAC Contractor**

Last Name		First Name		MI	Telephone Number (include area code)	
Firm Name						
Street Address			City		State	ZIP Code

**Driller & Drilling Firm**

Last Name		First Name		MI	Telephone Number (include area code)	
Firm Name						
Street Address			City		State	ZIP Code

**Comments (\*driving directions, special installation issues, etc.)**

**Applicant Certification**

I agree to comply with the design specifications of the system and conditions of the Department of Natural Resources approval. I also agree to report any conditions that occur which would adversely impact health or the environment.

Owner or Lessee Signature	Date Signed
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**DNR Use Only**

Action \_\_\_\_\_ On \_\_\_\_\_ By \_\_\_\_\_

**Site Drawing**

- Sketch the property and location of the wells. Include the scale of the drawing and direction and distances.
- Attach any extra sheets of other information, which may be useful in describing your situation.

*(North)*

**SITE DRAWING**

**Important Information**

- DNR personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial within 65 business days of receipt of this application.