## State of Wisconsin Department of Natural Resources

## ACKNOWLEDGEMENT OF RECEIPT BY DNR

Form 3400-105 Rev. 9-99

	LEAVE BLANK - FOR DNR USE ONLY
Name and Address of Owner (Clerk of Municipality, Sanitary District)	Date of Receipt
	2 a. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ı	Type of Project
	DNR Region
	Project Number
_	
Description of Project (extension, lift station, well, stp, etc.; street or subdivision	n)
If you have any questions regarding the status of the project submitted	, please contact one of the following DNR Program Bureaus:
Watershed Management	- (608) 266-3221
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Watershed Management	- (608) 266-3221
Watershed Management Drinking Water/Groundy	- (608) 266-3221
Watershed Management Drinking Water/Groundv  State of Wisconsin	- (608) 266-3221
Watershed Management Drinking Water/Groundy	- (608) 266-3221 vater - (608) 266-0857
Watershed Management Drinking Water/Groundv  State of Wisconsin	- (608) 266-3221 water - (608) 266-0857  ACKNOWLEDGEMENT OF RECEIPT BY DNR Form 3400-105 Rev. 9-99
Watershed Management Drinking Water/Groundy  State of Wisconsin Department of Natural Resources	- (608) 266-3221 vater - (608) 266-0857  ACKNOWLEDGEMENT OF RECEIPT BY DNR Form 3400-105 Rev. 9-99  LEAVE BLANK - FOR DNR USE ONLY
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