



**New Well Construction
 Permit Application**

Permit #: _____

Check this box for Reconstruction of Well

A. LOCATION

1. Contractor's Name _____ Address _____ Phone _____
 Contractor's E-mail _____

2. Owner's Name _____ Address _____ Phone _____
 Owner's E-mail _____

3. Location of Well: PIN _____ Subdivision _____ Lot _____ Block _____
 Township _____ T _____ N, R _____ W, Section _____ 1/4 _____ 1/4 _____ 1/4
 Well Site Address: _____
 Minnesota Unique Well #: _____
 List all lots, parcels, or properties that are to be served by this well:

B. PROPOSED NEW OR EXISTING WELL USE

1. Are there existing well(s) on the property? Yes No
 a. If yes, is the well: In use Not in use
 b. Check appropriate box concerning any existing well:
 A well sealing application is attached
 Owner will apply for a maintenance permit
 The well has been sealed and a log is attached

2. Proposed new well use: Residential/Farm Irrigation Non-community PWS Remedial Other _____

3. The minimum required isolation distances will be observed from the well to:
 a. Sources of contamination (i.e. sewer lines, septic system, animal yard) Yes No
 b. Buildings, gas lines, and electrical power lines Yes No
 c. Streams, water bodies, and areas subject to flooding Yes No

C. WELL CONSTRUCTION DETAIL

1. The proposed well will be: Cased Cased & Grouted Other _____

2. Casing material: Welded steel Threaded and coupled steel Other _____

3. The geologic formations, total depth, static water level, and casing depths will be approximate:

Thickness	Formation	Outer casing nominal diam.
From 0 ft. to _____	_____	_____
_____ to _____	_____	depth _____
_____ to _____	_____	Inner casing nominal diam. _____
_____ to _____	_____	depth _____
_____ to _____	_____	Total well depth _____
_____ to _____	_____	Static water level _____

4. Bore Hole Diameter to Depth _____ Bore Hole Diameter to Depth _____ Bore Hole Diameter to Depth _____

Continue to page 2

**OLMSTED COUNTY
PLANNING DEPARTMENT
Inspections Division**
2122 Campus Dr SE, Suite 100
Rochester MN 55904
Ph: 507.328.7100 Fx: 507.328.7958
Email: planningweb@co.olmsted.mn.us



New Well Construction Permit Application

Permit #: _____

D. WATER SYSTEM DETAILS

- The well is proposed to serve: Dwellings (how many _____), or Non-dwellings
- Identify which of the following items are proposed to be installed by the applicant:
 - Pitless adapter Pump (capacity _____ gpm) Pressure tank (draw down volume _____ gal.)
 - Water line(s) Backflow preventer Curb stop(s)
- Water system components which will not be installed by the applicant have been referred to the well owner for proper sizing and installation: Yes No

E. NOTICE AND SIGNATURE

I declare that the above information is correct and all materials, design of equipment, construction and workmanship will be supplied in accordance with the standards adopted by Olmsted County. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of the permitting authority shall be obtained before construction. All required notifications will be made to the permitting authority. Notice for the grouting procedure will be given a minimum of two working hours in advance. Required copies of the Minnesota Dept. of Health water well record shall be submitted to the permitting authority within 30 days of completion of the well.

Signature of Applicant: _____ **Date:** _____ **License #:** _____
(Licensee)

Fee Amount (subject to change): 639.00

Amount enclosed with application \$ _____

INSPECTION NOTES ONLY

Pre-grout Nitrate Results:

- Cert. Lab. _____
- Well Contr. _____
- Date:** _____

Date

GPS _____
Water Test(s) _____

- Additional notes on backside

Inspector: _____

Grouting Record:

Neat Cement	
Date	Quantity
_____	_____
_____	_____
_____	_____

Other Materials _____

Date	Quantity
_____	_____
_____	_____
_____	_____

Sealing Permit # _____