



**Well Maintenance Reclaimed
 Permit Application**
 Permit #: _____

- Application for unused/unsealed well If applicable: MN Unique Well Number: _____
- Application for continued use of a well as a secondary well on the property

A. LOCATION

1. Owner's Name _____
 Address _____
2. Location of Well:
 Address _____
 Plat _____ Parcel _____ Subdivision _____
 Block _____ Lot _____ Section _____
 Legal Description: _____
 Township (TWP/RANGE): _____

B. INFORMATION ABOUT THE WELL

1. What is the proposed use for this well? _____
2. What is this well's total depth? _____ Static water level? _____
 Casing: Diam.? _____ Depth? _____ Age? _____
 Please attach a copy of well driller's log of geologic formations encountered by well.
3. Construction: Cased Cased and Grouted Other: _____
4. Is the well located: In a pit Basement offset Outside above grade Other: _____
5. Does the well casing project at least 24 inches above flood elevation? Yes No
6. Does the well have a functioning water pump in it? Yes No
7. Does recent water analysis show the water to be free of coliform bacteria? Are nitrogen concentrations Less than 10 mg/l? Yes No (attach lab report)
8. How is the property used where this well exists? Residential/Farm Commercial/Industrial
 Community Public Other: _____
9. Are there other wells on property? Yes No
 If so, how are they used? _____
10. Does the proposed method of preventing interconnection with other water supplies meet the requirements of the municipality and plumbing inspector where you are located? Yes No
11. What is the proposed date for construction of the new well or connection to a public water supply for this property? _____

C. LOCATION

Submit site plan with the well location in relationship to other structures, such as building, roads, driveways, and other well(s). You may use the reverse side for the site plan drawing.

D. NOTICE AND SIGNATURE

I have read Section 4.002 of the Olmsted County Water Well and Water Supply Ordinance. I will maintain protective separations between sources of contamination and this well. Similarly, I will maintain complete physical breaks or separations between this well water supply and other water supply systems to prevent any possible interconnection of the supplies.

Signature: _____ Date: _____

Amount enclosed with application \$ _____

INSPECTION NOTES ONLY

(s) = Satisfactory
 (-) = Not Applicable
 (o) = Orders Left

Comments:

1. ()

2. ()

3. ()

4. ()

5. ()

6. ()

7. ()

8. ()

9. ()

10. ()

Inspector: _____

Date: _____

OFFICE USE ONLY

Receipt #: _____

Date: _____

Cashier: _____