



Well Construction Permit Application

Wabasha County Public Health

-ENVIRONMENTAL SERVICES-

411 Hiawatha Dr E ♦ Wabasha, MN 55981

651-565-5200 ♦ Fax: 651-565-2637

License #: _____

Unique #: _____

Plat/Parcel #:	Legal: T: _____ R: _____ S: _____ ¼ _____ ¼ _____ ¼
Contractor's Name:	Phone:
Address:	City/State/Zip:
Owner's Name:	Phone:
Address:	City/State/Zip:
Location of the Well:	

New Construction Geology:		
Thickness From: To:	Formation:	Type of Well
0		<input type="checkbox"/> Domestic
		<input type="checkbox"/> Test Well
		<input type="checkbox"/> Commercial
		<input type="checkbox"/> Irrigation
		<input type="checkbox"/> Other:
Nearest Source of Contamination:		
Type:	Feet:	Direction:
Static Water Level:		Aquifer:

Office Use Only

Permit #: _____

Approved by: _____

Date Approved: _____

Receipt #: _____ Amount: _____

Comments:

Well Construction Information:	
The proposed well will be: <input type="checkbox"/> Cased <input type="checkbox"/> Cased & Grouted	
Casing material: <input type="checkbox"/> Welded <input type="checkbox"/> Thread & Coupled Steel <input type="checkbox"/> Other: _____	
Outer Casing-nominal Diam: _____	Inner Casing-nominal Diam: _____
Outer Casing Depth: _____	Inner Casing Depth: _____
Grouting Information: <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Concrete Grout <input type="checkbox"/> Native Material	
Is there municipal water available to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the property been previously served by a well? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other well(s) on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?

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 Wabasha County. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of Environmental Health shall be obtained prior to Construction. I shall notify Environmental Services on **the work day preceding the day inspection** is desired for construction of a well and will provide the permit number and directions to the work site. **All copies of the Minnesota Department of Health Water Well Record and final water sample will be submitted to Public Health Authority within 30 days of completion of the well.**

Signature of Licensed Contractor: _____ Date: _____

➤➤Note: Permits are valid for **one year** from the date of approval. Permits may be renewed for an additional year by sending in a request and **\$75.00** prior to the permit's expiration.