



Well Sealing Permit Application

Wabasha County Public Health

-ENVIRONMENTAL SERVICES-

411 Hiawatha Dr E ♦ Wabasha, MN 55981

651-565-5200 ♦ Fax: 651-565-2637

License #: _____

Unique #: _____

H Series #: _____

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:	

Sealing Geology:		
Thickness		Formation:
From:	To:	
0		
Nearest Source of Contamination:		
Type:	Feet:	Direction:
Well Information:		
Well Depth:	Casing Depth:	Diameter of Well:
Type of Well: <input type="checkbox"/> Dug Well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well		
Type of Casing: <input type="checkbox"/> Plastic Casing <input type="checkbox"/> Steel Casing: <input type="checkbox"/> Tin Casing		
Perforation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Static Water Level:	
Well Obstructed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Obstruction Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outer casing-Nominal Diameter:	Inner casing-nominal diameter:	
Outer casing depth:	Inner casing depth:	
Are there any other well(s) on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Grouting: <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Concrete Grout <input type="checkbox"/> Native Material		

Office Use Only

Permit #: _____

Approved by: _____

Date Approved: _____

Receipt #: _____ Amount: _____

Comments:

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 sealing. I shall notify Environmental Health one working day preceding the day inspection is desired for sealing and will provide the permit number and directions to the work site. All copies of the Minnesota Department of Health Water Well Sealing Record will be submitted to Public Health Authority within 30 days of completion of sealing 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.