



Minneapolis Health Department
 Environmental Health Division
 250 South 4th St - Room 414
 Minneapolis, MN 55415
 (612) 673-5807 Fax (612) 673-2635
tom.frame@minneapolismn.gov
 SEND PAYMENTS ONLY BY MAIL OR FAX

WELL SEALING NOTIFICATION

Office Use Only

LEGAL DESCRIPTION OF WELL LOCATION: Attach a site map with well location(s), property lines, structures, roads and landmarks.

TOWNSHIP	RANGE	SEC.	SMALL	QUARTERS	LARGE	WELL HEAD FINISH			DEPTH (FT)	H-SERIES	UWN
N	W		¼	¼	¼	<input type="checkbox"/> AT	<input type="checkbox"/> ABOVE	<input type="checkbox"/> BELOW		H	
N	W		¼	¼	¼	<input type="checkbox"/> AT	<input type="checkbox"/> ABOVE	<input type="checkbox"/> BELOW		H	
N	W		¼	¼	¼	<input type="checkbox"/> AT	<input type="checkbox"/> ABOVE	<input type="checkbox"/> BELOW		H	
N	W		¼	¼	¼	<input type="checkbox"/> AT	<input type="checkbox"/> ABOVE	<input type="checkbox"/> BELOW		H	

WELL ADDRESS	SITE NAME	SITE ADDRESS
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USE/TYPE OF WELL(S):

Environmental Well as defined in Minnesota Statute 1031.005 Subdivision 8a.
 Industrial AC Irrigation Residential NTNCPWS TNCWS Other:

WELL CONDITION: Submit plans if any of these conditions exist for a well.

Yes No Is the well obstructed? Yes No Is the well multi-cased?
 Yes No Does the well have annular space between casings or the borehole?
 Yes No Does the well penetrate a confining layer?

BELOW GRADE WELL EXPLAIN:

A licensed contractor prior to obtaining a permit may remove the well pump to determine the depth and condition of the well.

CONSTRUCTION: For no casing enter OH for Open Hole

CONSTRUCTION				GROUTING PLANS:				
CASING TYPE	DIAMETER	FROM	TO	MATERIAL	FROM	TO	YARDS	BAGS
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		

WELL OWNER:

WELL OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER: - -	

PROPERTY OWNER: (if different)

PROPERTY OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER: - -	

WELL CONTRACTOR INFORMATION:

COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER: - -	

I understand that all information provided in this notification is true and complete. I understand that misstatements of facts may result in forfeiture of all rights to licensure/registration as a well contractor/monitoring well contractor in accordance with Minnesota Statutes, Chapter 1031.

PRINT LICENSED CONTRACTOR NAME:	LICENSED CONTRACTOR SIGNATURE:	DATE:	COMPANY LICENSE NUMBER:
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PENALTIES: Failure to submit a notification prior to sealing an environmental well is a violation of Minnesota Statutes, Chapter 1031, Minnesota Rules Chapter 4725, and Minneapolis Ordinances Chapters 48 and 216.

CONTACT MINNEAPOLIS ENVIRONMENTAL SERVICES PRIOR TO BEGINNING WORK ON-SITE.

Send my permit: Pickup Mail Fax - - Email to:

Payment must be received with notification. MAKE PAYMENTS ONLY BY MAIL OR FAX. NO CASH.

Sealing notification fee is \$234.00 per well sealing record. Total cost: \$ _____

Make checks payable to "Minneapolis Finance Department" or charge to: VISA AMEX MC EXP: _____

Cardholder: _____ Card #: _____ DO NOT EMAIL CREDIT CARD INFORMATION CODE: _____