



Minneapolis Health Department
 Environmental Health Division
 250 South 4th St - Room 300
 Minneapolis, MN 55415
 (612) 673-5807 Fax (612) 673-2635
tom.frame@minneapolismn.gov
SEND PAYMENTS ONLY BY MAIL OR FAX

TEMPORARY MONITORING WELL APPLICATION

Office Use Only

LEGAL DESCRIPTION OF WELL LOCATION: Attach a site map showing well location(s). Identify property lines, buildings, roads, intersections, and other structures. Reference distances from the nearest landmark.

TOWNSHIP	RANGE	SECTION	SMALLEST	QUARTERS	LARGEST	DEPTH	H-SERIES
N	W		¼	¼	¼	¼	
N	W		¼	¼	¼	¼	
N	W		¼	¼	¼	¼	
N	W		¼	¼	¼	¼	

WELL ADDRESS	SITE NAME	SITE ADDRESS
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TEMPORARY MONITORING WELLS

- Taking a groundwater sample meets the legal definition of a "monitoring well"
- Must be sealed within 72 hours from the beginning of construction
- Cannot be converted to a permanent monitoring well

CONSTRUCTION PROFILE: 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 permit application 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 103I.

PRINT LICENSED OR REGISTERED CONTRACTOR NAME:	LICENSED OR REGISTERED CONTRACTOR SIGNATURE:	DATE:	LICENSE OR REGISTRATION NUMBER:
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PENALTIES: Failure to obtain a permit prior to sealing a well is a violation of Minnesota Statutes, Chapter 103I, Minnesota Rules Chapter 4725, and City of Minneapolis Ordinances Chapters 48 and 216.

Contact Minneapolis Environmental Services prior to beginning work on-site.

I wished to receive permit via: Pickup Fax Mail Email to: *Please provide email address here.*

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

Permit fee is \$160.90 per well record, total cost: \$ _____
 Make checks payable to "Minneapolis Finance Department" or charge to: Visa Amex MC Exp: _____

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

Approval of this application and issuance of this permit does not eliminate the need for additional permits required by this Minneapolis Code or other governmental agencies which may include, but are not limited to: business licensing, fire, police, mechanical, plumbing, electrical, etc.