



**Minneapolis Health Department**  
**Environmental Programs Division**  
**505 Fourth Ave S, Room number 520**  
**Minneapolis, MN 55415**  
[EnvironmentalHealthPermit@minneapolismn.gov](mailto:EnvironmentalHealthPermit@minneapolismn.gov)  
**(612)673-3000 Pay only by mail or phone**

# Well Sealing Notification

**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     |      | 1/4   | 1/4      | 1/4   | <input type="checkbox"/> AT | <input type="checkbox"/> ABOVE | <input type="checkbox"/> BELOW |            | H        |     |
| N        | W     |      | 1/4   | 1/4      | 1/4   | <input type="checkbox"/> AT | <input type="checkbox"/> ABOVE | <input type="checkbox"/> BELOW |            | H        |     |
| N        | W     |      | 1/4   | 1/4      | 1/4   | <input type="checkbox"/> AT | <input type="checkbox"/> ABOVE | <input type="checkbox"/> BELOW |            | H        |     |
| N        | W     |      | 1/4   | 1/4      | 1/4   | <input type="checkbox"/> AT | <input type="checkbox"/> ABOVE | <input type="checkbox"/> BELOW |            | H        |     |

|              |           |              |
|--------------|-----------|--------------|
| WELL ADDRESS | SITE NAME | SITE ADDRESS |
|--------------|-----------|--------------|

**Use/Type of well(s):**

Environmental Well as defined in Minnesota Statute 103I.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 an 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.

Is a variance required?  Yes  No **VARIANCE NO. TN** The Minnesota Department of Health must approve all variance

**>Start date:** If not known contact inspector on permit prior to beginning work.

| 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:<br>- - |           |

**Property owner: (if different)**

|                 |          |                      |           |
|-----------------|----------|----------------------|-----------|
| PROPERTY OWNER: | ADDRESS: | STATE:               | ZIP CODE: |
| CONTACT PERSON: | CITY:    | PHONE NUMBER:<br>- - |           |

**Licensed well contractor information:**

|   |          |                      |           |
|---|----------|----------------------|-----------|
| LICENSED COMPANY NAME:                        | ADDRESS: | STATE:               | ZIP CODE: |
| CERTIFIED REPRESENTATIVE OR REGISTERED PERSON | CITY:    | PHONE NUMBER:<br>- - |           |

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 103I.

|   |                  |                        |
|---|------------------|------------------------|
| CERTIFIED REPRESENTATIVE OR REGISTERED PERSON SIGNATURE | DATE: (M/D/YYYY) | COMPANY LICENSE NUMBER |
|---|------------------|------------------------|

**Penalties: Failure to submit a notification prior to sealing an environmental well is a violation of Minnesota Statutes, Chapter 103I, Minnesota Rules Chapter 4725, and Minneapolis Ordinances Chapters 48 and 216.**

**Send my permit:**  Pickup  Mail  Email to:

**See Environmental Programs Fee Schedule for permit fees.** Make checks to “Minneapolis Finance Department”. Credit cards accepted by phone. **Credit Card Contact telephone number:**

**Data Privacy Advisory**

As part of the application process, you may provide payment information to pay the appropriate fee for your Application or Notification. Some payment information (e.g., credit card and bank account data) is protected under the Minnesota Government Data Practices Act. You are not required to provide this payment information. If you do provide your credit card data or bank account data, after your Application or Notification is processed and approved, your credit card will be charged the appropriate amount or your bank account data (e.g., check) will be used for payment. If you refuse to provide either of these forms of payment, you would have to use another means of payment. This application, the City’s website, or staff will provide information on the other means of payment.

If you submit your credit card data or bank account data at any point in the payment process, individuals who may access the data include individuals in the City who reasonably require access to process your Application or Notification and your payment and to perform related duties; attorneys representing those individuals; auditors; and others who are legally authorized to access the data.

**I have read and understand the above data practices advisory.**

Signature

Date