

APPLICATION FOR A WATER WELL PERMIT

Unique No. _____

LE SUEUR – WASECA BOARD OF HEALTH

Le Sueur County 507 357-8231 Fax: 507 357-4223
 Waseca County 507 835-0655 Fax: 507 835-0687

Permit No. _____
 Check No. _____
 Receipt No. _____
 Fee \$ _____

PERMIT FOR: (circle one) CONSTRUCTION SEALING RECONSTRUCTION
PROPERTY INFORMATION

- Property Owner _____ Phone: _____
 Mailing Address _____
- Well Owner _____ Phone: _____
If well and property owner are different, responsibility agreement is required. Please attach.
- Well Contractor (applicant) _____ Phone: _____
 Applicant Address _____

WELL LOCATION INFORMATION

Parcel No. _____ Subdivision _____ Lot _____ Block _____
 _____ ¹/₄ _____ ¹/₄ _____ ¹/₄ Section _____ Township _____ T _____ Range _____

Well Address _____

Describe well location by relationship to other structures such as buildings, roads, creeks, etc.

PROPOSED OR EXISTING WELL USE

- Has the property been previously served by water supply or well? (please circle) NO YES
- Are there well(s) on the property that will be sealed? NO YES
- Proposed well use: DRINKING WATER NON-POTABLE WATER NON-COMM PUBLIC

PROPOSED WELL CONSTRUCTION DETAIL (please circle)

- Casing: T&C STEEL WELDED STEEL PLASTIC CASED DOUBLE-CASED
- Well Type: STD. CASED OVERSIZE HOLE & GROUTED OTHER _____
- Well Completion: SCREENED OPEN HOLE
 - Casing Depth _____ Outer _____ Inner _____
 - Well Depth _____
 - Are the applicable setbacks met? (See MN Rules 4725.4450) NO YES
- Estimated Geology ~ Formation
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____

NOTICE AND SIGNATURE

I declare the above information is correct and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Le Sueur and Waseca Counties. The permit and these specifications will be at the worksite during its progress. If any modification is proposed, approval from the County where the well is constructed shall be obtained before construction. All copies of the Minnesota Department of Health Water Well Record and water samples will be submitted to the Board of Health Office of the County in which the well was permitted within 30 days of completion of the well or sealing.

Licensed
 Representative Signature _____ License # _____ Date _____

County Signature _____ Date _____

Permit is hereby approved and issued. Permit is effective for one year from this date.