



Minneapolis Health Department
Environmental Programs Division
 250 South 4th Street, Room 510
 Minneapolis, MN 55415-1316
 (612)673-3000 Fax (612) 673-2635
EnvironmentalHealthPermit@minneapolismn.gov
PAY ONLY BY MAIL, FAX OR PHONE CONTACT

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		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			
USE/TYPE OF WELL(S):			<input type="checkbox"/> Environmental Well as defined in Minnesota Statute 1031.005 Subdivision 8a. <input type="checkbox"/> Industrial <input type="checkbox"/> AC <input type="checkbox"/> Irrigation <input type="checkbox"/> Residential <input type="checkbox"/> NTNCPWS <input type="checkbox"/> TNCWS <input type="checkbox"/> Other:								
WELL CONDITION: Submit plans if any of these conditions exist for a well.			<input type="checkbox"/> Yes <input type="checkbox"/> No Is the well obstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the well multi-cased? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the well have an annular space between casings or the borehole? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 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 OR REGISTERED CONTRACTOR NAME:			LICENSED OR REGISTERED CONTRACTOR SIGNATURE:			DATE:		COMPANY LICENSE NUMBER:			
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: <input type="checkbox"/> Pickup <input type="checkbox"/> Mail to contractor <input type="checkbox"/> Fax - - or <input type="checkbox"/> Email:											
See the Directors Fee Schedule for permit fees. Payment details must be received with application.											
Make checks to "Minneapolis Finance Department". Credit cards accepted by fax to 612-673-2635 or phone. Credit Card Fax Send: card type, name of card holder, CC#, expiration date and security code Credit Card Phone Provide: Contact and phone number:											