



Minneapolis Health Department  
 Environmental Health Division  
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 Minneapolis, MN 55415  
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**SEND PAYMENTS ONLY BY MAIL OR FAX**

# WELL SEALING 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	MN UWN
N	W		¼	¼	¼	¼		
N	W		¼	¼	¼	¼		
N	W		¼	¼	¼	¼		

WELL ADDRESS: \_\_\_\_\_ SITE NAME: \_\_\_\_\_ SITE ADDRESS: \_\_\_\_\_

**USE / TYPE OF WELL:** Check one of following:  
 Monitoring  Recovery/Remedial  Industrial  AC  Irrigation  Residential  
 Nontransient/Noncommunity Public Water Supply  Noncommunity Public Water Supply

**WELL HEAD FINISH:**  At-Grade  Above Grade  Below Grade, Explain: \_\_\_\_\_

**WELL CONDITION:** Submit a sealing plan if you answer yes to any of the following questions.\*  
 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?

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		

**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: \_\_\_\_\_

**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:**  Pick up  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 \$234.00 per well sealed, 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: \_\_\_\_\_

\* A licensed contractor prior to obtaining a permit may remove the well pump to determine the depth and condition of the well. Approval of this application and issuance of this Environmental Services permit does not eliminate the need for additional permits required by this Code or other governmental agencies which may include, but are not limited to: business licensing, fire, police, mechanical, plumbing, electrical, etc.