

## Olmsted County Planning Department Inspections Division

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## **Well Maintenance Reclaimed Permit Application**

Application for unused/unsealed well MN unique well number

Application for continued use of a well as a secondary well on the property

Application & location information				
Contractor	Name:		Phone:	
	Address:		Cell:	
	E-mail:		License Num	nber:
Property Owner	Name:		Phone:	
	Mailing Address:			
	E-mail:			
Well Owner	Name:		Phone:	
(If different than	Mailing Address:			
property owner)	E-mail:			
Property	Subdivision:		Lot:	Block:
	PIN #:			
	Site Address:			
	Township Name:		Section #:	
	Well	Information		
Please attach a cop	y of the well driller's log of geologic	formations encountered l	by the well.	
Proposed well use:				
Depth:	Static Water Level:	Casing Diameter:	P	Age:
Notice and signature				
I have read Section	4.002 of the Olmsted County Wate	er Well and Water Supply (	Ordinance. I	will maintain

protective separations between sources of contamination and this well. Similarly, I will maintain complete physical

breaks or separations between this well water supply and other water supply systems to prevent any possible

Signature: Date:

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interconnection of the supplies.