

Olmsted County Planning Department Inspections Division

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New Well Construction Permit Application

	Application & location information				
Contractor	Name:	Phone:			
	Address:	Cell:			
	E-mail:	License Numb	er:		
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 #:			
	Quarter/Quarter:				
List all lots, parcels, a	and/or properties to be served by this well:				

Proposed well use

	•	Toposed W	on use			
Check this box for re	econstruction of well	Ur	ique well numbe	er		
Are there existing well(s) or	n this property?	Yes	No			
If yes, is the well:	In use	No	t in Use	Well Sealin	g Application Attache	ed
	Owner will a	pply for mai	ntenance permit			
Proposed new well use:	Residential/farm	Irrigation	Non-commu	unity PWS	Remedial	
	Other					
The minimum required isola	ation distances will be	observed fro	m the well to so	urces of conta	mination (i.e. sewer	

The minimum required isolation distances will be observed from the well to sources of contamination (i.e. sewer lines, septic system, animal yard), buildings, gas lines, and electrical power lines, streams, water bodies, and areas subject to flooding:

Yes

No

Application Number:_	 	

Well construction detail					
The proposed well wi	ll be:	Cased & Grouted	Other		
Casing material:	Welded steel	Threaded a	nd coupled steel	Other	
Approximate the geol	Approximate the geologic formations, total depth, static water level, and casing depths:				
Thickness			Formati	on	
From Oft	То				
	То				
Outer casing nominal	diameter:	Depth:	Inner casing n	ominal diam:	Depth:
Total well depth: Static water level:					
Bore hole(s) diameter to depth:					
Water system details					
The well is proposed	to serve:	Dwellings (number	of dwellings:)	Non-dwellings
Identify which of the following items are proposed to be installed by the applicant:					
Pitless adapte	r Pump	(capacity) Pressur	e tank (volum	e)
Water line(s)	Backflo	ow preventer	Curb st	op(s)	Constant Pressure

Water system components which will not be installed by the applicant have been referred to the well owner for

No

Yes

2

proper sizing and installation:

Application Number:	
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Notice and signature

I declare that the above information is correct and all materials, design of equipment, construction and workmanship will be supplied in accordance with the standards adopted by Olmsted County. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of the permitting authority shall be obtained before construction. All required notifications will be made to the permitting authority. Notice for the grouting procedure will be given a minimum of two working hours in advance. Required copies of the Minnesota Dept. of Health water well record shall be submitted to the permitting authority within 30 days of completion of the well.

License Number: