



**Olmsted County Planning Department  
Inspections Division**  
2122 Campus Dr SE, Suite 100  
Rochester, MN 55904  
P: 507-328-7100 F: 507-328-7958  
planningweb@olmstedcounty.gov

## New Well Construction Permit Application

### Application & location information

Contractor	Name:	Phone:	
	Address:	Cell:	
	E-mail:	License Number:	
Property Owner	Name:	Phone:	
	Mailing Address:		
	E-mail:		
Well Owner (If different than property owner)	Name:	Phone:	
	Mailing Address:		
	E-mail:		
Property	Subdivision:	Lot:	Block:
	PIN #:		
	Site Address:		
	Township Name:	Section #:	

List all lots, parcels, and/or properties to be served by this well:

### Proposed well use

Check this box for reconstruction of well	Unique well number			
Are there existing well(s) on this property?	Yes	No		
If yes, is the well:	In use	Not in Use	Well Sealing Application Attached	
	Owner will apply for maintenance permit			
Proposed new well use:	Residential/farm	Irrigation	Non-community PWS	Remedial
	Other			

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

**Well construction detail**

The proposed well will be:                      Cased & Grouted                      Other

Casing material:              Welded steel                      Threaded and coupled steel                      Other

Approximate the geologic formations, total depth, static water level, and casing depths:

Thickness		Formation	
From 0ft	To		
	To		
	To		
	To		
	To		
	To		
	To		

Outer casing nominal diameter:                      Depth:                      Inner casing nominal 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 adapter                      Pump (capacity                      )                      Pressure tank (volume                      )

Water line(s)                      Backflow preventer                      Curb stop(s)                      Constant Pressure

Water system components which will not be installed by the applicant have been referred to the well owner for proper sizing and installation:                      Yes                      No

**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.

Signature of applicant/licensee:

Date:

License Number: