

## Noncommunity Public Water Supply Proposed Well Construction Form

### Facility Information

 \_\_\_\_\_  
 Facility Name

 \_\_\_\_\_  
 Facility Owner Name

 \_\_\_\_\_  
 Telephone No.

 \_\_\_\_\_  
 Project Contact Name

(If different from Facility Owner.)

 \_\_\_\_\_  
 Telephone No.

 \_\_\_\_\_  
 County

 \_\_\_\_\_  
 Facility Street Address, City, ZIP Code

 \_\_\_\_\_  
 Mailing Street Address, City, ZIP Code

(If different from Facility Street Address.)

### Well Contractor Information

 \_\_\_\_\_  
 Licensee Business Name

 \_\_\_\_\_  
 License No.

 \_\_\_\_\_  
 Contact Name

 \_\_\_\_\_  
 Telephone No.

 \_\_\_\_\_  
 Certified Rep. Signature

 \_\_\_\_\_  
 Certified Rep. No.

 \_\_\_\_\_  
 Date

### Proposed Well Information

**Total Well Depth** \_\_\_\_\_

**Target Aquifer** \_\_\_\_\_

#### Drilling Method

- |                                      |                                 |                                      |
|--------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Cable Tool  | <input type="checkbox"/> Driven | <input type="checkbox"/> Dual Rotary |
| <input type="checkbox"/> Auger       | <input type="checkbox"/> Rotary | <input type="checkbox"/> Rotasonic   |
| <input type="checkbox"/> Other _____ |                                 |                                      |

**Hydrofracturing Expected?**  Yes  No

#### Bore Hole Diameter

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

### Casing Material

Drive Shoe?

 Yes

 No

 Steel

 Threaded

 Welded

 Plastic

 Other \_\_\_\_\_

### Casing

Diameter		Weight	Specifications
in. to	ft.	lb./ft.	
in. to	ft.	lb./ft.	
in. to	ft.	lb./ft.	

### Open Hole

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

### Screen

Screen \_\_\_\_\_ Make \_\_\_\_\_

Type \_\_\_\_\_ Diameter \_\_\_\_\_

Length \_\_\_\_\_ Fittings \_\_\_\_\_

Set Between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

**Flowing Well Expected?**  Yes  No

### Wellhead Completion

 Pitless/Adapter: Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

 12 in. Above Grade

 Well House

### Grout Information

Material \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ ft.

Material \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ ft.

Material \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ ft.

Driven Casing Seal

From \_\_\_\_\_ to \_\_\_\_\_ ft.

### Pump

 Type:  Submersible  VFD?  Yes  No

 L.S. Turbine

 Jet

 Hand Pump

 Other \_\_\_\_\_

Manufacturer's Name \_\_\_\_\_

Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft. Capacity \_\_\_\_\_ g.p.m.

## Well Location Sketch Map

Provide sketch of well location, showing property lines, roads, buildings, and direction. Also include potential sources of contamination within 200 feet of the well, and identify the distance to the nearest potential source.

## Additional Remarks

## Construction Alternatives

If multiple construction methods are being considered, submit a copy of this form for each alternative. Indicate the Minnesota Unique Well Number on each form and submit all forms together. If multiple construction locations are being considered, indicate primary and backup locations in the sketch map.

## Form Submittal and Questions

### Submit proposed well construction form to:

Drinking Water Protection – Noncommunity Plan Review ▪ 651-201-4700  
health.noncommunityplanreview@state.mn.us ▪ www.health.state.mn.us/drinkingwater

### For well construction questions:

Well Management Section ▪ 651-201-4600 or 800-383-9808  
health.wells@state.mn.us ▪ www.health.state.mn.us/wells