

Signatures Required for a Well/boring Variance Application

A well/boring variance request is being made to the Minnesota Department of Health involving the following site and must be signed by all required parties.

Well address _____

City _____ State _____ Zip Code _____

Variations must be obtained before work is conducted and will not be granted after work is completed.

I agree to comply with the terms of the variance if granted.

Printed name of contractor _____

Signature of contractor _____ Date _____

Printed name of property owner _____

Signature of property owner _____ Date _____

Required if the property owner **IS NOT** the well owner.

Printed name of well owner _____

Signature of well owner _____ Date _____