

WELL NOTIFICATION - WELL NOTIFICATION IS VALID FOR 18 MONTHS.

Send notification form and payment (check or money order) to:

Minnesota Department of Health, Well Management Section, P.O. Box 64502, St. Paul Minnesota 55164-0502

OR to use a credit card, submit your notification and payment in the MDH Licensing System

MINNESOTA UNIQUE WELL AND BORING NO.

Exempt from paying fee? Yes No

\$325 Water-Supply Well (399)

Check Well Type: Single Family/Other _____
(Specify)

Irrigation Community PWS Noncommunity PWS

WELL LOCATION

County	Township Name	Township No.	Range No.	Section No.	Fraction (sm. → lg.) 1/4 1/4 1/4		
Well Location Address			City	State	ZIP Code	Casing Diameter	

PROPERTY OWNER

Property Owner Name (Print)	Daytime Telephone Number		
Property Owner Street Address	City	State	ZIP Code
Property Owner Signature	Date		

WELL CONTRACTOR

Well Contractor Company Name (Print)	Certified Rep. Signature	Date	Company License No.
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Failure to provide proper notification and fee prior to the beginning of well construction is a violation of Minnesota Statutes, chapter 103I, and may result in the assessment of an administrative penalty.

Minnesota Unique Well and Boring No.