

WELL SEALING NOTIFICATION-WELL SEALING NOTIFICATION IS VALID FOR 18 MONTHS

Minnesota Unique Well No.

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

Exempt from paying fee? Yes No

<input type="checkbox"/> \$125 Well Sealing Notification (400)	Check Box If:
Check Well Type:	<input type="checkbox"/> Well is Multiple Cased
<input type="checkbox"/> Water-Supply Well	<input type="checkbox"/> Larger than 8-inch Inside Diameter
<input type="checkbox"/> Temp. Boring	<input type="checkbox"/> Environmental Well
<input type="checkbox"/> Other _____	

--	--	--	--	--	--	--

WELL LOCATION	County	Township Name	Township No.	Range No.	Section No.	Fraction (sm. → lg.) ¼ ¼ ¼		
	Well Location Address		City		State	Zip Code	Est. Depth	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.	

Failure to provide proper identification and fee prior to the beginning of well sealing is a violation of Minnesota Statutes, chapter 103I, and may result in the assessment of an administrative penalty. Notification is not required to seal a bored geothermal heat exchanger or an elevator boring.